Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/26/1969

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)
DONSCO, INC.

P. O. BOX 2001
NORTH FRONT STREET
WRIGHTSVILLE, PA 17368-0040

2b Employer Identification Number (EIN) 23-1744584

2c Plan Sponsor's telephone number 717-252-1561

2d Business code (see instructions) 331500

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.	07/21/2026	DENNIS ATKINSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	408
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	109
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	98
b	Retired or separated participants receiving benefits	**6b**	157
c	Other retired or separated participants entitled to future benefits	**6c**	119
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	374
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	27
f	Total. Add lines **6d** and **6e**.	**6f**	401
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3D

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DONSCO, INC.

D Employer Identification Number (EIN)
23-1744584

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2024

2 Assets:

a Market value	**2a**	12323484
b Actuarial value	**2b**	11374520

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	169	8592132	8592132
b For terminated vested participants	130	2317784	2317784
c For active participants	109	4444704	4444704
d Total	408	15354620	15354620

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.23 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	331000
c Target normal cost	**6c**	331000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

04/15/2026
Date

JEFFREY S. MYERS, FSA, EA, MAAA
Type or print name of actuary

26-03939
Most recent enrollment number

CONRAD SIEGEL
Firm name

717-652-5633
Telephone number (including area code)

P.O. BOX 5900, 501 CORPORATE CIRCLE
HARRISBURG, PA 17110-0900
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 18.47 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.21 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	74.07 %
15	Adjusted funding target attainment percentage	15	74.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	74.91 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/02/2025	275784	0			
03/15/2026	1913	0			
			Totals ► 18(b)	277697	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	248640
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	248640
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	248640
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	331000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3980100	454549
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	785549

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	785549
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	785549
40 Unpaid minimum required contributions for all years	**40**	785549

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

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

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

A Name of plan
RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DONSCO, INC.

D Employer Identification Number (EIN)
23-1744584

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

VANGUARD GROUP INC

23-1945930

(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)

FULTON FINANCIAL ADVISORS

30 SOUTH GEORGE ST
YORK, PA 17401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 27 28 50	NONE	77059	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONRAD SIEGEL

PO BOX 5900
HARRISBURG, PA 17110-0900

23-1669823

(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?
11 15 17 38 49 50	NONE	46250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DRIEHAUS CAPITAL MANAGEMENT LLC

20-3634295

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

GOLDMAN SACHS ASSET MANAGEMENT, L.P

13-4019460

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

GQG PARTNERS LLC

P.O. BOX 219009
KANSAS CITY, MO 64121-9009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

PACIFIC INVESTMENT MANAGEMENT COMPA

95-2632339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

J.P. MORGAN INVESTMENT MANAGEMENT,

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

DIAMOND HILL CAPITAL MANAGEMENT INC

31-6547095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

PACIFIC INVESTMENT MANAGEMENT COMPA

95-2632339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

INFINITY Q

P.O. BOX 701
MILWAUKEE, WI 53201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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 [ ]

(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
DRIEHAUS CAPITAL MANAGEMENT LLC	28 52	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.
DRIEHAUS SMALL CAP GROWTH INVESTOR 20-3634295	0.97% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GOLDMAN SACHS ASSET MANAGEMENT, L.P	28 52	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.
GOLDMAN SACHS GQG PTNRS INTL OPPS I 13-4019460	0.76% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GQG PARTNERS LLC	28 52	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.
GQG PARTNERS EMERGING MARKETS EQUIT	P.O. BOX 219009 KANSAS CITY, MO 64121-9009	1.2% OF ASSETS

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
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	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.
PIMCO STOCKSPLUS(R) INSTL 95-2632339	0.7% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 52	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.
UNDISCOVERED MANAGERS BEHAVIORAL VA 13-2624428	0.9% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DIAMOND HILL CAPITAL MANAGEMENT INC	28 52	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.
DIAMOND HILL SHORT DUR SECURITIZED 31-6547095	0.52% OF ASSETS

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
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	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.
PIMCO INCOME INSTL 95-2632339	0.83% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
INFINITY Q	28 52	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.
INFINITY Q DIVERSIFIED ALPHA INSTL	P.O. BOX 701 MILWAUKEE, WI 53201	2.02% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DONSCO, INC.

D Employer Identification Number (EIN)
23-1744584

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	5817	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	277697
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	14130	11982
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1536887	36081
(2) U.S. Government securities	1c(2)	104687	294697
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	49673	906342
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	3839294	4352902
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3326773	2726166
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3446222	3140327

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12323483	11746194
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	508
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	508
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12323483	11745686

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)	277697	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		277697
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24528	
(B) U.S. Government securities	2b(1)(B)	45732	
(C) Corporate debt instruments	2b(1)(C)	13923	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		84183
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	84228	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	243249	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		327477
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5794623	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5748869	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		45754
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	51817	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		51817

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		53633
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		840561
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1104134	
(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)		1104134
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	11760	
(6) Bank or trust company trustee/custodial fees	2i(6)	65298	
(7) Actuarial fees	2i(7)	46250	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	190916	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		314224
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1418358
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-577797
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BROWN SCHULTZ SHERIDAN & FRITZ **(2)** EIN: 25-1644159

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 570388.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan
RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DONSCO, INC.

D Employer Identification Number (EIN)
23-1744584

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): 54-1810626

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 | 1

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501735A .

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

YEARS ENDED
JUNE 30, 2025 AND 2024

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

YEARS ENDED JUNE 30, 2025 AND 2024

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Brown Plus
ACCOUNTANTS + ADVISORS

Independent Auditor's Report

Retirement Plan for Hourly and Salaried Employees
of Donsco, Inc.
Wrightsville, Pennsylvania

Opinion

We have audited the accompanying financial statements of the Retirement Plan for Hourly and Salaried Employees of Donsco, Inc. (the Plan), which comprise the statements of net assets available for benefits and of accumulated Plan benefits as of June 30, 2025 and 2024 and the related statements of changes in net assets available for benefits and of changes in accumulated Plan benefits for the years then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Retirement Plan for Hourly and Salaried Employees of Donsco, Inc. as of June 30, 2025 and 2024, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.

Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year, referred to as "supplemental information," are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Brown Plus

Camp Hill, Pennsylvania
June 24, 2026

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2025 AND 2024

	2025	2024
Assets:		
Cash and cash equivalents	$ 36,081	$ 1,542,704
Investments, at fair value:		
Mutual funds and exchange-traded funds	2,726,166	3,326,773
Common stock	4,352,902	3,839,294
U.S. government securities	294,697	104,687
Corporate bonds	906,342	49,673
Alternative investments	3,140,327	3,446,222
Receivables:		
Employer contributions receivable	277,697	-
Accrued interest and dividends	11,982	14,130
Total assets	**11,746,194**	**12,323,483**
Total liabilities, due to brokers	**508**	**-**
Net assets available for benefits	**$ 11,745,686**	**$ 12,323,483**

See notes to financial statements.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED JUNE 30, 2025

Additions to net assets attributed to:	
Employer contributions	$ 277,697
Investment income:	
Interest	84,183
Dividends	327,477
Total additions	**689,357**
Net appreciation in fair value of investments	**151,204**
Deductions from net assets attributed to:	
Retirement benefits	1,104,134
Fees:	
Investment advisory and management	11,760
Bank or trust company trustee/custodial fees	65,298
Acturial fees	46,250
Pension Benefit Guaranty Corporation	190,916
Total deductions	**1,418,358**
Net decrease	**(577,797)**
Net assets available for benefits:	
Beginning of year	12,323,483
End of year	**$ 11,745,686**

See notes to financial statements.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

STATEMENTS OF ACCUMULATED PLAN BENEFITS
JUNE 30, 2025 AND 2024

	2025	2024
Accumulated Plan benefits:		
Actuarial present value of vested benefits:		
For retired employees receiving benefits	$ 7,712,316	$ 7,027,174
For active and terminated employees not presently receiving benefits	4,116,565	4,907,076
	11,828,881	11,934,250
Actuarial present value of nonvested benefits	-	-
Total actuarial present value of accumulated Plan benefits	**$ 11,828,881**	**$ 11,934,250**

See notes to financial statements.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
Actuarial present value of accumulated Plan benefits, beginning of year	**$ 11,934,250**	**$ 11,997,230**
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial losses	89,222	123,243
Interest accrual	906,891	912,821
Benefits	(1,104,134)	(1,083,561)
Change in actuarial assumptions	2,652	(15,483)
Net decrease	**(105,369)**	**(62,980)**
Actuarial present value of accumulated Plan benefits, end of year	**$ 11,828,881**	**$ 11,934,250**

See notes to financial statements.

1. Description of Plan and significant accounting policies:

The following is a brief description of the Retirement Plan for Hourly and Salaried Employees of Donsco, Inc. (Plan) provided for general information only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a noncontributory defined benefit plan covering eligible employees of Donsco, Inc. and John Wright, Inc (Plan Sponsor). The Plan is intended to conform with the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is covered by the Pension Benefit Guaranty Corporation.

Effective December 31, 2008, all benefits were frozen, and no future benefits will accrue. Employees of Plan Sponsor were eligible to participate in the Plan upon completion of one year of eligible service, as defined in the Plan agreement, and attained the age of 21.

Basis of presentation:

The accompanying financial statements have been prepared on the accrual basis of accounting.

The Plan recognizes interest and dividend income on investments as earned rather than when received. Net appreciation in fair value of investments includes realized and unrealized gains and losses on investments. The Plan accrues the employer contribution receivable.

Valuation of investments:

Investments in mutual funds, exchange-traded funds, common stocks, U.S. government securities, real estate investment trusts and partnerships are valued at exchange traded quoted market prices. Corporate bonds and preferred stocks are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Purchases and sales are recorded on trade date basis.

The Plan has a policy which permits investments that do not have a readily determinable fair value, and as such, has elected to use the net asset value per share (the NAV) as calculated on the investment fund's measurement date as the fair value of the investment. The Plan estimates the fair value of an investment that does not have a readily determinable fair value, based on the NAV of the investment as a practical expedient, without further adjustment, unless it is probable that the investment will be sold at a value significantly different than the NAV. If the practical expedient NAV is not as of the investment fund's measurement date, then the NAV is adjusted to reflect any significant events that would materially affect the value of the security and the NAV as of the valuation date. In using the NAV as a practical expedient, certain attributes of the investment, that may impact the fair value of the investment, are not considered in measuring fair value. Attributes of those investments include the investment strategies of the investees and may also include, but are not limited to, restrictions on the investor's ability to redeem its investments at the measurement date at NAV, as well as any unfunded commitments. See Note 5 for further discussion.

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

1. Description of Plan and significant accounting policies (continued):

Administrative expenses:

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Actuarial present value of accumulated Plan benefits:

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits are expected to be paid to:

(a) retired or terminated employees or beneficiaries
(b) beneficiaries of employees who have died
(c) present employees or beneficiaries

The actuarial present value of accumulated Plan benefits is determined by the actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of June 30, 2025 and 2024 were:

(a) Discount rate used to measure obligation – 5.25% for 2025 and 2024.
(b) Mortality based upon Pri-2012 Blue Collar Mortality Table for 2025 and 2024, incorporating the MP-2021 Improvement Scale for 2025 and 2024.
(c) Withdrawal based upon 110% of 2003 Society of Actuaries Small Plan Age Turnover Table for 2025 and 2024.
(d) Preretirement survivor death benefit – 75% for 2025 and 2024 of participants will have spouses of the same age at the date of eligibility.
(e) Lump sum distributions – 50% for 2025 and 2024, assumed to elect lump sum distribution valued using the IRS 2025 Applicable Mortality Table for 2025 and the IRS 2024 Applicable Mortality Table for 2024.
(f) Retirement age assumption – normal retirement age, or immediately if participant is over the normal retirement age.

Use of estimates:

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

Reclassification:

The financial statements contain certain reclassifications compared to the Form 5500 as of June 30, 2025. These reclassifications had no impact to the net assets of the Plan as of June 30, 2025 or the net income for 2025.

2. Pension benefits and other provisions:

A participant is eligible for normal retirement after attainment of age 65 and five years of participation in the Plan.

The normal retirement pension is payable monthly as long as the participant lives, with payments ceasing upon the participant's death. However, unless an optional form of benefit is selected pursuant to a qualified election, a married participant's vested benefit will be paid in the form of a qualified joint and survivor annuity.

For hourly based participants, the formula for normal retirement is equal to the sum of (a), (b), (c) and (d):

(a) $8.00 multiplied by the number of years of benefit service prior to July 1, 1982,
(b) $9.00 multiplied by the number of years of benefit service on and after July 1, 1982 and before July 1, 1990,
(c) $11.00 multiplied by the number of years of benefit service on and after July 1, 1990 and before July 1, 1994 and
(d) $13.00 multiplied by the number of years of benefit service on and after July 1, 1994 through December 31, 2008.

The formula for normal retirement benefit for salaried participants is equal to 1.00% of average annual compensation up to the Social Security integration level, plus 1.50% of average annual compensation in excess of the Social Security integration level, both multiplied by years of benefit service (through December 31, 2008) not in excess of 45 years, plus 1.00% of average annual compensation multiplied by years of benefit service (through December 31, 2008) after the first 45 years.

The "Social Security integration level" is equal to the average of the taxable wage bases over the 35-year period ending with the year the participant is entitled to full Social Security benefits.

Disability and death benefits:

If an actively employed participant who has attained age 50 and completed five years of service becomes disabled, he/she is eligible for disability retirement after six months of disability. The disability retirement benefit is the pension accrued as of the date the disability occurred.

The death benefit for a vested participant, who has been married at least one year, is a 100% survivor pension for his/her spouse. Payment of the survivor benefit would begin on the date that the participant would first have been eligible for retirement. The amount of survivor benefit would be the 100% survivor benefit payable under a joint and 100% survivor pension option, based upon the pension accrued to the date of death and reduced for early commencement of benefits, if applicable. If the vested participant is not married, or has not been married for a full year at the time of death, no benefit will be paid by the Plan.

Termination of employment:

Vesting - A participant's benefits vest upon completion of five years of service. A participant commencing retirement at the normal retirement age, after five years of participation, receives 100% of the accrued normal retirement pension. For hourly employees with an accrued benefit as of December 31, 2016, the vesting percentage is 100% with three or more years of vesting service. Prior to December 31, 2016, hourly employees were subject to the five-year vesting schedule.

Time of payment - If the participant's employment terminates before retirement, the participant may elect to receive his/her vested accrued pension as soon as administratively possible. In this case, the pension is based on the pension accrued to date reduced for early commencement of benefits.

3. Funding policy:

The Plan is administered by trustees appointed by the Plan Sponsor's Board of Directors. The actuarially determined normal cost for the current year and an amount required to amortize prior service cost (the amortization period ranges from 10 to 30 years) are paid annually by the Plan Sponsor. Contributions of $785,549 and $800,989 were required for the Plan years ended June 30, 2025 and 2024, respectively, in accordance with the minimum funding requirements. The employer has not met this minimum funding requirement, as for the Plan year ended June 30, 2025, contributions of $277,697 were made.

4. Termination and guarantees of the Pension Benefit Guaranty Corporation (PBGC):

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to amend or 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 100% vested in their accounts, subject to the sufficiency of the Plan funding and the extent of any Pension Benefit Guaranty Corporation (PBGC) insurance coverage.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested accrued normal retirement pensions, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

5. Fair value measurement:

The Plan ranks investments required to be reported at fair value in a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset. Observable inputs reflect the assumptions market participants would use in pricing the asset based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset developed based on the best information available in the circumstances. The three levels of the fair value hierarchy are described below:

Level 1 – Quoted prices in active markets for identical investment.

Level 2 – Other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.).

Level 3 – Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments). The Plan does not hold any Level 3 investments.

See Note 1 for a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025.

5. Fair value measurement (continued):

Assets reported at fair value and required to be disclosed according to the fair value measurement hierarchy at June 30, 2025 and 2024 were as follows:

	Fair value measurements using		
2025	Level 1	Level 2	Fair value
Mutual funds	$ 2,726,166	$ -	$ 2,726,166
Common stock	4,352,902	-	4,352,902
U.S. government securities	294,697	-	294,697
Corporate bonds	-	906,342	906,342
	$ 7,373,765	$ 906,342	8,280,107
Investments measured at net asset value, alternative investments (a)			3,140,327
Total			$ 11,420,434
2024			
Mutual funds and exchange-traded funds	$ 3,326,773	$ -	$ 3,326,773
Common stock	3,839,294	-	3,839,294
U.S. government securities	104,687	-	104,687
Corporate bonds	-	49,673	49,673
	$ 7,270,754	$ 49,673	7,320,427
Investments measured at net asset value, alternative investments (a)			2,564,308
Total			$ 9,884,735

(a) Investments that were measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

5. Fair value measurement (continued):

As of June 30, 2025, the Plan holds cash equivalents in the amount of $36,081. As of June 30, 2024, the Plan held noninterest-bearing cash of $5,817 and cash equivalents in the amount of $1,536,887.

The Plan's investments measured using the net asset value (NAV) practical expedient consist of ownership interests in alternative investments, in which funds are either pooled investment funds or feeder funds in a master feeder fund structure, all of which invest in various instruments under various investment categories. In accordance with GAAP in the United States of America, the fair value of the investments are determined by Plan management, as discussed in Note 1.

The following table summarizes investments measured at fair value based on NAV per share for the years ended June 30, 2025 and 2024.

	2025	2024
Flagship Healthcare Trust, Inc. Fund	$ 948,556	$ 896,518
Fulcrum Growth Fund III QP, LLC	355,295	868,587
Fulcrum Growth Fund IV QP, LLC	525,970	468,169
Fulcrum Growth Fund V QP, LLC	170,437	127,303
GSO Special Situations Overseas Fund, Ltd.	61,089	76,140
Hatteras Opportunity Fund I, LP	134,237	98,644
Infinity Q Diversified AlphaFd Instl Shs	626	-
PB Strategic Partners Offshore Feeder VI, LP	78,098	78,098
Vector Capital Credit Opportunity Offshore Fund, Ltd.	866,019	832,763
	$ 3,140,327	$ 3,446,222

5. Fair value measurement (continued):

Alternative investments	Investment strategy	Admission and redemption frequency	Redemption notice period
Flagship Healthcare Trust, Inc. Fund	To invest in the acquisition and development of healthcare-related commercial real estate on or near hospital campuses or medical complexes with an initial emphasis in the Southeastern United States.	The minimum investment amount is $250,000. Redemptions are permitted starting one year from the commencement date of issuance, at 95% of current NAV until the fifth anniversary of issuance, followed by 100% of current NAV after. Aggregate redemptions are limited to 5.00% per year on a rolling 4 quarters basis. A member may not sell, assign or transfer its interest in, or obligation to the fund without prior written consent of the general partner.	Upon at least 60 days' prior written notice.
Fulcrum Growth Fund III QP, LLC	To generate superior long-term capital appreciation through making investments in smaller growth companies located primarily in the Southeastern United States.	Subscriptions are to purchase interest in the fund with a capital commitment. The minimum capital commitment by a member is $250,000. The investment period is five years from the initial closing date, and members are subject to capital call by the fund manager until conclusion of the investment period. The term is ten years, subject to three one-year extensions. A member may not sell, assign, pledge or transfer its interest, or obligation to the fund without prior consent of the fund manager. In addition, a member may not withdraw any amount from the fund.	Not applicable.
Fulcrum Growth Fund IV QP, LLC	To generate superior long-term capital appreciation through making investments in smaller growth companies located primarily in the Eastern United States.	Subscriptions are to purchase interest in the fund with a Capital Commitment. The minimum Capital Commitment by a member is $250,000. The investment period is five years from the commencement date, and members are subject to capital call by the fund manager until conclusion of the investment period. The term is ten years, subject to three one-year extensions. A member may not sell, assign or transfer its interest in, or obligation to the fund without prior written consent of the fund manager. In addition, a member may not withdraw any amount from the fund.	Not applicable.
Fulcrum Growth Fund V QP, LLC	To generate superior long-term capital appreciation through making investments in smaller growth companies.	Subscriptions are to purchase interest in the fund with a Capital Commitment.	Not applicable.
GSO Special Situations Overseas Fund Ltd.	To drive capital appreciation in companies facing covenant violations, looming maturities, exchange offers, mergers or other corporate events, on both the long and short side of credit markets.	Admissions are made as of the first business day of each calendar month. First redemption is permitted to be made as of the first calendar quarter-end occurring immediately after the end of the 11th month following the date of issuance, up to 50% of capital. Remaining 50% of capital is eligible for redemption six months after first redemption date.	Upon at least 90 days' prior written notice.

5. Fair value measurement (continued):

Alternative investments	Investment strategy	Admission and redemption frequency	Redemption notice period
Hatteras Opportunity Fund I, LP	To achieve returns on invested capital by co-investing with Affiliated Funds in companies engaged in the fields of biotechnology, medical services, health software, drug discovery and other related sectors.	Subscriptions are to purchase interest in the fund with a capital commitment. The minimum capital commitment by a member is $300,000. A member may not withdraw any amount from the fund.	Not applicable.
PB Strategic Partners Offshore Feeder VI, LP	To maximize risk-adjusted investment returns by focusing on fundamental analysis and extensive information gathering.	Subscriptions are to purchase limited partnership interest in the partnership with a capital commitment. Each investor must contribute 5% of its capital contribution to the partnership at least two business days prior to the initial closing date. Subsequent contributions must be the greater of 5% of its capital commitment and the amount required to be contributed at least two business days prior to the subsequent closing date. The investment period is four years from final closing, subject to a one-year extension. The term is ten years, subject to four one-year extensions. Withdrawals are not permitted from the partnership, except with the express written consent of the general partner, which may be granted or withheld in its sole discretion.	Not applicable.
Vector Capital Credit Opportunity Offshore Fund, Ltd.	To seek attractive risk-adjusted total returns by pursuing an investment strategy primarily focused in U.S. credit markets.	Admissions are made on the first business day of any month, at a minimum amount of $2,500,000. Subject to a one-year lock-up period, through the first quarter-end following the one-year anniversary of the date shares were purchased, redemptions are made as of the last day of each calendar quarter.	Upon at least 45 days' prior written notice to the fund.

The PB Strategic Partners Offshore Feeder VI, LP; Fulcrum Growth Fund III QP, LLC; Fulcrum Growth Fund IV QP, LLC; Fulcrum Growth Fund V QP, LLC and Hatteras Opportunity Fund I, LP have unfunded commitments of $141,989; $20,007; $28,000; $360,000 and $157,357 at June 30, 2025, respectively.

6. Related party and party-in-interest transactions:

The Plan pays fees to a number of service providers including Conrad Siegel Actuaries (actuary), Fulton Bank (investment advisor) and Charles Schwab Investment Management (custodian). In 2024, the services of Ironsides Asset Advisor, LLC and Reliance Trust Company were terminated, and Fulton Financial Advisors assumed responsibility starting May of 2024. In 2024, the Plan paid fees to the investment management company Biltmore Family Office, LLC.

Fees paid by the Plan for investment management and custodial services are included in net appreciation in fair value of investments.

Fees paid by the Plan for actuarial, advisory and benefit payment services are included in administrative expenses.

7. Income tax status:

The Internal Revenue Service (IRS) has determined and informed the Plan, by a letter dated June 29, 2012, that the Plan and its underlying trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the administrator believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

The June 30, 2025 Plan year Form 5500 and its respective audit, will be filed using the Department of Labor Delinquent Filer Voluntary Compliance Program.

8. Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. The Plan is additionally subject to liquidity risk with respect to its alternative investments, and the alternative investment funds are additionally subject to liquidity risk and the risk related to selling securities short. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

9. Concentrations:

One investment accounted for 15.1% of the Plan's investments at June 30, 2025. Two investments accounted for more than 25.4% of the Plan's investments at June 30, 2024.

The Plan maintains its cash in bank deposit accounts that, at times, may exceed the federally insured limits. Bank balances did not exceed the Federal Deposit Insurance Corporation (FDIC) insurance limits at June 30, 2025. The Plan also maintains Securities Investor Protection Corporation (SIPC) insurance against losses of cash and securities. The investment balance exceeds SIPC insurance limits by $11,246,194 at June 30, 2025. The Plan has not experienced any losses from bank accounts or investments.

10. Subsequent events:

The Plan has evaluated subsequent events through June 24, 2026, the date which the financial statements were available to be issued.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Cash equivalents:			
	GS Financial Sq Treas Oblig MMF #468 Fst Shs	36,081	$ 36,081	$ 36,081
	Total cash equivalents		**36,081**	**36,081**
	Mutual funds:			
	Driehaus Sm Cap Grth Fn I Shs	4,710.879	102,603	104,533
	Eagle Materials Inc	33.000	7,240	6,670
	Goldman Sachs Gqg Partners Intl Opport Instl Shs	17,648.656	409,625	399,919
	Gqg Partners Emerging Markets EqFd Instl Shs	12,058.478	221,876	209,576
	PIMCO Stocksplus Intl Fd Instl Cl	20,425.777	177,500	182,198
	UMB Value Fd Cl L-1368	1,171.921	94,480	95,969
	Vanguard Instl Index Fd-94	3,424.942	1,544,991	1,727,301
	Total mutual funds		**2,558,315**	**2,726,166**
	Common stock:			
	3M Co	99	14,786	15,067
	Abbott Laboratories	68	9,073	9,249
	Academy Sports & Outdoors Inc	67	2,816	3,002
	Adobe Inc	102	52,276	39,462
	Air Lease Corp	104	4,846	6,083
	Air Products & Chemicals Inc	7	1,913	1,974
	Akzo Nobel NV ADR Span	358	7,610	8,321
	Alexandria Real Estate Equities Inc	15	1,742	1,089
	Alnylam Pharmaceuticals Inc	31	5,020	10,109
	Alphabet Inc Class A	174	31,073	30,664
	Alphabet Inc Class C	166	30,118	29,447
	Alstom Sa ADR Unspon	5,783	11,012	13,440
	Amazon.Com Inc	449	78,252	98,506
	Amdocs Lim ited Span	27	2,115	2,463
	Amentum Holdings Inc	1	19	24

(continued)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Common stock (continued):			
	American Tower Corp REIT	48	$ 10,302	$ 10,609
	Americold Realty Trust Inc	126	3,220	2,095
	Ameriprise Financial Inc	49	21,500	26,153
	Ametek Inc	89	15,091	16,105
	Anheuser-Busch Inbev ADR Span	101	6,240	6,941
	Ansys Inc	3	981	1,054
	Appfolio Inc	4	835	921
	Apple Inc	728	110,685	149,364
	Applied Materials Inc	275	53,907	50,344
	Applovin Corp	13	4,962	4,551
	Aptargroup Inc	14	2,046	2,190
	Aptiv PLC	502	35,504	34,246
	Arcelormittal NY Registered Span	118	3,361	3,726
	Arch Cap Grp LTD	44	4,449	4,006
	Ares Mgmt Corp	12	1,599	2,078
	Arthur J Gallagher & Co	9	3,066	2,881
	Ashland Inc	23	2,237	1,156
	Astrazeneca PLC ADR Span	142	10,749	9,923
	Atlassian Corp PLC	54	11,370	10,967
	Autozone Inc	4	14,694	14,849
	Axa ADR Span	75	2,468	3,669
	Bank of America Corp	582	23,086	27,540
	Barclays PLC ADR Span	689	7,224	12,809
	Barrick Mining Corp	139	2,729	2,894
	Berkeley Group Holdings PLC ADR Unspon	252	2,728	2,666
	Berkshire Hathaway Inc Class B	850	247,350	412,905
	Bio-Techne Corp	40	2,969	2,058
	Bj's Wholesale Club Holdings Inc	34	3,023	3,666
	Blackstone Inc	124	15,401	18,548
	Bnp Paribas ADR	156	5,910	6,988
	Booking Holdings Inc	5	19,824	28,946
	Boozallen Hamilton Holding Corp	20	3,069	2,083
	BP PLC ADR Span	260	8,989	7,782
	Bright Horizons Family Solutions Inc	52	6,839	6,427

(continued)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Common stock (continued):			
	British American Tobacco ADR Span	84	$ 2,652	$ 3,976
	Broadcom Inc	300	51,036	82,695
	Broadridge Financial Solutions Inc	8	1,597	1,944
	Brookfield Asset Management LTD	46	1,740	2,543
	Brookfield Corp	223	9,075	13,793
	Brookfield Infrastructure Corp	158	5,380	6,573
	Brookfield Renewable Corp	72	2,100	2,360
	Brown & Brown Inc	76	7,014	8,426
	Burlington Stores Inc	16	3,829	3,722
	Bwx Technologies Inc	30	2,769	4,322
	Canadian Pacific Kansas City LTD	109	9,076	8,640
	Capgemini SE ADR Unspon	145	5,147	4,938
	Carmax Inc	16	1,151	1,075
	Carnival Corp Compass Group PLC ADR	295	7,648	8,295
	Casey's General Stores Inc	17	7,638	8,675
	Cbre Group Inc	249	30,101	34,890
	CCC Intelligent Solutions Holdings	168	1,904	1,581
	Celanese Corp Ser A	173	18,986	9,572
	Cheniere Energy Inc	39	9,093	9,497
	Chevron Corp	91	14,265	13,030
	Cie DE Saint-Gobain ADR Unspon	292	4,611	6,830
	Ciena Corporation	56	2,674	4,554
	Cisco Systems Inc	763	36,245	52,937
	Clean Harbors Inc	20	4,520	4,624
	Clearway Energy Inc	83	2,143	2,656
	CMS Energy Corp	30	1,788	2,078
	Commerce Bancshares Inc MO	51	2,592	3,171
	Commercial Metals Co	35	1,883	1,712
	Community Financial System Inc	51	2,243	2,900
	Conocophillips	133	14,796	11,935
	Constellation Brands Inc	131	33,950	21,311
	Copart Inc	416	22,519	20,413
	Costar Group Inc	98	7,202	7,879
	Coterra Energy Inc	82	2,204	2,081

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Common stock (continued):			
	Coty Inc	198	$ 1,964	$ 921
	Crowdstrike Hldgs Inc	40	14,970	20,372
	Cullen/Frost Bankers Inc	27	2,635	3,471
	Cummins Inc	59	16,409	19,323
	CVS Health Corp	363	21,290	25,040
	Cyberark Software LTD	16	4,074	6,510
	Danaher Corp	70	17,698	13,828
	Darden Restaurants Inc	162	24,676	35,311
	Deere & Co	24	12,331	12,204
	Deutsche Bank Ag-Registered	145	4,254	4,227
	Deutsche Telekom Ag	151	3,706	5,489
	Diageo PLC ADR Span	72	8,501	7,260
	Digitalbridge Group Inc	200	2,541	2,070
	Domino's Pizza Inc	11	5,744	4,957
	Doordash Inc	103	11,450	25,391
	Dr Horton Inc	220	30,984	28,362
	Dte Energy Co	118	13,138	15,630
	Dycom Ind Inc	19	3,126	4,643
	E.on SE ADR Span	176	3,209	3,228
	Eli Lilly & Co	29	25,697	22,606
	Emcor Group Inc	8	3,000	4,279
	Enel Spa ADR Unpson	630	4,373	5,958
	Entegris Inc Com	59	6,098	4,758
	Eog Resources Inc	88	10,768	10,526
	Eqt Corp	66	2,477	3,849
	Fair Isaac Corp	3	4,248	5,484
	Fanuc Corp ADR Unspon	566	7,427	7,719
	Fastenal Co	36	1,176	1,512
	Fiserv Inc	125	18,674	21,551
	Floor & Decor Hldgs Inc	20	1,447	1,519
	Flutter Entertainment PLC	39	9,785	11,145
	Fujitsu LTD ADR Unspon	75	1,125	1,825
	Garmin LTD	67	10,804	13,984
	Gartner Inc	10	4,492	4,042

(continued)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Common stock (continued):			
	Gilead Sciences Inc	100	$ 11,022	$ 11,087
	Glencore PLC ADR Unspon	128	1,002	995
	Goldman Sachs Group Inc	29	17,888	20,525
	Graco Inc	12	1,010	1,032
	Gsk PLC ADR Span	173	6,904	6,643
	Healthequity Inc	18	1,879	1,886
	Heico Corp	55	9,803	14,231
	Heidelberg Materials Ag	40	1,768	1,873
	Heineken NV ADR	134	6,060	5,822
	Hexagon Ab ADR Unspon	166	1,680	1,658
	Hilton Worldwide Holdings Inc	86	18,476	22,905
	Home Depot Inc	35	12,948	12,832
	Houlihan Lokey Inc	25	3,283	4,499
	Howmet Aerospace Inc	89	15,318	16,566
	Hp Inc	1,388	50,337	33,950
	Hubspot Inc	21	11,661	11,689
	Hyatt Hotels Corp	15	2,246	2,095
	Idacorp Inc	21	1,936	2,424
	Independence Realty Trust Inc	142	2,606	2,512
	Infineon Technologies Ag ADR	192	7,401	8,140
	ING Group NV ADR Span	210	3,497	4,593
	Ingersoll Rand Inc	152	14,138	12,643
	Interactive Brokers Group Inc Class A	240	7,203	13,298
	Intercontinental Exchange Inc	36	6,439	6,605
	International Business Machines Corp	205	35,745	60,430
	Intuit Inc	38	23,807	29,930
	Intuitive Surgical Inc	48	20,799	26,084
	ITT Inc	84	10,905	13,174
	Jack Henry & Assoc Inc	19	3,500	3,423
	Jacobs Solutions Inc	21	2,399	2,760
	Jpmorgan Chase & Co	107	20,937	31,020
	Kering Sa ADR Unspon	598	14,655	12,956
	Keurig Dr Pepper Inc	622	22,631	20,563
	Kia Corporation	71	56,702	63,598

(continued)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Common stock (continued):			
	Kingfisher PLC ADR Span	235	$ 1,491	$ 1,873
	Kkr & Co Inc	80	8,616	10,642
	Koninklijke Philips NV	273	6,991	6,547
	Korea Electric Power Corp ADR Span	140	1,485	1,994
	Kyndryl Holdings Inc	169	4,304	7,091
	Landstar Sys	12	2,190	1,668
	Idexx Laboratories Inc	6	3,020	3,218
	Lennar Corp Class A	30	4,518	3,318
	Liberty Media Corp Liberty New A	10	652	950
	Liberty Media Corp Liberty New C	37	2,665	3,867
	Live Nation Entertainment Inc	72	6,660	10,892
	Lkq Corp	835	34,030	30,903
	Incyte Corp	231	14,526	15,731
	Insmed Inc	137	9,897	13,788
	Lowe's Cos Inc	123	28,637	27,290
	Lpl Finl Hldgs Inc	9	3,437	3,375
	Iqvia Holdings Inc	26	3,655	4,097
	Macon Technology Solutions Hldgs Inc	32	3,365	4,585
	Magnite Inc	167	2,179	4,028
	Magnolia Oil & Gas Corp	66	1,648	1,484
	Markel Group Inc	3	4,693	5,992
	Martin Marietta Materials Inc	11	5,995	6,039
	Mastercard Inc Class A	125	58,381	70,243
	McKesson Corporation	53	32,275	38,837
	Merck & Co Inc	162	20,620	12,824
	Meta Platforms Inc Class A	183	90,862	135,070
	Metlife Inc	315	22,392	25,332
	Mettler-Toledo International Inc	3	4,371	3,524
	Microsoft Corp	351	108,594	174,591
	Mks Inc	27	3,561	2,683
	Moelis & Co	50	2,920	3,116
	Moody's Corp	41	17,252	20,565
	Msci Inc	8	3,879	4,614

(continued)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Common stock (continued):			
	Murata Manufactur ADR Unspon	745	$ 7,001	$ 5,555
	Natera Inc	104	11,263	17,570
	National Grid PLC ADR Span	50	3,639	3,721
	Natwest Group PLC ADR Span	88	726	1,245
	Netflix Inc	35	25,431	46,870
	Neurocrine Biosciences Inc	55	6,854	6,913
	Nintendo Co LTD ADR Unspon	134	2,986	3,219
	Novo-Nordisk A/S ADR Span	55	3,884	3,796
	Nvent Electric PLC ADR Span	56	4,340	4,102
	Nvidia Corp	1,174	100,473	185,480
	ON Semiconductor Corp	141	6,150	7,390
	Oracle Corp	360	47,234	78,707
	O'Reilly Automotive Inc	120	8,653	10,816
	Palo Alto Networks Inc	112	17,895	22,920
	Perimeter Solutions Inc	73	568	1,016
	Planet Fitness Inc Cl A	39	3,988	4,253
	Pool Corp	6	1,818	1,749
	Primo Brands Corp	118	2,625	3,495
	Primoris Service Corp	49	2,606	3,819
	Procore Technologies Inc	18	1,233	1,232
	Progressive Corp	40	8,337	10,674
	Prudential PLC ADR Span	214	3,847	5,354
	Public Service Enterprise Group Inc	168	12,337	14,142
	Quanta Services Inc	129	35,129	48,772
	Radnet Inc	66	3,751	3,756
	Ralph Lauren Corp	9	1,652	2,469
	Reckitt Benckiser Group PLC ADR Span	904	11,066	12,412
	Regeneron Pharmaceuticals Inc	52	53,322	27,300
	Reliance Inc	10	2,826	3,139
	Relx PLC ADR Span	82	3,735	4,456
	Renaissancere Holdings LTD	13	2,915	3,158
	Renesas Electr Corp ADR Unspon	1,677	12,595	10,386
	Revlon Grp Hldgs LLC Wts	771	37,708	771

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Common stock (continued):			
	Rexford Industrial Realty Inc	36	$ 1,593	$ 1,281
	Robinhood Markets Inc	138	9,284	12,921
	Roche Hldg LTD ADR Span	227	8,071	9,211
	Rolls Royce Holdings PLCADR Span	1,079	6,479	14,308
	Roper Technologies Inc	99	54,960	56,117
	Ross Stores Inc	9	1,335	1,148
	Ryan Specialty Holdings Inc CIA	20	1,379	1,360
	Saia Inc	8	3,696	2,192
	Sanofi ADR Span	123	5,937	5,942
	Sap SE ADR Span	16	3,106	4,866
	Servicenow Inc	10	10,256	10,281
	Sherwin-Williams Co	36	11,495	12,361
	SHIFT4 Payments Inc	29	2,667	2,874
	Shinhan Financial Grp ADR	55	2,442	2,485
	Shopify Inc	77	8,184	8,882
	Simply Good Foods Co	58	2,136	1,832
	Smc Corp ADR Span	416	7,528	7,494
	Smith & Nephew PLC ADR Span	125	3,742	3,829
	Smiths Group PLC	25	767	769
	Smurfit Westrock PLC	64	2,795	2,762
	Snowflake Inc	89	14,077	19,916
	Societe Generale SA	330	3,749	3,761
	Sompo Holdings Inc	230	3,426	3,459
	Spotify Tech Sa	23	15,040	17,649
	Sprouts Farmers Market Inc	17	1,315	2,799
	Standard Chartered PLC ADR Span	91	1,708	3,010
	Steris PLC	11	2,401	2,642
	Stryker Corp	45	15,301	17,803
	Sumitomo Mitsui ADR Span	44	669	665
	Synopsys Inc	23	14,031	11,792
	Taiwan Semiconductor ADR Span	33	5,811	7,474
	Take-Two Interactive Software Inc	69	10,827	16,757
	Target Corp Com	144	21,158	14,206
	TD Synnex Corp	21	2,734	2,850

(continued)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Common stock (continued):			
	Technipfmc PLC	455	$ 11,249	$ 15,670
	Teledyne Techs Inc	8	3,097	4,098
	Teleflex Inc	7	1,418	829
	Tenable Holdings Inc	56	2,259	1,892
	Tencent Hldgs LTD ADR Unspon	69	3,379	4,421
	Teradyne Inc	90	13,433	8,093
	Tesla Inc	157	43,716	49,873
	Thermo Fisher Scientific Inc	59	33,297	23,922
	TJX Cos Inc	140	15,553	17,289
	Toast Inc	33	1,399	1,462
	Tradeweb Markets Inc	58	8,505	8,491
	Trane Techs PLC	26	8,636	11,373
	Transdigm Grp Inc	9	11,850	13,686
	Travelers Cos Inc	107	22,418	28,627
	Twilio Inc	60	6,992	7,462
	Tyler Technologies Inc	8	3,871	4,743
	Tyson Foods Inc Class A	340	18,998	19,020
	Uber Technologies Inc	191	13,397	17,820
	Ulta Beauty Inc	18	8,010	8,421
	Unicredit Spa ADR Unspon	207	3,785	6,914
	Union Pacific Corp	90	20,335	20,707
	United Overseas Bank ADR Span	59	2,663	3,335
	United Rentals Inc	30	19,165	22,602
	Vail Resorts Inc	11	1,988	1,728
	Valero Energy Corp	108	16,178	14,517
	Valvoline Inc	61	2,553	2,310
	Veeva Systems Inc - Class A	21	4,623	6,048
	Veralto Corp	4	404	404
	Verisk Analytics Inc Class A	7	1,888	2,181
	Verizon Communications	821	32,685	35,525
	Vistra Corp Communication Services	49	8,983	9,497
	Vulcan Materials Co	38	9,493	9,911
	Wabtec Corp	109	17,523	22,819
	Walt Disney Co	298	29,968	36,955

(continued)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Common stock (continued):			
	Waste Connections Inc	12	$ 2,349	$ 2,241
	Waters Corp	3	868	1,047
	West Pharmaceutical Services Inc	8	2,635	1,750
	Williams Cos Inc	162	9,742	10,175
	Wix.Com LTD Unspon	6	948	951
	Wr Berkley Corp	26	1,912	1,910
	Yeti Hldgs Inc Consumer Staples	62	1,880	1,954
	Total common stock		**3,648,017**	**4,352,902**
	U.S. government securities:			
	US Treas Bonds 4.250% 08/15/54	32,000	31,048	29,233
	US Treas Bonds 4.625% 02/15/55	20,000	20,390	19,475
	US Treas Notes 3.625% 05/15/53	4,000	3,454	3,264
	US Treas Notes 3.875% 08/15/34	86,000	84,215	83,994
	US Treas Notes 4.250% 05/15/35	58,000	56,946	58,095
	US Treas Notes 4.250% 11/15/34	16,000	15,918	16,058
	US Treas Notes 4.375% 05/15/34	3,000	3,065	3,048
	US Treas Notes 4.625% 02/15/35	79,000	81,129	81,530
	Total U.S. government securities		**296,165**	**294,697**
	Corporate bonds:			
	Accenture Cap Inc 4.050% 10/04/29	15,000	14,811	14,903
	Amgen Inc 2.450% 02/21/30	9,000	8,132	8,242
	Astrazeneca PLC 1.375% 08/06/30	12,000	10,186	10,418
	AT&T Inc 1.700% 03/25/26	17,000	16,356	16,659
	AT&T Inc 2.250% 02/01/32	6,000	5,088	5,164
	Bank of America Corp 1.197% 10/24/26	16,000	15,436	15,833
	Bank of America Corp 1.658% 03/11/27	17,000	16,323	16,676
	Blackrock Inc 1.900% 01/28/31	11,000	9,492	9,679
	BP Cap Mkts Amer Inc 3.588% 04/14/27	7,000	6,892	6,931
	BP Cap Mkts Amer Inc 5.227% 11/17/34	13,000	12,948	13,227

(continued)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Corporate bonds (continued):			
	Chevron USA Inc 4.687% 04/15/30	6,000	$ 5,999	$ 6,120
	Chevron USA Inc 4.819% 04/15/32	10,000	9,999	10,197
	Chevron USA Inc 4.980% 04/15/35	9,000	8,999	9,102
	Citigroup Inc 1.462% 06/09/27	22,000	20,917	21,376
	Citigroup Inc 2.520% 11/03/32	9,000	7,712	7,869
	Comcast Corp 5.300% 06/01/34	5,000	5,192	5,122
	Diamond Hill Sh Dur Securitized Bd I Shs	5,807.178	57,201	58,246
	Equinor Asa 2.375% 05/22/30	10,000	9,055	9,180
	Equinor Asa 3.125% 04/06/30	3,000	2,818	2,863
	Federated Corp Bond Strategy Port -157	2,601	26,579	26,426
	Federated Hermes High Yield Strategy Port -744	2,218	25,592	26,283
	Federated Inter Bd Straty Port -742	1,618	21,083	21,196
	Federated Strategy Port -743	28,173	238,571	236,935
	FHLMC 3.000% 05/01/52	14,946.685	13,012	12,956
	FNMA Pool #MA4577 2.000% 04/01/52	27,257.843	21,542	21,653
	Goldman Sachs Group 1.431% 03/09/27	17,000	16,259	16,633
	Goldman Sachs Group 1.948% 10/21/27	16,000	15,197	15,492
	Goldman Sachs Group 2.383% 07/21/32	5,000	4,284	4,367
	Goldman Sachs Group 5.500% 12/31/49 Perp	50,000	51,645	50,184
	Johnson & Johnson 4.700% 03/01/30	7,000	6,986	7,165
	Johnson & Johnson 4.850% 03/01/32	5,000	4,986	5,143
	Johnson & Johnson 5.000% 03/01/35	10,000	9,987	10,252
	Jpmorgan Chase & Co 1.470% 09/22/27	11,000	10,373	10,613
	Jpmorgan Chase & Co 1.578% 04/22/27	11,000	10,515	10,745
	Jpmorgan Chase & Co 2.545% 11/08/32	11,000	9,517	9,683
	Morgan Stanley 1.593% 05/04/27	11,000	10,505	10,734
	Oracle Corp 1.650% 03/25/26	11,000	10,565	10,775
	Oracle Corp 2.950% 04/01/30	6,000	5,523	5,603
	Philip Morris Intl 4.875% 02/13/29	12,000	12,181	12,212
	Philip Morris Intl 5.250% 02/13/34	12,000	12,288	12,239
	PIMCO Income Fd Instl Shs	8,034.038	84,679	86,527
	Shell Finance US Inc 2.750% 04/06/30	16,000	14,755	15,004

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
SCHEDULE H, LINE 4i
EIN #23-1744584
PLAN #002
YEAR ENDED JUNE 30, 2025
(See independent auditor's report)

(a)	(b) / (c) Identity of issue / description of asset	Shares/unit	(d) Cost	(e) Current value
	Corporate bonds (continued):			
	United Parcel Svc 5.250% 05/14/35	3,000	$ 2,992	$ 3,059
	US Bancorp 2.677% 01/27/33	19,000	16,441	16,656
	Total corporate bonds		**899,613**	**906,342**
	Alternative investments:			
	Flagship Healthcare Trust, Inc. Fund	N/A	700,000	948,556
	Fulcrum Growth Fund III QP, LLC	N/A	500,000	355,295
	Fulcrum Growth Fund IV QP, LLC	N/A	372,000	525,970
	Fulcrum Growth Fund V QP, LLC	N/A	138,000	170,437
	GSO Special Situations Overseas Fund, Ltd.	N/A	-	61,089
	Hatteras Opportunity Fund I, LP	N/A	97,571	134,237
	Infinity Q Diversified AlphaFd Instl Shs	62,554.317	114,843	626
	PB Strategic Partners Offshore Feeder VI, LP	N/A	-	78,098
	Vector Capital Credit Opportunity Offshore Fund, Ltd.	N/A	750,000	866,019
	Total alternative investments		**2,672,414**	**3,140,327**
	Total investments		**$ 10,110,605**	**$ 11,456,515**

* Party-in-interest

ATTACHMENT TO SCHEDULE SB LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

EIN: 23-1744584

PLAN NUMBER: 002

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

DISTRIBUTION OF ACTIVE MEMBERS BY AGE & SERVICE AS OF 07/01/2024

Attained Age	Years of Credited Service to Date										
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	1	0	0	0	0	0	0	0	0	1
35-39	0	0	1	0	0	0	0	0	0	0	1
40-44	0	2	2	0	0	0	0	0	0	0	4
45-49	0	2	5	0	0	4	0	0	0	0	11
50-54	1	2	10	5	4	2	1	0	0	0	25
55-59	1	1	2	0	2	2	5	1	0	0	14
60-64	2	0	3	3	5	3	3	11	0	0	30
65-69	0	1	2	3	2	1	1	1	1	0	12
70+	0	0	0	0	0	0	0	0	0	0	0
Total	4	9	25	11	13	12	10	13	1	0	98

Average Age: 56.4 Years Average Service to Date: 15.6 Years

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

Name of Plan: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
EIN: 23-1744584
PN: 002
Plan Year: 7/1/2024 - 6/30/2025

Actuarial Assumptions and Methods

Interest Rates	**ARPA**	**Pre MAP-21**
First Segment (1 to 60 months):	4.75%	4.64%
Second Segment (61 to 240 months):	5.12%	5.12%
Third Segment (Beyond 240 months):	5.59%	5.10%
Effective Interest Rate:	5.23%	5.08%

Salary

Not Applicable

Withdrawal

110% of 2003 Society of Actuaries Small Plan Age Turnover Table. Sample rates are shown below:

Age	**Rate**	**Age**	**Rate**	**Age**	**Rate**
20	26.7300%	35	13.3100%	50	6.1600%
25	21.4500%	40	10.3400%	55	4.6200%
30	17.0500%	45	8.0300%	60	3.3000%

Mortality

IRS 2024 Small Plan Combined Static Table

Incorporated into the table are rates projected using the methodology in regulation 1.430(h)(3)-1 and the 2024 Adjusted Scale MP-2021 to reflect mortality improvement.

Disability

SOA 1987 Group LTD Table - Males, 6-month elimination. Sample rates are shown below.

Age	**Rate**	**Age**	**Rate**	**Age**	**Rate**
20	0.0764%	35	0.1242%	50	0.5396%
25	0.0854%	40	0.1760%	55	0.9770%
30	0.0986%	45	0.2944%	60	1.4774%

Retirement

Normal Retirement Age, or age on valuation date, if greater.

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

Name of Plan: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
EIN: 23-1744584
PN: 002
Plan Year: 7/1/2024 - 6/30/2025

Preretirement Survivor Death Benefit
Liabilities computed on the assumption that 75% of participants will have spouses of the same age at the date of eligibility for the benefit.

Lump Sum Distributions
50% assumed to elect a lump sum distribution valued using the IRS 2024 Applicable Mortality Table.

Expenses
Plan-related expenses expected to be paid from plan assets during the plan year.

Actuarial Value of Assets
Average of the Adjusted Market Values as of the valuation date and the 2 preceding valuation dates. The averaging is adjusted for contributions, distributions and expected earnings, using an assumed interest rate of 8.00% (but not in excess of the applicable third segment rate for that year). The resulting value may not be less than 90% nor more than 110% of the Adjusted Market Value of Assets.

Schedule H, line 4j – Schedule of Reportable Transactions

Plan Name: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Employer I.D. #: 23-1744584
Plan Number: 002

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)

Schedule of Reportable Transactions is contained in the attached audit report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DONSCO, INC.

D Employer Identification Number (EIN)
23-1744584

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2024

2 Assets:

a Market value	**2a**	12,323,484
b Actuarial value	**2b**	11,374,520

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	169	8,592,132	8,592,132
b For terminated vested participants	130	2,317,784	2,317,784
c For active participants	109	4,444,704	4,444,704
d Total	408	15,354,620	15,354,620

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.23%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	331,000
c Target normal cost	**6c**	331,000

Statement by Enrolled Actuary

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

SIGN HERE

Jeffrey S. Myers

Signature of actuary

April 15, 2026

Date

Jeffrey S. Myers, FSA, EA, MAAA

Type or print name of actuary

2603939

Most recent enrollment number

Conrad Siegel

Firm name

717-652-5633

Telephone number (including area code)

P.O. Box 5900, 501 Corporate Circle

Harrisburg PA 17110-0900

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 18.47%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.21%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	74.07%
15	Adjusted funding target attainment percentage	15	74.07%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	74.91%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/02/2025	275,784	0			
03/15/2026	1,913	0			
			Totals ▶ 18(b)	277,697	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	248,640
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.12 %	5.59%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	248,640
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	248,640
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	331,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3,980,100	454,549
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	785,549

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	785,549
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	785,549
40 Unpaid minimum required contributions for all years	**40**	785,549

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

Schedule C, line 2(h) – Formula Description

Plan Name: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Employer I.D. #:23-1744584
Plan Number: 002

(a) Name of Investment Fund (Source of Compensation)	(b) Name of Investment Adviser (Service Provider)	(c) Formula as Percentage of Assets	(d) Other Formula, if any

See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)

Plan Name: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Employer I.D. #: 23-1744584
Plan Number: 002

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions

Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

Schedule SB, line 19 - Discounted Employer Contributions

Name of Plan: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
EIN: 23-1744584
PN: 002
Plan Year: 7/1/2024 - 6/30/2025

Effective Interest Rate: 5.23%
Late Quarterly Interest Rate: 10.23%

Contribution Date	Applicable Plan Year	Contribution Amount	Interest Adjusted Contribution
9/2/2025	2024	275,784	-
3/15/2026	2024	1,913	-
Total		277,697	-

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

Name of Plan: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
EIN: 23-1744584
PN: 002
Plan Year: 7/1/2024 - 6/30/2025

The description of weighted average retirement age is contained in the first page of the attached Schedule SB, Part V - Statement of Actuarial Assumptions/ Methods.

Schedule SB, Part V - Summary of Plan Provisions
Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
EIN: 23-1744584
Plan Number: 002

Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Actuarial Valuation as of July 1, 2024

Summary of Plan Provisions

Retirement Plan for Hourly and Salaried Employees of Donsco, Inc. is a defined benefit pension plan that was established July 10, 1964, and was last amended and restated effective as of July 1, 2011. The plan year begins July 1 and ends June 30.

Eligibility To Participate

Participation under this Plan was frozen for salaried employees effective September 30, 2008, and for participants employed by John Wright, Inc. effective June 30, 2013, and for any other participant scheduled to participate on or after December 31, 2016.

An employee becomes a participant in the Plan on the July 1 or January 1 after the date he meets the following requirements:

- Completes 1 year of eligibility service.
- Attains age 21.

For the purpose of meeting the eligibility rules, service with the following employers will be counted: Powder Company; Ford New Holland Company (who were employed by the successor corporation, Belleville Casting Company, on July 1, 1993).

Normal Retirement Benefit

Normal Retirement Date

A participant is eligible for his normal retirement pension as of the first day of the month on or after the participant satisfies the following conditions:

- Attainment of age 65.
- Participation in the Plan for five years.

Normal Retirement Benefit

The normal retirement pension is payable monthly as long as the participant lives, with payments ceasing upon the participant's death.

Normal Retirement Pension Formula

Employees Paid on a Salaried Basis

- Benefit accruals under this Plan were frozen effective December 31, 2008.

Employees Paid on an Hourly Basis

If the participant retires as of his normal retirement date, his monthly pension will equal the sum of:

- $8.00 multiplied by the number of years of benefit service prior to July 1, 1982, plus
- $9.00 multiplied by the number of years of benefit service after July 1, 1982, and before July 1, 1990; plus
- $11.00 multiplied by the number of years of benefit service after July 1, 1990, and before July 1, 1994; plus
- $13.00 multiplied by the number of years of benefit service after July 1, 1994.

Summary of Plan Provisions

Benefit accruals for hourly John Wright, Inc. employees were frozen effective June 30, 2013. Benefit accruals for hourly Donsco, Inc. employees were frozen effective December 31, 2016.

Average Annual Compensation

"Average annual compensation" means the participant's annual compensation averaged over the 5-consecutive-year period including the current plan year.

For the purpose of determining average annual compensation, the Plan does not take into account:

- The year the employee terminates employment.
- A year in which the employee does not work for the employer.

Accrued Benefit

The accrued benefit on any date other than the normal retirement date is determined according to the normal retirement pension formula, but based upon the participant's benefit service to date.

The benefit accruals for salaried employees ceased effective December 31, 2008. For John Wright, Inc. employees, the benefit accruals were frozen as of June 30, 2013. For Donsco, Inc. hourly employees, the benefit accruals were frozen as of December 31, 2016.

Retirement Payment Options

A participant may elect to receive his monthly pension in one of these optional forms of payment:

- **Lifetime Pension**
- **Lifetime Pension with Guaranteed Period** with guaranteed payments for 60, 120, or 180 months.
- **Joint and Survivor Pension** with 100%, 75% or 50% survivor pension.
- **Lump Sum Payment** – A lump sum option is available only with respect to the participant's accrued benefit as of June 30, 2001. If the lump sum of the present value of benefits accrued after June 30, 2001, is less than $5,000, this amount may also be paid as a lump sum. A lump sum payment is automatic if the value of the vested benefit does not exceed $5,000. This payment option is not available if the Plan does not meet certain Internal Revenue Code funding requirements.

  If the present value of the vested pension does not exceed $1,000, the Plan will automatically distribute the benefit in cash if there is no election.

If the participant is married at the time payments are to begin, the automatic form of payment will be a Joint and 50% Survivor Pension with the spouse named as survivor annuitant. If the participant is not married at the time payments are to begin, the automatic form of payment will be a Lifetime Pension.

Employment after Retirement. If a participant in pay status returns to employment, retirement benefits will not be suspended.

Other Retirement Benefits

Late Retirement

If a participant continues working after his normal retirement date, his pension will not commence until he actually retires. The late retirement benefit is the greater of:

- The retirement benefit accrued as of the end of the preceding plan year, as actuarially increased; or
- The normal retirement benefit determined under the pension formula using current service and compensation.

Early Retirement

A participant is eligible for early retirement after attainment of age 60 and completion of 5 years of vesting service. The early retirement pension is the actuarial equivalent of the pension accrued to the date of early retirement.

Disability Benefit

The participant is entitled to receive a disability benefit if he meets all of the following requirements as of the date he becomes disabled:

- Is actively employed.
- Becomes disabled and remains so for six months.
- Attains age 50.
- Completes 5 years of vesting service.

The Plan Administrator makes the determination whether the participant is disabled for Plan purposes. The benefit will be payable in the form of a Lifetime Pension until the earliest of: recovery, death, or normal retirement date. The participant's monthly disability benefit will be equal to his normal retirement pension accrued as of the date the disability occurred.

Death Benefit

Preretirement Survivor Benefit

If a participant dies after he has become vested under the Plan but before he begins to receive a retirement pension benefit, his surviving spouse will receive a 100% survivor benefit if he has been married at least one year. Payment will begin on the date on which he first would have been eligible for retirement. The amount of his surviving spouse's benefit is equal to the 100% survivor benefit payable under the joint and 100% survivor pension option, based upon his accrued pension at the date of death and reduced for early commencement of benefits, if applicable. If the participant is not married or has not been married for a full year at the time of death, no benefit will be paid by the Plan.

Termination Of Employment Benefits

Vesting in Accrued Pension

If employment terminates other than by retirement or disability, the amount payable from the Plan is based upon the following vesting schedule:

Summary of Plan Provisions

Years of Vesting Service	Vesting Percentage
0–4 Years	0%
5 or More Years	100%

For hourly employees with an accrued benefit as of December 31, 2016, the vesting percentage is 100% for participants with three or more years of vesting service. Prior to December 31, 2016, hourly employees were subject to the five-year vesting schedule noted above.

Time of Payment

The participant may elect payment after his early retirement date, reduced to reflect the early commencement of benefits. If the present value of the participant's vested accrued benefit does not exceed $1,000, the Plan will automatically distribute the amount in cash, if the participant does not elect a rollover to an IRA or another qualified plan.

After termination of employment, a participant may elect to receive his vested accrued pension as soon as administratively possible after the date of severance. The forms of payment available before the participant meets the requirements for early retirement are: Lump Sum Payment, Lifetime Pension, and Joint and 75% or 50% Survivor Pension. However, if the present value of the benefit accrued after June 30, 2001, is more than $5,000 at the time of termination, that portion will be paid at retirement.

Forfeitures and Restoration

Forfeiture occurs when the participant terminates employment before being vested. If a participant terminates employment after he is 100% vested and receives a distribution of his accrued pension, he cannot return his distribution to the Plan; the Plan will not count service credited prior to the participant's termination when determining his new accrued benefit.

Service Rules

Eligibility Service Rules

An employee is credited with a year of eligibility service when he completes at least 1,000 hours of service in the 12-month period.

Vesting Service Rules

An employee is credited with a year of vesting service when he completes at least 1,000 hours of service in a plan year.

Benefit Service Rules

Employees Paid on a Salaried Basis

A participant is credited with a year of benefit service for each 12-month period the participant is employed by the employer.

For participants employed before July 1, 1976, benefit service as of that date will equal benefit service credited under the prior plan as in effect on June 30, 1976.

Fractional years of benefit service will be credited to the completed month.

For the purpose of determining years of benefit service, these years will not be counted:

- Service during which the employee is an hourly employee.

- Service after December 31, 2008.

Employees Paid on an Hourly Basis

A participant is credited with a year of benefit service for each benefit period he completes at least 1000 hours of service. The benefit period is the 12-month period coinciding with the plan year.

For participants employed before July 1, 1976, benefit service as of that date will equal benefit service credited under the prior plan as in effect on June 30, 1976.

For the purpose of determining years of benefit service, these years will not be counted:

- Hours of service before participation in the Plan.
- Hours of service during which the employee is a salaried employee.
- Hours of service after June 30, 2013, for John Wright, Inc. employees.
- Hours of service after December 31, 2016, for hourly employees of Donsco, Inc.

Service with Prior Employers

The Plan takes into account service with the following employer(s) for the purpose noted, provided the employee was employed by the employer as of the listed effective date:

Employer	Purpose	Effective Date
Powder Company	eligibility/vesting service	July 1, 1994
Ford New Holland Company	eligibility/vesting service	July 1, 1993

(who were employed by the successor corporation, Belleville Casting Company, on July 1, 1993)

However, this special service credit is limited to service earned during the 5-year period ending with the effective date.

ACTUARIAL EQUIVALENCE

Actuarial equivalence is determined as set forth below.

Late Retirement – As described in Appendix L.

Early Retirement – As described in Appendix E. For example, the factor at age 62 is .8 and the factor at age 60 is .6667. The lump sum payment option will be equal to the greater of the present value of the early retirement benefit or the present value of the normal retirement benefit, in each instance subject to the Code section 417 mortality table and the Code section 417 interest rates requirements.

Monthly Pension – As described in Appendix O. For example, in order to convert from the normal form of benefit to a Joint and 50% Survivor Pension where the spouse is assumed to be the same age, the factor at age 62 is .9200 and the factor at age 60 is .9250. To convert to a Lifetime Pension with 120-Month Guaranteed Period, the factor at age 62 is .9400 and the factor at age 60 is .9500.

Lump Sum – Actuarial equivalence will be determined based on the following mortality table and interest rate assumptions:

Mortality table:	The Code section 417 mortality table
Interest rate:	The Code section 417 interest rates

Code Section 417 Mortality Table

The Code section 417 mortality table is the Applicable Mortality Table released annually by the Internal Revenue Service.

Code Section 417 Interest Rates

The Code section 417 interest rates are the Segment Rates for the third month preceding the first day of the plan year that contains the annuity starting date.

CHANGES IN PLAN PROVISIONS SINCE THE LAST VALUATION

None

SIGNIFICANT EVENTS THAT OCCURRED DURING THE YEAR

None

Schedule H, line 4i – Schedule of Assets (Held At End of Year)

Plan Name: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Employer I.D. #: 23-1744584
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value

Schedule of Assets (Held At End of Year) is contained in the attached audit report.

Schedule SB, line 32 - Schedule of Amortization Bases

Name of Plan: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
EIN: 23-1744584
PN: 002
Plan Year: 7/1/2024 - 6/30/2025

Type of Base (shortfall or Waiver)	Initial Date	Amortization Base	Amortization Installment	Present Value of Remaining Amortization Installment	Remaining Amortization Years
shortfall	7/1/2019	2,927,594	270,679	2,192,647	10
shortfall	7/1/2020	641,390	60,218	524,347	11
shortfall	7/1/2021	(18,575)	(1,732)	(16,081)	12
shortfall	7/1/2022	674,548	62,336	613,020	13
shortfall	7/1/2023	398,424	36,488	377,893	14
shortfall	7/1/2024	288,274	26,560	288,274	15
		$ 4,911,655	$ 454,549	$ 3,980,100	