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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                                                         |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                  |
| 1a      | Name of plan<br>H. J. BAKER & BRO., LLC EMPLOYEES' RETIREMENT PLAN                                                                                                                                                                                                                                                                                                      |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                      |
| 1c      | Effective date of plan<br>12/15/1950                                                                                                                                                                                                                                                                                                                                    |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>H. J. BAKER & BRO., LLC<br><br>JASON RABALAIS<br>1450 LAKE ROBBINS DRIVE<br>SUITE 550<br>THE WOODLANDS, TX 77380 |
| 2b      | Employer Identification Number (EIN)<br>81-4867907                                                                                                                                                                                                                                                                                                                      |
| 2c      | Plan Sponsor's telephone number<br>346-372-3466                                                                                                                                                                                                                                                                                                                         |
| 2d      | Business code (see instructions)<br>311110                                                                                                                                                                                                                                                                                                                              |

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. | 08/03/2026 | JASON RABALAIS                                               |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                    |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> <span style="float: right;">229</span>                                                                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="text-align: right;">12</div> <div style="text-align: right;">11</div> <div style="text-align: right;">116</div> <div style="text-align: right;">78</div> <div style="text-align: right;">205</div> <div style="text-align: right;">19</div> <div style="text-align: right;">224</div> <div style="text-align: right;">0</div> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                            |

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

1A 1I

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                         |                                                                                                                                                  |
| ▶ 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<br>H. J. BAKER & BRO., LLC EMPLOYEES' RETIREMENT PLAN                                                               | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>H. J. BAKER & BRO., LLC                                       | D Employer Identification Number (EIN)<br>81-4867907                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Basic Information                                                                                                                                                                                   |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2025                                                                                                                                                 |
| 2      | Assets:                                                                                                                                                                                             |
| a      | Market value 28995720                                                                                                                                                                               |
| b      | Actuarial value 28671144                                                                                                                                                                            |
| 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 134 19952143 19952143                                                                                                                  |
| b      | For terminated vested participants 85 4787058 4787058                                                                                                                                               |
| c      | For active participants 12 2271051 2271051                                                                                                                                                          |
| d      | Total 231 27010252 27010252                                                                                                                                                                         |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                             |
| 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 5.34 %                                                                                                                                                                    |
| 6      | Target normal cost                                                                                                                                                                                  |
| a      | Present value of current plan year accruals 6a 0                                                                                                                                                    |
| b      | Expected plan-related expenses 6b 0                                                                                                                                                                 |
| c      | Target normal cost 6c 0                                                                                                                                                                             |

**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.

|                          |                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>RICHARD S. SYCH</div> <div>Type or print name of actuary</div> <div>USI CONSULTING GROUP, INC.</div> <div>Firm name</div> <div>95 GLASTONBURY BOULEVARD, SUITE 102<br/>GLASTONBURY, CT 06033</div> <div>Address of the firm</div> | <div>02/23/2026</div> <div>Date</div> <div>23-05065</div> <div>Most recent enrollment number</div> <div>860-521-8400</div> <div>Telephone number (including area code)</div> |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>2.50</u> % .....                                                                                 | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 106.14 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 106.14 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 108.04 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
5.07 %2nd segment:  
5.31 %3rd segment:  
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code) ..... **21b** 4**22** Weighted average retirement age ..... **22** 64**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** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**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** 0**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**b** Waiver amortization installment .....**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 0

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** 0**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** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2025                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                   |                                                                                                                                                                                                                             |                                         |
| <div>A</div> Name of plan<br>H. J. BAKER & BRO., LLC EMPLOYEES' RETIREMENT PLAN                                                                                                                                                              | <div>B</div> Three-digit plan number (PN) ▶                                                                                                                                                                                 | 001                                     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>H. J. BAKER & BRO., LLC                                                                                                                                                 | <div>D</div> Employer Identification Number (EIN)<br>81-4867907                                                                                                                                                             |                                         |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| U.S. BANCORP ASSET MANAGEMENT, INC.                                                                        |
| 41-2003732                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| U.S. BANCORP FUND SERVICES, LLC                                                                            |
| 39-1939072                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (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 |
|                                                                                                            |
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**(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

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**(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

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**(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

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**(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

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

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 11965                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | 2025                                   |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

|                                                                                                                     |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>H. J. BAKER &amp; BRO., LLC EMPLOYEES' RETIREMENT PLAN</div>              | <div>B</div> <div>Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>H. J. BAKER &amp; BRO., LLC</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>81-4867907</div> |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 117518                | 101559          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 4383                  | 3262            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 28873819              | 28709736        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                      | <b>1d(2)</b> |                       |                 |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 28995720              | 28814557        |

**Liabilities**

|                                                                            |           |   |   |
|----------------------------------------------------------------------------|-----------|---|---|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                            |           |          |          |
|------------------------------------------------------------|-----------|----------|----------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 28995720 | 28814557 |
|------------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1354654    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1354654   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 713290    |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 9         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 2067953   |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 2237151 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 2237151 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 11965   |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 11965   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 2249116 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -181163 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **PKF O'CONNOR DAVIES, LLP**

(2) EIN: **27-1728945**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 577005.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>H. J. BAKER & BRO., LLC EMPLOYEES' RETIREMENT PLAN                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>H. J. BAKER & BRO., LLC                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>81-4867907                                            |
| 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):<br>EIN(s): 41-6271370                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 3 0                                                                                             |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

# H.J. Baker & Bro., LLC Employees' Retirement Plan

Financial Statements and Supplemental Schedules

Including Independent Auditors' Report

As of December 31, 2025 and 2024

and for the Years Ended December 31, 2025 and 2024

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## Independent Auditors' Report

To the Plan Administrator of H.J. Baker & Bro., LLC Employees' Retirement Plan

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

We have performed audits of the financial statements of H.J. Baker & Bro., LLC Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

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

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

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

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

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about H.J. Baker & Bro., LLC Employees' Retirement Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of H.J. Baker & Bro., LLC Employees' Retirement 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 H.J. Baker & Bro., LLC Employees' Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are

supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*PKF O'Connor Davies, LLP*

PKF O'Connor Davies, LLP Harrison, New York

April 15, 2026

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Statements of Net Assets Available for Benefits  
As of December 31, 2025 and 2024

|                                          | 2025         | 2024         |
|------------------------------------------|--------------|--------------|
| <b>Assets</b>                            |              |              |
| <b>Cash</b>                              | \$ 101,559   | \$ 117,518   |
| <b>Investments</b>                       |              |              |
| Investments at fair value                | 28,709,736   | 28,873,819   |
| <b>Other assets</b>                      |              |              |
| Accrued investment income                | 3,262        | 4,383        |
| <b>Total assets</b>                      | 28,814,557   | 28,995,720   |
|                                          |              |              |
| <b>Net assets available for benefits</b> | \$28,814,557 | \$28,995,720 |

See accompanying notes to the financial statements.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2025 and 2024

|                                                              | 2025                | 2024                |
|--------------------------------------------------------------|---------------------|---------------------|
| <b>Additions</b>                                             |                     |                     |
| <b>Investment income</b>                                     |                     |                     |
| Interest and dividends                                       | \$ 1,354,663        | \$ 1,343,805        |
| Net appreciation (depreciation) in fair value of investments | 713,290             | (592,020)           |
| <b>Total investment income</b>                               | 2,067,953           | 751,785             |
| <b>Total additions</b>                                       | 2,067,953           | 751,785             |
| <b>Deductions</b>                                            |                     |                     |
| Benefits paid to participants                                | 2,237,151           | 2,315,312           |
| Administrative expenses                                      | 11,965              | 12,343              |
| <b>Total deductions</b>                                      | 2,249,116           | 2,327,655           |
| <b>Net (decrease)</b>                                        | (181,163)           | (1,575,870)         |
| <br>Net assets available for benefits                        |                     |                     |
| Beginning of year                                            | 28,995,720          | 30,571,590          |
| <b>End of year</b>                                           | <b>\$28,814,557</b> | <b>\$28,995,720</b> |

See accompanying notes to the financial statements.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Statement of Accumulated Plan Benefits  
As of December 31, 2024

|                                                                   | <b>2024</b>          |
|-------------------------------------------------------------------|----------------------|
| <b>Actuarial present value of accumulated plan benefits</b>       |                      |
| <b>Vested benefits</b>                                            |                      |
| Participants currently receiving payments                         | \$ 18,866,109        |
| Terminated vested participants                                    | 4,344,060            |
| Active participants                                               | 2,109,085            |
| <b>Total vested benefits</b>                                      | <b>25,319,254</b>    |
| <b>Total actuarial present value of accumulated plan benefits</b> | <b>\$ 25,319,254</b> |

See accompanying notes to the financial statements.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Statement of Changes in Accumulated Plan Benefits  
For the Year Ended December 31, 2024

|                                                                            | <b>2024</b>         |
|----------------------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated plan benefits at beginning of year  | \$28,589,646        |
| <b>Increase (decrease) during the year attributable to:</b>                |                     |
| Change in actuarial assumptions                                            | (2,176,390)         |
| Benefits accumulated including actuarial (gains)/losses                    | (211,409)           |
| Increase for interest due to decrease in discount period                   | 1,432,719           |
| Benefits paid                                                              | (2,315,312)         |
| <b>Net (decrease)</b>                                                      | <b>(3,270,392)</b>  |
| <b>Actuarial present value of accumulated plan benefits at end of year</b> | <b>\$25,319,254</b> |

See accompanying notes to the financial statements.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Notes to Financial Statements  
December 31, 2025 and 2024

**1. Description of Plan**

The following description of the H.J. Baker & Bro., LLC Employees' Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

*General*

The Plan is a noncontributory defined benefit plan established effective December 15, 1950, as restated January 1, 2020. Prior to the plan freeze, the Plan covered all employees, excluding independent contractors, leased employees, Tiger-Sul Products employees and Tiger Transportation employees for periods prior to April 15, 2005 of H.J. Baker & Bro, LLC (the Company) who had completed three years of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Investment Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective December 31, 2012, accrued benefits were frozen, and there will be no further accrual of benefits after that date.

*Funding policy*

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025 and 2024.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Notes to Financial Statements  
December 31, 2025 and 2024

**1. Description of Plan**

*Pension benefits*

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Prior to the plan freeze, participants became vested in the Plan upon completion of at least seven years of service or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 60. Furthermore, the Plan provides for early retirement at age 55 with the completion of fifteen years of service. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Upon becoming vested, participants are entitled to 1/12 of 47% of their average annual earnings, multiplied by a fraction, not exceeding one, the numerator of which is their years of credited service and the denominator of which is 25. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

*Vesting*

Effective December 31, 2012, all participants became 100% vested,

*Payment of Benefits*

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

**2. Summary of Accounting Policies**

*Basis of Accounting*

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

*Use of Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and 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, and changes therein. Actual results could differ from those estimates.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Notes to Financial Statements  
December 31, 2025 and 2024

**2. Summary of Accounting Policies**

*Investment Valuation and Income Recognition*

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

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

*Payment of Benefits*

Benefits payments to participants are recorded upon distribution.

*Administrative Expenses*

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

*Subsequent Events*

Subsequent events were evaluated through April 15, 2026, the date the financial statements were available to be issued.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Notes to Financial Statements  
December 31, 2025 and 2024

**3. 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 include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were:

| <b>Assumption</b> | <b>December 31, 2024</b>                |
|-------------------|-----------------------------------------|
| Discount rate     | 6.21%                                   |
| Mortality         | PRI-2012 with Improvement Scale MP-2021 |

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

The changes in actuarial assumptions from the prior year actuarial valuation are as follows: (a) the rate of return changed from 5.22% to 6.21%.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Notes to Financial Statements  
December 31, 2025 and 2024

**4. Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

*Money market funds:* Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Notes to Financial Statements  
December 31, 2025 and 2024

**4. Fair Value Measurements**

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

| <b>Assets at Fair Value as of December 31, 2025</b> | <b>Level 1</b>      | <b>Total</b>        |
|-----------------------------------------------------|---------------------|---------------------|
| Money market funds                                  | \$ 1,061,257        | \$ 1,061,257        |
| Mutual funds                                        | 27,648,479          | 27,648,479          |
| <b>Total assets in the fair value hierarchy</b>     | <b>28,709,736</b>   | <b>28,709,736</b>   |
| <b>Total investments at fair value</b>              | <b>\$28,709,736</b> | <b>\$28,709,736</b> |

| <b>Assets at Fair Value as of December 31, 2024</b> | <b>Level 1</b>      | <b>Total</b>        |
|-----------------------------------------------------|---------------------|---------------------|
| Money market funds                                  | \$ 1,160,205        | \$ 1,160,205        |
| Mutual funds                                        | 27,713,614          | 27,713,614          |
| <b>Total assets in the fair value hierarchy</b>     | <b>28,873,819</b>   | <b>28,873,819</b>   |
| <b>Total investments at fair value</b>              | <b>\$28,873,819</b> | <b>\$28,873,819</b> |

**5. Information Certified by Custodian**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, U.S. Bank National Association, the Custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025.

**6. Related-Party and Party In Interest Transactions**

The Plan's investments are administered under a contract with U.S. Bank National Association, the Custodian of the Plan. Contributions are held and managed by U.S. Bank National Association, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Notes to Financial Statements  
December 31, 2025 and 2024

**7. Plan Termination**

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all 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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

**8. Tax Status**

The IRS has determined and informed the Company by a letter dated September 9, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Notes to Financial Statements  
December 31, 2025 and 2024

**8. Tax Status**

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

**9. 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. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

## **Supplemental Schedules**

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
EIN: 81-4867907 Plan Number: 001  
As of December 31, 2025

| (a)               | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost      | (e) Current value |
|-------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------|-------------------|
| Mutual Funds      |                                                           |                                                                                                             |               |                   |
| *                 | T. Rowe Price Instl Long Dur Crdt                         | 2,347,981                                                                                                   | \$ 18,268,175 | \$ 17,821,179     |
|                   | Fidelity Advisor Total Bond Z                             | 536,492                                                                                                     | 5,082,612     | 5,182,510         |
|                   | Vanguard Dividend Apprec Idx Admiral                      | 54,011                                                                                                      | 3,146,705     | 3,221,781         |
|                   | Columbia Short Term Bond Inst2                            | 144,468                                                                                                     | 1,408,562     | 1,423,009         |
|                   | Total Mutual Funds                                        |                                                                                                             | \$ 27,906,054 | \$ 27,648,479     |
| Money Market Fund |                                                           |                                                                                                             |               |                   |
|                   | First American Government Obligation                      | 1,061,257                                                                                                   | 1,061,257     | 1,061,257         |
|                   |                                                           |                                                                                                             | \$ 28,967,311 | \$ 28,709,736     |

\*Denotes a party-in-interest.

See Independent Auditors' Report.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Schedule H, Line 4j - Schedule of Reportable Transactions  
EIN: 81-4867907 Plan Number: 001  
For the Year Ended December 31, 2025

| (a) Identity of Party Involved   |                | (b) Description of asset      | (c) Purchase price | (d) Selling price | (g) Cost      | (h) Current value | (i) Net gain/(loss) |
|----------------------------------|----------------|-------------------------------|--------------------|-------------------|---------------|-------------------|---------------------|
| <b>Single Transactions</b>       |                |                               |                    |                   |               |                   |                     |
| First American                   | First American | Government Obligation Fd CI Z | \$ 3,146,705       | \$ -              | \$ 3,146,705  | \$ 3,146,705      | \$ -                |
| First American                   | First American | Government Obligation Fd CI Z | -                  | 3,146,705         | 3,146,705     | 3,146,705         | -                   |
| Vanguard                         | Vanguard       | Dividend Growth Inv           | -                  | 3,146,705         | 3,289,577     | 3,146,705         | (142,872)           |
| Vanguard                         | Vanguard       | Dividend Apprec Idx Admiral   | 3,146,705          | -                 | 3,146,705     | 3,146,705         | -                   |
| <b>Total Single Transactions</b> |                |                               | \$ 6,293,410       | \$ 6,293,410      | \$ 12,729,692 | \$ 12,586,820     | \$ (142,872)        |
| <b>Series Transactions</b>       |                |                               |                    |                   |               |                   |                     |
| First American                   | First American | Government Obligation Fd CI Z | 88,475             | -                 | 88,475        | 88,475            | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 6,885              | -                 | 6,885         | 6,885             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 1                  | -                 | 1             | 1                 | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 615                | -                 | 615           | 615               | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 109,587            | -                 | 109,587       | 109,587           | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 6,882              | -                 | 6,882         | 6,882             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 1                  | -                 | 1             | 1                 | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 615                | -                 | 615           | 615               | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 97,451             | -                 | 97,451        | 97,451            | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 6,758              | -                 | 6,758         | 6,758             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 1                  | -                 | 1             | 1                 | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 102,283            | -                 | 102,283       | 102,283           | -                   |

See Independent Auditors' Report.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Schedule H, Line 4j - Schedule of Reportable Transactions  
EIN: 81-4867907 Plan Number: 001  
For the Year Ended December 31, 2025

| (a) Identity of Party Involved |                | (b) Description of asset      | (c) Purchase price | (d) Selling price | (g) Cost  | (h) Current value | (i) Net gain/(loss) |
|--------------------------------|----------------|-------------------------------|--------------------|-------------------|-----------|-------------------|---------------------|
| First American                 | First American | Government Obligation Fd CI Z | 6,705              | -                 | 6,705     | 6,705             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 280                | -                 | 280       | 280               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1                  | -                 | 1         | 1                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 615                | -                 | 615       | 615               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 109,162            | -                 | 109,162   | 109,162           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 615                | -                 | 615       | 615               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 106,538            | -                 | 106,538   | 106,538           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 6,624              | -                 | 6,624     | 6,624             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 2                  | -                 | 2         | 2                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 615                | -                 | 615       | 615               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 119,492            | -                 | 119,492   | 119,492           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 6,696              | -                 | 6,696     | 6,696             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 778,425            | -                 | 778,425   | 778,425           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 2                  | -                 | 2         | 2                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1,229              | -                 | 1,229     | 1,229             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 103,264            | -                 | 103,264   | 103,264           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 6,189              | -                 | 6,189     | 6,189             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1                  | -                 | 1         | 1                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 615                | -                 | 615       | 615               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 105,833            | -                 | 105,833   | 105,833           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 5,729              | -                 | 5,729     | 5,729             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 3,146,705          | -                 | 3,146,705 | 3,146,705         | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1                  | -                 | 1         | 1                 | -                   |

See Independent Auditors' Report.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Schedule H, Line 4j - Schedule of Reportable Transactions  
EIN: 81-4867907 Plan Number: 001  
For the Year Ended December 31, 2025

| (a) Identity of Party Involved |                | (b) Description of asset      | (c) Purchase price | (d) Selling price | (g) Cost | (h) Current value | (i) Net gain/(loss) |
|--------------------------------|----------------|-------------------------------|--------------------|-------------------|----------|-------------------|---------------------|
| First American                 | First American | Government Obligation Fd CI Z | 615                | -                 | 615      | 615               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 103,130            | -                 | 103,130  | 103,130           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 764                | -                 | 764      | 764               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 107,254            | -                 | 107,254  | 107,254           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 5,654              | -                 | 5,654    | 5,654             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1                  | -                 | 1        | 1                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 764                | -                 | 764      | 764               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 94,052             | -                 | 94,052   | 94,052            | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 5,498              | -                 | 5,498    | 5,498             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 5,365              | -                 | 5,365    | 5,365             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 12,817             | -                 | 12,817   | 12,817            | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1                  | -                 | 1        | 1                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 764                | -                 | 764      | 764               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 160,910           | 160,910  | 160,910           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 2,985             | 2,985    | 2,985             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 192,033           | 192,033  | 192,033           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 188,021           | 188,021  | 188,021           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 184,554           | 184,554  | 184,554           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 2,993             | 2,993    | 2,993             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 191,830           | 191,830  | 191,830           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 188,802           | 188,802  | 188,802           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 188,802           | 188,802  | 188,802           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 2,982             | 2,982    | 2,982             | -                   |

See Independent Auditors' Report.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Schedule H, Line 4j - Schedule of Reportable Transactions  
EIN: 81-4867907 Plan Number: 001  
For the Year Ended December 31, 2025

| (a) Identity of Party Involved   |                | (b) Description of asset      | (c) Purchase price  | (d) Selling price   | (g) Cost            | (h) Current value   | (i) Net gain/(loss) |
|----------------------------------|----------------|-------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| First American                   | First American | Government Obligation Fd CI Z | -                   | 188,352             | 188,352             | 188,352             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 186,128             | 186,128             | 186,128             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 3,146,705           | 3,146,705           | 3,146,705           | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 171,017             | 171,017             | 171,017             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 3,004               | 3,004               | 3,004               | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 183,296             | 183,296             | 183,296             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 178,098             | 178,098             | 178,098             | -                   |
| Vanguard                         | Vanguard       | Dividend Growth Inv           | 72,639              | -                   | 72,639              | 72,639              | -                   |
| Vanguard                         | Vanguard       | Dividend Growth Inv           | -                   | 45,824              | 48,942              | 45,824              | (3,118)             |
| Vanguard                         | Vanguard       | Dividend Growth Inv           | -                   | 3,146,705           | 3,289,577           | 3,146,705           | (142,872)           |
| Vanguard                         | Vanguard       | Dividend Apprec Idx Admiral   | 3,146,705           | -                   | 3,146,705           | 3,146,705           | -                   |
| <b>Total Series Transactions</b> |                |                               | <b>\$ 8,480,915</b> | <b>\$ 8,553,041</b> | <b>\$17,179,946</b> | <b>\$17,033,956</b> | <b>\$ (145,990)</b> |

See Independent Auditors' Report.

**Attachment to Schedule SB (2025 Form 5500)**  
**Line 26 - Schedule of Active Participant Data**

**HJ Baker & Bros., LLC Employees' Retirement Plan**  
 EIN: 81-4867907    PN: 001

| Attained Age | Completed Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
|--------------|-------------------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|-------------|------------|
|              | Under 1                             |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            | 35 to 39 |            | 40 and over |            |
|              | No.                                 | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.         | Avg. Comp. |
| Under 25     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 25 to 29     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 30 to 34     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 35 to 39     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 40 to 44     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 45 to 49     |                                     |            | 1      |            | 1      |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 50 to 54     |                                     |            | 1      |            | 1      |            | 1        |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 55 to 59     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 60 to 64     |                                     |            | 1      |            |        |            | 2        |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 65 to 69     |                                     |            |        |            | 1      |            | 1        |            |          |            |          |            |          |            | 1        |            |          |            |             |            |
| 70 & over    |                                     |            |        |            | 1      |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |

## Description of Actuarial Methods

### Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2010 valuation.

### Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.

## Description of Actuarial Assumptions

### Changes in Actuarial Assumptions as of January 1, 2025

The valuation reflects changes in the actuarial assumptions listed below. (The assumptions used before and after these changes are more fully described in the next section.)

- Expected Rate of Return

With the exception of the valuation interest rate, the assumptions indicated were changed to represent the Enrolled Actuary's current best estimate of anticipated experience of the Plan.

### Interest Rates

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. ARPA continues to use a 24-month bond averaging period methodology for determining the segmented interest rates used in the calculation of the Plan's target liability and a corridor based on a 25-year bond averaging period. However, now the corridor based on 25-year average segment rates and the applicable minimum and maximum percentages used for purposes of calculating the Plan's target liability to adjust the 24-month average segment rates has been extended. In addition, any 25-year average segment rate that is less than 5% is deemed to be 5%.

The Infrastructure Investment and Jobs Act was signed into law on November 15, 2021 that further extended funding stabilization. The corridors under the new laws are as follows:

| <u>Corridor After ARPA</u> |                             |              |                             |
|----------------------------|-----------------------------|--------------|-----------------------------|
| <u>Years</u>               | <u>Corridor</u>             | <u>Years</u> | <u>Corridor</u>             |
| 2020-2021                  | 95% to 105% if not deferred | 2020-2021    | 95% to 105% if not deferred |
| 2022-2025                  | 95%-105%                    | 2022-2030    | 95%-105%                    |
| 2026                       | 90%-110%                    | 2031         | 90%-110%                    |
| 2027                       | 85%-115%                    | 2032         | 85%-115%                    |
| 2028                       | 80%-120%                    | 2033         | 80%-120%                    |
| 2029                       | 75%-125%                    | 2034         | 75%-125%                    |
| 2030+                      | 70%-130%                    | 2035+        | 70%-130%                    |

The corridor rates are used for purposes of the calculation of the Plan's minimum required contribution and the determination of the Plan's AFTAP certification, but cannot be reflected in the calculation of the Plan's maximum tax deductible contribution or the PBGC variable premium liability. This report reflects the rates under ARPA as allowed under current legislation.

Valuation: Segment rates for the 4<sup>th</sup> month preceding the Valuation Date (i.e., September). The rates are shown below.

| Segment | 2025              |                  | 2024              |                  |
|---------|-------------------|------------------|-------------------|------------------|
|         | Before Adjustment | After Adjustment | Before Adjustment | After Adjustment |
| 1st     | 5.07%             | 5.07%            | 3.62%             | 4.75%            |
| 2nd     | 5.33%             | 5.31%            | 4.46%             | 4.87%            |
| 3rd     | 5.36%             | 5.50%            | 4.52%             | 5.59%            |

### Interest Rates (cont.)

The rates before adjustment are the standard 24-month segment rates determined under any prior interest rate relief laws. They are used in the determination of the Plan's maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan's minimum required contribution and AFTAP for benefit restriction purposes.

PBGC premium: PBGC spot segment rates for the month preceding the premium payment year. This method was last elected for the 2023 plan year. The rates are shown below

|                         | 2025  | 2024  |
|-------------------------|-------|-------|
| 1 <sup>st</sup> segment | 4.65% | 5.01% |
| 2 <sup>nd</sup> segment | 5.28% | 5.13% |
| 3 <sup>rd</sup> segment | 5.63% | 5.15% |

### Expected Return for Asset Smoothing

| Year | Assumption | Not to Exceed |
|------|------------|---------------|
| 2025 | 6.21%      | 5.50%         |
| 2024 | 5.22%      | 5.59%         |
| 2023 | 7.25%      | 5.74%         |
| 2022 | 6.50%      | 5.92%         |

The expected long-term rate of return on assets is estimated using the Plan Sponsor's long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation.

### Mortality

Pri-2012 Mortality Table projected to valuation date with an adjusted version of Scale MP-2021. Separate tables for annuitants and non-annuitants.

### Mortality Improvement

Projected to date of decrement using an adjusted version of Scale MP-2021 (generational).

### Inflation

2.40%.

This assumption is consistent with the Social Security Administration's current best estimate of the ultimate long-term (75-year horizon) annual percentage increase in CPI, as published in the 2025 OASDI Trustees Report.

### Increases in IRC Sec. 401(a)(17) compensation limit

As required by law, no increases are assumed.

### Increases in IRC Sec. 415(b) limit on benefits

As required by law, no increases are assumed.

## Retirement

| <b>Sample Rates</b> |      |
|---------------------|------|
| Age                 | Rate |
| 50-54               | 0%   |
| 55-61               | 1%   |
| 62                  | 10%  |
| 63-64               | 5%   |
| 65                  | 100% |

The actuarial assumption in regards to rates of retirement shown above is based on a standard table modified for certain plan features such as eligibility for full and early retirement where applicable and input from the plan sponsor. The plan does not have sufficiently credible data on which to perform an experience study, however we reviewed the available experience and reflected it in the assumption.

## Termination prior to retirement

| Age | Years of Service |       |       |      |
|-----|------------------|-------|-------|------|
|     | 0                | 1     | 2     | 3+   |
| 20  | 14.9%            | 12.5% | 10.5% | 9.3% |
| 25  | 13.9             | 11.3  | 9.3   | 6.8  |
| 30  | 12.9             | 10.0  | 8.0   | 5.1  |
| 35  | 11.9             | 8.9   | 6.9   | 4.0  |
| 40  | 10.9             | 7.9   | 5.9   | 3.3  |
| 45  | 9.9              | 7.1   | 5.1   | 2.8  |
| 50  | 8.9              | 6.3   | 4.3   | 2.3  |
| 55  | 0.0              | 0.0   | 0.0   | 0.0  |

The actuarial assumption in regards to rates of termination shown above is based on a standard table (50% Vaughn Select & Ultimate Withdrawal Table) modified for certain plan features such as eligibility for full and early retirement where applicable and input from the plan sponsor. The plan does not have sufficiently credible data on which to perform an experience study, however we reviewed the available experience and reflected it in the assumption.

## Disability

| Age | Rate   |
|-----|--------|
| 30  | 0.112% |
| 35  | 0.129  |
| 40  | 0.164  |
| 45  | 0.221  |
| 50  | 0.347  |
| 55  | 0.712  |
| 60  | 1.260  |
| 65  | 0.000  |

The actuarial assumption in regards to disability rates shown above is based on a standard table (1952 Disability Table, Period 2, Benefit 5, with six month waiting period) modified for certain plan features such as eligibility for full and early retirement where applicable and input from the plan sponsor.

**Administrative expenses**

As prescribed by the IRS, estimated administrative expenses have been added to the target normal cost. Currently, administrative expenses are not paid out of plan assets.

**Percent of active employees married**

90% of males and 60% of females.

**Spouse's age**

Husbands are assumed to be 3 years older than wives.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Schedule H, Line 4j - Schedule of Reportable Transactions  
EIN: 81-4867907 Plan Number: 001  
For the Year Ended December 31, 2025

| (a) Identity of Party Involved   |                | (b) Description of asset      | (c) Purchase price | (d) Selling price | (g) Cost      | (h) Current value | (i) Net gain/(loss) |
|----------------------------------|----------------|-------------------------------|--------------------|-------------------|---------------|-------------------|---------------------|
| <b>Single Transactions</b>       |                |                               |                    |                   |               |                   |                     |
| First American                   | First American | Government Obligation Fd CI Z | \$ 3,146,705       | \$ -              | \$ 3,146,705  | \$ 3,146,705      | \$ -                |
| First American                   | First American | Government Obligation Fd CI Z | -                  | 3,146,705         | 3,146,705     | 3,146,705         | -                   |
| Vanguard                         | Vanguard       | Dividend Growth Inv           | -                  | 3,146,705         | 3,289,577     | 3,146,705         | (142,872)           |
| Vanguard                         | Vanguard       | Dividend Apprec Idx Admiral   | 3,146,705          | -                 | 3,146,705     | 3,146,705         | -                   |
| <b>Total Single Transactions</b> |                |                               | \$ 6,293,410       | \$ 6,293,410      | \$ 12,729,692 | \$ 12,586,820     | \$ (142,872)        |
| <b>Series Transactions</b>       |                |                               |                    |                   |               |                   |                     |
| First American                   | First American | Government Obligation Fd CI Z | 88,475             | -                 | 88,475        | 88,475            | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 6,885              | -                 | 6,885         | 6,885             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 1                  | -                 | 1             | 1                 | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 615                | -                 | 615           | 615               | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 109,587            | -                 | 109,587       | 109,587           | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 6,882              | -                 | 6,882         | 6,882             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 1                  | -                 | 1             | 1                 | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 615                | -                 | 615           | 615               | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 97,451             | -                 | 97,451        | 97,451            | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 6,758              | -                 | 6,758         | 6,758             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 1                  | -                 | 1             | 1                 | -                   |
| First American                   | First American | Government Obligation Fd CI Z | 102,283            | -                 | 102,283       | 102,283           | -                   |

See Independent Auditors' Report.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Schedule H, Line 4j - Schedule of Reportable Transactions  
EIN: 81-4867907 Plan Number: 001  
For the Year Ended December 31, 2025

| (a) Identity of Party Involved |                | (b) Description of asset      | (c) Purchase price | (d) Selling price | (g) Cost  | (h) Current value | (i) Net gain/(loss) |
|--------------------------------|----------------|-------------------------------|--------------------|-------------------|-----------|-------------------|---------------------|
| First American                 | First American | Government Obligation Fd CI Z | 6,705              | -                 | 6,705     | 6,705             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 280                | -                 | 280       | 280               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1                  | -                 | 1         | 1                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 615                | -                 | 615       | 615               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 109,162            | -                 | 109,162   | 109,162           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 615                | -                 | 615       | 615               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 106,538            | -                 | 106,538   | 106,538           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 6,624              | -                 | 6,624     | 6,624             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 2                  | -                 | 2         | 2                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 615                | -                 | 615       | 615               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 119,492            | -                 | 119,492   | 119,492           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 6,696              | -                 | 6,696     | 6,696             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 778,425            | -                 | 778,425   | 778,425           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 2                  | -                 | 2         | 2                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1,229              | -                 | 1,229     | 1,229             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 103,264            | -                 | 103,264   | 103,264           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 6,189              | -                 | 6,189     | 6,189             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1                  | -                 | 1         | 1                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 615                | -                 | 615       | 615               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 105,833            | -                 | 105,833   | 105,833           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 5,729              | -                 | 5,729     | 5,729             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 3,146,705          | -                 | 3,146,705 | 3,146,705         | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1                  | -                 | 1         | 1                 | -                   |

See Independent Auditors' Report.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Schedule H, Line 4j - Schedule of Reportable Transactions  
EIN: 81-4867907 Plan Number: 001  
For the Year Ended December 31, 2025

| (a) Identity of Party Involved |                | (b) Description of asset      | (c) Purchase price | (d) Selling price | (g) Cost | (h) Current value | (i) Net gain/(loss) |
|--------------------------------|----------------|-------------------------------|--------------------|-------------------|----------|-------------------|---------------------|
| First American                 | First American | Government Obligation Fd CI Z | 615                | -                 | 615      | 615               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 103,130            | -                 | 103,130  | 103,130           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 764                | -                 | 764      | 764               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 107,254            | -                 | 107,254  | 107,254           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 5,654              | -                 | 5,654    | 5,654             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1                  | -                 | 1        | 1                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 764                | -                 | 764      | 764               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 94,052             | -                 | 94,052   | 94,052            | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 5,498              | -                 | 5,498    | 5,498             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 5,365              | -                 | 5,365    | 5,365             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 12,817             | -                 | 12,817   | 12,817            | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 1                  | -                 | 1        | 1                 | -                   |
| First American                 | First American | Government Obligation Fd CI Z | 764                | -                 | 764      | 764               | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 160,910           | 160,910  | 160,910           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 2,985             | 2,985    | 2,985             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 192,033           | 192,033  | 192,033           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 188,021           | 188,021  | 188,021           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 184,554           | 184,554  | 184,554           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 2,993             | 2,993    | 2,993             | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 191,830           | 191,830  | 191,830           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 188,802           | 188,802  | 188,802           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 188,802           | 188,802  | 188,802           | -                   |
| First American                 | First American | Government Obligation Fd CI Z | -                  | 2,982             | 2,982    | 2,982             | -                   |

See Independent Auditors' Report.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Schedule H, Line 4j - Schedule of Reportable Transactions  
EIN: 81-4867907 Plan Number: 001  
For the Year Ended December 31, 2025

| (a) Identity of Party Involved   |                | (b) Description of asset      | (c) Purchase price  | (d) Selling price   | (g) Cost            | (h) Current value   | (i) Net gain/(loss) |
|----------------------------------|----------------|-------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| First American                   | First American | Government Obligation Fd CI Z | -                   | 188,352             | 188,352             | 188,352             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 186,128             | 186,128             | 186,128             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 3,146,705           | 3,146,705           | 3,146,705           | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 171,017             | 171,017             | 171,017             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 3,004               | 3,004               | 3,004               | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 183,296             | 183,296             | 183,296             | -                   |
| First American                   | First American | Government Obligation Fd CI Z | -                   | 178,098             | 178,098             | 178,098             | -                   |
| Vanguard                         | Vanguard       | Dividend Growth Inv           | 72,639              | -                   | 72,639              | 72,639              | -                   |
| Vanguard                         | Vanguard       | Dividend Growth Inv           | -                   | 45,824              | 48,942              | 45,824              | (3,118)             |
| Vanguard                         | Vanguard       | Dividend Growth Inv           | -                   | 3,146,705           | 3,289,577           | 3,146,705           | (142,872)           |
| Vanguard                         | Vanguard       | Dividend Apprec Idx Admiral   | 3,146,705           | -                   | 3,146,705           | 3,146,705           | -                   |
| <b>Total Series Transactions</b> |                |                               | <b>\$ 8,480,915</b> | <b>\$ 8,553,041</b> | <b>\$17,179,946</b> | <b>\$17,033,956</b> | <b>\$ (145,990)</b> |

See Independent Auditors' Report.

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

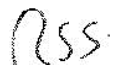
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

► 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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>H. J. Baker & Bro., LLC EMPLOYEES' RETIREMENT PLAN                                                               | <b>B</b> Three-digit plan number (PN) ► 001                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>H. J. Baker & Bro., LLC                                       | <b>D</b> Employer Identification Number (EIN)<br>81-4867907                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2025                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     |                            | <b>2a</b>                 | 28,995,720               |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 28,671,144               |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 134                        | 19,952,143                | 19,952,143               |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 85                         | 4,787,058                 | 4,787,058                |
| <b>c</b> For active participants.....                                                                                                                                                                           | 12                         | 2,271,051                 | 2,271,051                |
| <b>d</b> Total .....                                                                                                                                                                                            | 231                        | 27,010,252                | 27,010,252               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</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 ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 5.34 %                    |                          |
| <b>6</b> Target normal cost                                                                                                                                                                                     |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b>                  | 0                         |                          |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | 0                         |                          |
| <b>c</b> Target normal cost .....                                                                                                                                                                               | <b>6c</b>                  | 0                         |                          |

**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.

|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> <div></div> <div>Signature of actuary</div> <div>RICHARD S. SYCH</div> <div>Type or print name of actuary</div> <div>USI Consulting Group, Inc.</div> <div>Firm name</div> <div>95 Glastonbury Boulevard, Suite 102</div> <div>Glastonbury CT 06033</div> <div>Address of the firm</div> | <div>02/23/2026</div> <div>Date</div> <div>2305065</div> <div>Most recent enrollment number</div> <div>860-521-8400</div> <div>Telephone number (including area code)</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>2.50</u> % .....                                                                                 | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 106.14 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 106.14 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 108.04 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                          |                                   |                                 |                          |                                   | 0                               |

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

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

|                                                                                                                         |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|                                                            |         |         |         |

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>5.07 %                                                                                                                       | 2nd segment:<br>5.31 % | 3rd segment:<br>5.50 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 0                  |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Attachment to 2025 Form 5500 Schedule SB**  
**Line 22 --Weighted Average Retirement Age**

**Plan Name** HJ Baker and Bro LLC Employees Retirement Plan  
**Sponsor's EIN** 81-4867907  
**Plan No.** 001

**Calculation of Weighted Average Retirement Age**  
*(ignoring other sources of terminations)*

| Age   | Rates of Retirement | Lives | (a)         | (b)               |
|-------|---------------------|-------|-------------|-------------------|
|       |                     |       | Retirements | Retirements x Age |
| 55    | 0.0100              | 1,000 | 10          | 550               |
| 56    | 0.0100              | 990   | 10          | 554               |
| 57    | 0.0100              | 980   | 10          | 559               |
| 58    | 0.0100              | 970   | 10          | 563               |
| 59    | 0.0100              | 961   | 10          | 567               |
| 60    | 0.0100              | 951   | 10          | 571               |
| 61    | 0.0100              | 941   | 9           | 574               |
| 62    | 0.1000              | 932   | 93          | 5,779             |
| 63    | 0.0500              | 839   | 42          | 2,642             |
| 64    | 0.0500              | 797   | 40          | 2,550             |
| 65    | 1.0000              | 757   | 757         | 49,210            |
| Total |                     |       | 1,000       | 64,118            |

**Weighted Average Retirement Age: (b) / (a) = 64**

## Summary of Plan Provisions

*This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.*

### **Plan**

H.J. Baker & Bro., LLC. Employees' Retirement Plan.

### **Effective Date**

December 15, 1950, amended and restated effective January 1, 1999.

### **Plan Year**

January 1 through December 31.

### **Employer**

H.J. Baker & Bro., LLC.

### **Employee**

Any person who is employed by the Employer and is rendering services to the Employer on a salaried basis. This shall include any non-excluded "leased employees".

### **Participation**

An Employee will be eligible for participation after attainment of age 21 and one Year of Service. Participation will begin on the January 1 or July 1 coincident with or next following the date these requirements are met. Effective December 31, 2012 no Employee of H.J. Baker & Bros., Inc. shall be eligible to become a Participant in the Plan.

### **Service**

All years of Service with the Employer from date of employment to the earliest of retirement, termination of employment, or death.

### **Credited Service**

All years of service with the Employer from the Date of Employment to early retirement, termination of employment, or retirement date, rounded high. Credited Service for Participants is frozen as of December 31, 2012.

### **Normal Retirement Date**

The first day of the calendar month coincident with or next following the Participant's 65<sup>th</sup> birthday.

### **Early Retirement Date**

The first day of the calendar month coincident with or next following the attainment of age 55 and ten years of Credited Service, or the attainment of age 60 with no Credited Service requirement.

## Earnings

Total compensation on any and all W-2 forms completed by the Employer with respect to the year specified maximized at \$245,000, as indexed. **Earnings are frozen as of December 31, 2012.**

## Final Earnings

Highest average annual Earnings received for any five consecutive Earnings Computation Periods during the Participant's period of employment with the Employer.

## Earnings Computation Period

Plan Year.

## Normal Retirement Benefit

Monthly amount equal to the greater of (a) and (b):

- (a) Accrued benefit as of 12/31/93 prior to recognizing \$245,000 salary limit, plus 47% Final Earnings reduced by 0.33% for each month or fraction thereof by which future Vesting Service at Normal Retirement Date is less than 300 months.
- (b) 47% of Final Earnings limited to \$245,000 salary limit reduced by 0.33% for each month or fraction thereof by which Vesting Service at Normal Retirement Date is less than 300 months.

**Effective December 31, 2012, no additional benefits shall accrue under the Plan on behalf of any.**

## Termination Benefit

A Participant who has at least one year of Vesting Service has a non-forfeitable right to the

| <i>Years of Vesting Service</i> | <i>Percentage</i> |
|---------------------------------|-------------------|
| Fewer than 3                    | 0%                |
| 3                               | 20%               |
| 4                               | 40%               |
| 5                               | 60%               |
| 6                               | 80%               |
| 7 or more                       | 100%              |

Effective December 31, 2012, all participants are 100% vested.

## Early Retirement Benefit

Normal Retirement Benefit accrued to early retirement, actuarially reduced for the number of months Annuity Commencement Date precedes Normal Retirement Date.

## Normal Form

Annuity payable for life.

## Optional Forms

Amount described in sections (a) or (b) below, whichever applies:

- (a) If Participant has a Spouse as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate factor.
- (b) If Participant either has no Spouse as of his retirement date or elects to receive his income under the Normal Form, retirement income will be the amount determined under the benefit formula.

## Death Benefits

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the Participant is vested and married one full year prior to death, then either of (a) or (b) can apply:

- (a) If the participant is vested, but not eligible for early retirement, then the following is payable: 50% of the vested pension benefit accrued to date of death, payment deferred to no earlier than the early retirement date of the deceased Participant and reduced by the appropriate early retirement and joint-and-survivor factors.
- (b) If the Participant is eligible for early retirement, then the following is payable: 50% of the pension benefit accrued to date of death reduced by appropriate early retirement and joint-and-survivor factors.

Post-Retirement: None except as provided by the annuity form elected.

## Disability Benefits

A Participant who is Totally and Permanently Disabled has a right to their Accrued Benefit actuarially reduced to date of disability.

H.J. Baker & Bro., LLC Employees' Retirement Plan  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
EIN: 81-4867907 Plan Number: 001  
As of December 31, 2025

| (a)               | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost      | (e) Current value |
|-------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------|-------------------|
| Mutual Funds      |                                                           |                                                                                                             |               |                   |
| *                 | T. Rowe Price Instl Long Dur Crdt                         | 2,347,981                                                                                                   | \$ 18,268,175 | \$ 17,821,179     |
|                   | Fidelity Advisor Total Bond Z                             | 536,492                                                                                                     | 5,082,612     | 5,182,510         |
|                   | Vanguard Dividend Apprec Idx Admiral                      | 54,011                                                                                                      | 3,146,705     | 3,221,781         |
|                   | Columbia Short Term Bond Inst2                            | 144,468                                                                                                     | 1,408,562     | 1,423,009         |
|                   | Total Mutual Funds                                        |                                                                                                             | \$ 27,906,054 | \$ 27,648,479     |
| Money Market Fund |                                                           |                                                                                                             |               |                   |
|                   | First American Government Obligation                      | 1,061,257                                                                                                   | 1,061,257     | 1,061,257         |
|                   |                                                           |                                                                                                             | \$ 28,967,311 | \$ 28,709,736     |

\*Denotes a party-in-interest.

See Independent Auditors' Report.

**Attachment to Schedule SB (2025 Form 5500)**

**Line 24 – Change in Actuarial Assumptions**

H.J. Baker & Bro., LLC Employees' Retirement Plan

EIN: 81-4867907 PN: 001

Expected Rate of Return: This assumption has been changed from 5.22% to 6.21% to better reflect expected experience.