Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

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:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FAUST DISTRIBUTING COMPANY 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1993

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FAUST DISTRIBUTING COMPANY, INC.

P.O. BOX 24728
HOUSTON, TX 77229-4728

10040 L10 EAST
HOUSTON, TX 77029

2b Employer Identification Number (EIN) 74-1386097

2c Plan Sponsor's telephone number 713-671-5221

2d Business code (see instructions) 424800

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.	10/07/2026	JASON GIETKA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	436
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	375
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	362
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	69
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	431
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	434
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	397
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	406
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	54
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

A Name of plan
FAUST DISTRIBUTING COMPANY 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1386097

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1050034	93629	040329	140	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ ANNUITY

b	Balance at the end of the previous year			7b	2441932
c	Additions: (1) Contributions deposited during the year	7c(1)	65009		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	608261		
	▶ OTHER INCOME				
	(6) Total additions			7c(6)	673270
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3115202
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	109935		
	(2) Administration charge made by carrier	7e(2)	4025		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	33370		
	▶ OTHER EXPENSES				
	(5) Total deductions			7e(5)	147330
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2967872

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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

A Name of plan
FAUST DISTRIBUTING COMPANY 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1386097

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

1 Coverage Information:

(a) Name of insurance carrier
BRIGHTHOUSE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	VARIOUS	0	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

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

A Name of plan
FAUST DISTRIBUTING COMPANY 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1386097

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	61103	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	28000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AB BOND INFLATION I - ALLIANCEBERN 18, RUE EUGNE RUPPERT LUXEMBOURG L-245 LU	0.15%

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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

A Name of plan
FAUST DISTRIBUTING COMPANY 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FAUST DISTRIBUTING COMPANY, INC.

D Employer Identification Number (EIN)
74-1386097

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTN RET ADV 2025 I		
b Name of sponsor of entity listed in (a):	PUTNAM FIDUCIARY TRUST COMPANY		
c EIN-PN 26-1374344-263	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTN RET ADV MAT I		
b Name of sponsor of entity listed in (a):	PUTNAM FIDUCIARY TRUST COMPANY		
c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	531868
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTN RET ADV 2040 I		
b Name of sponsor of entity listed in (a):	PUTNAM FIDUCIARY TRUST COMPANY		
c EIN-PN 26-1384398-260	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	882907
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTN RET ADV 2050 I		
b Name of sponsor of entity listed in (a):	PUTNAM FIDUCIARY TRUST COMPANY		
c EIN-PN 26-0787670-258	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	901043
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTN RET ADV 2035 I		
b Name of sponsor of entity listed in (a):	PUTNAM FIDUCIARY TRUST COMPANY		
c EIN-PN 26-0787945-261	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2114546
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTN RET ADV 2055 I		
b Name of sponsor of entity listed in (a):	PUTNAM FIDUCIARY TRUST COMPANY		
c EIN-PN 27-3616920-272	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2130765
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTN RET ADV 2030 I		
b Name of sponsor of entity listed in (a):	PUTNAM FIDUCIARY TRUST COMPANY		
c EIN-PN 26-0788040-262	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2023443

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTN RET ADV 2045 I

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-1208510-259	C	384809

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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

A Name of plan
FAUST DISTRIBUTING COMPANY 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1386097

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	677	706
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	722666	873074
(9) Value of interest in common/collective trusts	1c(9)	7370325	8969381
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25719896	25305552
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2441932	2967872
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	36255496	38116585
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	36255496	38116585

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	530936	
(B) Participants	2a(1)(B)	1661400	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2192336
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	28	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	68327	
(F) Other	2b(1)(F)	58046	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		126401
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1861883	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1861883
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1174287
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1198812
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		6553719
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4603248	
(2) To insurance carriers for the provision of benefits	2e(2)	279	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4603527
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	61103	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	28000	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		89103
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4692630
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1861089
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

(1) [X] 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: EDWARDS & LEATHERS , P.C. **(2)** EIN: 20-8739519

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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

A Name of plan
FAUST DISTRIBUTING COMPANY 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
74-1386097

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 |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | 6a |

b Enter the amount contributed by the employer to the plan for this plan year ..... | 6b |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | 6c |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 **a** Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

FAUST DISTRIBUTINGCOMPANY, INC
401 (K) SAVINGS PLAN
REPORT ON AUDITS OF
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2025 and 2024

CONTENTS

FINANCIAL INFORMATION

INDEPENDENT AUDITOR'S REPORT..... 1

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS..... 2

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 3

NOTES TO FINANCIAL STATEMENTS..... 4 – 13

SUPPLEMENTAL INFORMATION

SUPPLEMENTAL SCHEDULE..... 14

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)..... 15 – 16

SCHEDULE OF PARTICIPANT LOANS..... 17

SCHEDULE OF OPERATING EXPENSES..... 18

EDWARDS AND LEATHERS

Certified Public Accountants

The CPA. Never Underestimate The Value.℠

Larry V. Edwards
Michael R. Leathers

INDEPENDENT AUDITOR'S REPORT

To the Participants and the Board of Trustees of
the Faust Distributing Company, Inc. 401(K) Savings Plan

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

We have performed audits of the accompanying financial statements of Faust Distributing Company, Inc. 401(K) Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025 and 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Faust Distributing Company, Inc. 401(K) Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Faust Distributing Company, Inc. 401(K) Savings 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 Faust Distributing Company, Inc. 401(K) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Faust Distributing Company, Inc. 401(K) Savings Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Faust Distributing Company, Inc. 401(K) Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Assets (held at End of Year) and Participant Loans (held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the

underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Edwards & Leathers, P.C.

Baytown, Texas
September 30, 2026

Edwards and Leathers, P.C.
Certified Public Accountants

Faust Distributing Company, Inc. 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments:		
At fair value (Note C & D)		
Mutual funds	$ 25,306,258	$ 25,720,573
Common/Collective Trusts	8,969,381	7,370,325
	34,275,639	33,090,898
Investments, at contract value – (Note E)		
Guaranteed Income Fund	2,967,872	2,441,932
Total Investments	37,243,511	35,532,830
Notes Receivable from Participants	873,074	722,666
Total Assets	38,116,585	36,255,496
LIABILITIES		
Other liabilities	-0-	-0-
Total Liabilities	-0-	-0-
Net assets available for benefits	$ 38,116,585	$ 36,255,496

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

Faust Distributing Company, Inc. 401(K) Savings Plan,
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	December 31, 2025	2024
Additions to net assets attributed to:		
Investment income:		
Net investment return	$ 2,373,099	$ 3,155,908
Dividends	1,861,883	1,389,486
Interest	58,074	52,819
Less: Investment Expenses	(28,000)	(28,000)
Net investment income (loss)	4,265,056	4,570,213
Interest Income on notes receivable From participant loans	68,327	56,416
Contributions:		
Employer contributions	530,936	526,335
Employees' contributions	1,661,400	1,641,448
Rollover contributions	-0-	19,319
Total contributions	2,192,336	2,187,102
Total additions	6,525,719	6,813,731
Deductions from net assets attributed to:		
Benefits paid to participants	4,603,527	5,547,253
Total benefits	4,603,527	5,547,253
Operating Expenses	61,103	56,946
Total deductions	4,664,630	5,604,199
Net increase (decrease)	1,861,089	1,209,532
Net assets available for benefits:		
Beginning of year	36,255,496	35,045,964
End of year	$ 38,116,585	$ 36,255,496

The accompanying notes are integral part of these financial statements.

A. DESCRIPTION OF THE PLAN

The following brief description of Faust Distributing Company, Inc. 401(k) Savings Plan is provided for general information purposes only. Participants should refer to their Plan agreement for more complete information.

1. **General.** The plan, Faust Distributing Company, Inc. 401(k) Savings Plan, was created effective January 1, 1993. The adopting employer was Donald F. Faust dba South Texas Distributing Company. In 2000 Faust DC, Ltd. became an adopting employer replacing South Texas Distributing Company. The plan was created for the purpose of providing retirement benefits for the employees.

2. **Contributions.** Each year the Company will match 50.00% of the participant's deferral contributions to the Plan up to an amount equal to 6.00% of the participant's gross earnings. The percentage of your deferral contributions to be matched by the Company may be increased or decreased by resolution of the Board of Trustees of the Company.

   Matching contributions made for Highly Compensated Employees may be restricted by certain discrimination tests as required by law. Generally, the average rate of matching contributions made for Highly Compensated Employees may not exceed the average rate of matching contributions made for Non-Highly Compensated Employees by more than the greater of (i)125%, (ii) 200%, if the Non -Highly Compensated average rate of matching contributions is less than 2%, or (iii) an additional 2% if the Non-Highly Compensated average rate of matching contributions exceeds 2%. In applying these limits, any matching contributions made for certain family members of a Highly Compensated Employee will be considered as if made for that Employee.

   Catch-up contributions. When an employee is at least age 50 or will attain age 50 before the end of a calendar year, they may elect to defer additional amounts to the plan for that year. The maximum "catch-up contribution" that an employee can make in 2025 and 2024 is $7,500.

3. **Participant Accounts.** Each participant's account is fixed annually at the valuation date of December 31 by the Board of Trustees. Employment on the Allocation Date is not required in order for an employee to share in the allocation of the Company's matching contribution. If an employee retires at or after his Normal Retirement Date, his account will receive a contribution allocation during the year which he retires, regardless of the number of hours he worked in that Plan year.

4. **Vesting.** Vesting Service is defined as all years of employment with the employer. A year of vesting shall be credited for each year during which the employee is credited with 1000 hours of service.

Top Heavy Vesting Schedule:

Years of Vesting Service	Vested Percentage
Less than 2 years	0%
At least 2	20%
3	40%
4	60%
5	80%
6	100%

Termination Benefits-Vesting: Employees are vested in their Employer Account Balance in accordance with the following schedule:

Years of Vesting Service	Vested Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

5. **Eligibility.** An employee is eligible to participate for purposes of elective deferrals the first day of the month coinciding with or the next following thirty days of service and have attained age 21. Employees will be eligible to participate for purposes of matching contributions when they have completed six (6) months of service and have attained age 21.

6. **Participant Accounts.**

TRUST EARNINGS AND LOSSES

All accounts will be valued at the end of each Accounting Period to determine that fair market value of Plan assets and the increase or decrease in the value of those assets since the preceding valuation date. Each account will receive an allocation of the earnings or losses for each Accounting Period.

This allocation is generally based upon the ratio which the value of the account bears to the value of the Accounts of all Participants at the close of the preceding Accounting Period and after each share of all contributions are allocated to each Account for the prior Accounting Period. However, if an employee has received a distribution or other withdrawal from his account during the period, or if some portion of his account is used to pay expenses directly attributable to him, his share of earnings or losses will be adjusted accordingly.

7. **Benefits.** Benefit payments begin upon retirement, termination, disability, or death.

   a. **Normal Retirement Benefits**. An employee will be eligible to retire and to begin receiving a Normal Retirement Benefit on the Normal Retirement Date, which is age 65 or on the employee's 5th anniversary of joining the Plan, if later.

   b. **Late Retirement Benefits**. If an employee continues to work past his Normal Retirement Date he will be eligible to receive a benefit as of his Late Retirement Date equal to his account balance(s). His benefit must commence no later than the April 1st following the calendar year in which he attains age 72.

   c. **Disability Benefits**. If an employee becomes disabled while in the employ of the Employer, he will be eligible for a Disability Benefit. The Plan Administrator, before approving the payment of a Disability Retirement Benefit, may require satisfactory proof, in the form of a certificate from a duly licensed physician selected or approved by the Plan Administrator, that the Participant has become disabled as provided by the Plan.

   d. **Death Benefits**. In the event of an employee's death prior to Normal Retirement, the Plan provides for payment of a Pre-retirement Death Benefit.

   The summary plan description should be reviewed for a more detailed description of the plan's benefits.

8. **Participant Loans.** Loans to Participants are allowed, subject to terms and conditions set by the Plan Administrator. Generally, the loan must bear a reasonable rate of interest, the loan shall be secured by the Participant's Vested Account Balance(s), all loan applications shall be in writing and principal and interest shall be paid no less often than quarterly. The loan must be repaid within 5 years, unless used for the purchase of a primary residence. No distributions shall be made to a Participant or a designated beneficiary until the unpaid balance of a loan, if any, has been liquidated.

The total loan shall not exceed $50,000 or, if less, ½ of Vested Interest of the Participant's Account Balance(s). Certain restrictions may also apply if refinancing an existing participant loan. A copy of the loan guidelines currently in effect accompanies this summary. The Company reserves the right to amend, limit or terminate the availability of participant loans by amending the loan guidelines.

In no event, however, shall a loan be made to a Participant who is an owner-employee (an employee who is self-employed with respect to the business and who owns more than 10% of the capital or profit interest of the business). No loan shall be made to a Participant who is a shareholder-employee owning more than 5% of the stock, if the Corporation is a Sub-S Corporation.

9. **Funding Policy.** Faust Distributing Company, Inc. (the Company) has established the Faust Distributing Co., Inc. 401 (k) Savings Plan (hereafter called the Plan), the purpose of which is to provide plan participants with retirement benefits in order to supplement their social security benefits.

   The Plan will also provide benefits to participants who die, who become disabled, or who terminate employment with the Company for reasons other than retirement, death or disability, provided they have accrued a vested interest in their account balance under the terms of the Plan.

   Since the primary purpose of the Plan is to provide retirement benefits, the primary investment strategy to be followed by the Trustee should stress the security and long-term stability of Plan assets, combined with moderate growth that corresponds to participants' anticipated retirement dates.

   Investments should be reasonably diversified in order to prevent asset erosion by inflation. Investments should also provide for sufficient liquid assets to allow the plan to make distributions on short notice to participants who have died or become disabled and are entitled to benefits.

10. **Forfeited Accounts.** At December 31, 2025 and 2024 forfeited nonvested accounts totaled $71,775 and $65,473 respectively. These accounts will be used to reduce future employer contributions and to pay Plan expenses.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review. Subsequent events were evaluated through October 3, 2026 which is the date the financial statements were available to be issued.

Basis of Accounting. The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The estimates included in these financial statements are those for the fair value of investments. Actual results could differ from those estimates. Estimates may change prior to December 31, 2026.

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 management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note C 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 includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits. Benefits are recorded when paid.

C. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	Fair Value Measurements at Reporting Date Using: Quoted Prices In Active Markets for Identical Assets (Level 1)	Total
December 31, 2025		
Mutual Fund	$ 25,306,258	$ 25,306,258
Common/Collective Trusts	8,969,281	8,969,381
Total Investment at Fair Value	34,275,639	34,275,639
Investments measured at Contract Value		2,967,872
Total Investments		$ 37,243,511

	(Level 1)	Total
December 31, 2024		
Mutual Fund	$ 25,720,573	$ 25,720,573
Common/Collective Trusts	7,370,325	7,370,325
Total Investment at Fair Value	33,090,898	33,090,898
Investments measured at Contract Value		2,441,932
Total Investments		$ 35,532,830

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

The fair values of mutual funds and collective Trusts in trust accounts are based on quoted market prices from active markets.

D. INVESTMENTS

At December 31, 2025 and 2024, the Plan's investments were held by the custodian Fidelity. The following is a summary of the Plan's financial information that is included in the financial statements based upon information certified by the custodian as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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 management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note C 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 includes the plan's gains and losses on investments bought and sold as well as held during the year.

The Plan's investments consisted of mutual funds, common collective trust, and Guaranteed Income Fund from Fidelity for 2025 and 2024.

E. GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a fully benefit-responsive guaranteed investment contract with Fidelity in 2018. Fidelity maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participants withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value.

Contract value, as reported to the Plan by Fidelity, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawals or transfers of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contracted at December 31, 2025 was $2,967,872. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact a contract with Fidelity. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (For example, divestitures or spin offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

F. ERISA SECTION 103(a)(3)(C) AUDIT

The trustee of the Plan is Fidelity Investments as of December 31, 2025 and 2024. In accordance with section 29 CFR 2520. 103-5(d) of the Department of Labor Regulations, Fidelity Investments certifies the investments, earning and plan activity are complete and accurate for the year ending December 31, 2025 and 2024, respectively.

G. PLAN TERMINATION

Currently there are no intentions to terminate the plan, but the company shall have the right at any time to terminate the Plan. Upon such termination, each Account Balance will become 100% vested and nonforfeitable.

Upon such termination, the Company shall arrange for the allocation of all assets among the Participants. In no event shall any amount contributed to the Plan revert to the Company, except to the extent allowed by law.

H. INCOME TAX STATUS

The plan obtained its latest determination letter on June 2, 1993, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

Generally accepted accounting principles require management to evaluate tax positions taken and recognize a tax liability if the entity has taken an uncertain position that more likely than not it would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2025 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. Management believes the Plan is no longer subject to income tax examinations for years prior to the 2022.

I. CONCENTRATION OF RISK

The employers and employees who contribute to the Plan are located in southeast Texas. A down turn in the economy in this region of the state could adversely affect the Plan.

J. RELATED PARTY TRANSACTIONS

Faust DC, LTD and the employees of Faust DC, LTD are related parties in regards to Faust Distributing, 401(K) Savings Plan. Faust DC, LTD and its employees made contributions to the Plan of $2,192,336 and $2,187,102 for the years ending December 31, 2025 and 2024, respectively. Transactions with all related party transactions are equivalent to those that prevail in arm's-length transactions.

K. PARTY - IN - INTEREST

Transactions with parties-in-interest consisted of transactions with the Plan's investment manager and the Plan's auditor in the ordinary course of business. Transactions with all parties-in-interest are equivalent to those that prevail in arm's-length transactions.

L. RECONCILIATION OF FINANCIAL STATEMENTS TO INTERNAL REVENUE SERVICE FORM 5500 AMOUNTS

The difference between the information in the financial statements and in the assets, liabilities, income, expenses, and changes in net assets reported in Form 5500 are explained below.

Total additions per Financial Statements	$ 6,525,719
Net investment return per Form 5500	$ 6,553,719
Difference	$ 28,000

The difference is from the investment advisory fee is lumped into the Form 5500 investment return, and in the Financial Statements it is listed as administrative fees.

Operating Expenses per Financial Statements	$ 61,103
Operating Expenses per Form 5500	$ 89,103
Difference	$ 28,000

The difference is from the investment advisory fee is listed in the operating fees on the Form 5500, and it is lumped into investment return on the Financial Statements.

The realized gain or loss per the financial statements is calculated by subtracting the cost of the investment sold from proceeds received. The realized gain or loss per the Form 5500 is calculated by subtracting from the proceeds on the sale of investments, the current value of the investment at the beginning of the Plan year, if the investment was held at the beginning of the Plan year, or the purchase price if the investment was purchased during the Plan year.

The unrealized gain (loss) on the Form 5500 is obtained by subtracting the current value of assets at the beginning of the year plus the cost of any assets acquired during the Plan year from the current value of assets at the end of the Plan year excluding the assets included in realized gain (loss) on the Form 5500.

M. 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 participant's account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

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

See Schedule 1

(B) Schedule of Investment Assets That Were Both Acquired and Disposed of Within the Plan Year

None

(C) Schedule of Loans and Fixed Income Obligations

See Schedule 2

(D) Schedule of Leases in Default or Classified as Uncollectible

None

(E) Schedule of Reportable Transactions

None

(F) Schedule of Nonexempt (Prohibited) Transactions That Are Disclosed in Notes to Financial Statements

None

(G) Schedule of Nonexempt (Prohibited) Transactions That Are Not Disclosed in Notes to the Financial Statements

None

FAUST DISTRIBUTING COMPANY, INC. 401 (k) SAVINGS PLAN
EIN # 74-1386097
PN # 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
FIDELITY INVESTMENTS			
MUTUAL FUNDS			
PGIM J MID-CAP GR R6		N/A	1,053,751
AB BOND INFLATION I		N/A	290,347
AB LG CAP GRTH Z		N/A	6,038,093
JPM MID CAP VALUE R6		N/A	1,078,604
VANG EQUITY INC ADM		N/A	3,326,001
UM BEHAVIORAL VAL R6		N/A	699,898
C&S REAL ESTATE Z		N/A	397,327
FID 500 INDEX		N/A	2,737,810
FID MID CAP IDX		N/A	607,113
FID SM CAP IDX		N/A	140,932
FID MONEY MARKET PRM		N/A	706
FID TOTAL BOND K6		N/A	2,141,803
FID INTL CAP APPR K6		N/A	5,197,865
FID SMALL CAP GR K6		N/A	1,596,007
OUTSTANDING LOAN BALANCE		N/A	873,074
TOTAL MUTUAL FUNDS		N/A	**26,179,332**
INVESTMENTS AT CONTRACT VALUE			
EMP GUARANTEED INC		N/A	**2,967,872**
COMMON/COLLECTIVE TRUSTS			
PUTN RET ADV MAT I		N/A	531,868
PUTN RET ADV 2025 I		N/A	0
PUTN RET ADV 2030 I		N/A	2,023,443
PUTN RET ADV 2035 I		N/A	2,114,546
PUTN RET ADV 2040 I		N/A	882,907
PUTN RET ADV 2045 I		N/A	384,809
PUTN RET ADV 2050 I		N/A	901,043
PUTN RET ADV 2055 I		N/A	2,130,763
TOTAL COMMON/COLLECTIVE TRUSTS		N/A	**8,969,381**
TOTAL INVESTMENTS		**N/A**	**$ 38,116,585**

FAUST DISTRIBUTING COMPANY, INC. 401 (k) SAVINGS PLAN
EIN # 74-1386097
PN # 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
FIDELITY INVESTMENTS			
MUTUAL FUNDS			
PGIM J MID-CAP GR R6		N/A	1,093,534
AB BOND INFLATION I		N/A	290,357
BLKRK MD CP GR EQ K		N/A	0
AB LG CAP GRTH Z		N/A	6,243,107
JPM MID CAP VALUE R6		N/A	1,043,483
VANG EQUITY INC ADM		N/A	3,649,266
WA CORE PLUS BOND I		N/A	0
UM BEHAVIORAL VAL R6		N/A	691,977
AF EUROPAC GROWTH R6		N/A	0
C&S REAL ESTATE Z		N/A	378,079
FID 500 INDEX		N/A	3,114,745
FID MID CAP IDX		N/A	545,677
FID SM CAP IDX		N/A	124,104
FID MONEY MARKET PRM		N/A	677
FID TOTAL BOND K6		N/A	2,012,262
FID INTL CAP APPR K6		N/A	4,712,052
FID SMALL CAP GR K6		N/A	1,821,254
TOTAL MUTUAL FUNDS		N/A	**25,720,573**
INVESTMENTS AT CONTRACT VALUE			
EMP GUARANTEED INC		N/A	**2,441,932**
COMMON/COLLECTIVE TRUSTS			
PUTN RET ADV MAT I		N/A	151,196
PUTN RET ADV 2025 I		N/A	473,961
PUTN RET ADV 2030 I		N/A	1,770,791
PUTN RET ADV 2035 I		N/A	1,774,552
PUTN RET ADV 2040 I		N/A	669,836
PUTN RET ADV 2045 I		N/A	299,819
PUTN RET ADV 2050 I		N/A	672,045
PUTN RET ADV 2055 I		N/A	1,558,124
TOTAL COMMON/COLLECTIVE TRUSTS		N/A	**7,370,325**
TOTAL INVESTMENTS		**N/A**	**$ 35,532,830**

FAUST DISTRIBUTING COMPANY, INC. 401 (k) SAVINGS PLAN
EIN # 74-1386097
PN # 002
Schedule of Participant Loans (Held at End of Year)
December 31, 2025
Schedule 2

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including interest rate	(d) Cost	(e) Current Value
PARTICIPANT LOANS			
PARTICIPANT LOANS		-0-	$ 873,074
TOTAL PARTICIPANT LOANS		-0-	$ 873,074

Schedule of Participant Loans (Held at End of Year)
December 31, 2024
Schedule 2

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including interest rate	(d) Cost	(e) Current Value
PARTICIPANT LOANS			
PARTICIPANT LOANS		-0-	$ 722,666
TOTAL PARTICIPANT LOANS		-0-	$ 722,666

FAUST DISTRIBUTING COMPANY, INC.
401(K) SAVINGS PLAN
Schedules of Operating Expenses
December 31, 2025 and 2024

	2025	2024
Administrative Fee	$ 61,103	$ 56,946
Total Operating Expenses	$ 61,103	$ 56,946

FAUST DISTRIBUTINGCOMPANY, INC
401 (K) SAVINGS PLAN
REPORT ON AUDITS OF
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2025 and 2024

CONTENTS

FINANCIAL INFORMATION

INDEPENDENT AUDITOR'S REPORT..... 1

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS..... 2

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 3

NOTES TO FINANCIAL STATEMENTS..... 4 – 13

SUPPLEMENTAL INFORMATION

SUPPLEMENTAL SCHEDULE..... 14

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)..... 15 – 16

SCHEDULE OF PARTICIPANT LOANS..... 17

SCHEDULE OF OPERATING EXPENSES..... 18

EDWARDS AND LEATHERS

Certified Public Accountants

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Larry V. Edwards
Michael R. Leathers

INDEPENDENT AUDITOR'S REPORT

To the Participants and the Board of Trustees of
the Faust Distributing Company, Inc. 401(K) Savings Plan

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

We have performed audits of the accompanying financial statements of Faust Distributing Company, Inc. 401(K) Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025 and 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Faust Distributing Company, Inc. 401(K) Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Faust Distributing Company, Inc. 401(K) Savings 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 Faust Distributing Company, Inc. 401(K) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Faust Distributing Company, Inc. 401(K) Savings Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Faust Distributing Company, Inc. 401(K) Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Assets (held at End of Year) and Participant Loans (held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the

underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Edwards & Leathers, P.C.

Baytown, Texas
September 30, 2026

Edwards and Leathers, P.C.
Certified Public Accountants

Faust Distributing Company, Inc. 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments:		
At fair value (Note C & D)		
Mutual funds	$ 25,306,258	$ 25,720,573
Common/Collective Trusts	8,969,381	7,370,325
	34,275,639	33,090,898
Investments, at contract value – (Note E)		
Guaranteed Income Fund	2,967,872	2,441,932
Total Investments	37,243,511	35,532,830
Notes Receivable from Participants	873,074	722,666
Total Assets	38,116,585	36,255,496
LIABILITIES		
Other liabilities	-0-	-0-
Total Liabilities	-0-	-0-
Net assets available for benefits	$ 38,116,585	$ 36,255,496

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

Faust Distributing Company, Inc. 401(K) Savings Plan,
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	December 31, 2025	2024
Additions to net assets attributed to:		
Investment income:		
Net investment return	$ 2,373,099	$ 3,155,908
Dividends	1,861,883	1,389,486
Interest	58,074	52,819
Less: Investment Expenses	(28,000)	(28,000)
Net investment income (loss)	4,265,056	4,570,213
Interest Income on notes receivable From participant loans	68,327	56,416
Contributions:		
Employer contributions	530,936	526,335
Employees' contributions	1,661,400	1,641,448
Rollover contributions	-0-	19,319
Total contributions	2,192,336	2,187,102
Total additions	6,525,719	6,813,731
Deductions from net assets attributed to:		
Benefits paid to participants	4,603,527	5,547,253
Total benefits	4,603,527	5,547,253
Operating Expenses	61,103	56,946
Total deductions	4,664,630	5,604,199
Net increase (decrease)	1,861,089	1,209,532
Net assets available for benefits:		
Beginning of year	36,255,496	35,045,964
End of year	$ 38,116,585	$ 36,255,496

The accompanying notes are integral part of these financial statements.

A. DESCRIPTION OF THE PLAN

The following brief description of Faust Distributing Company, Inc. 401(k) Savings Plan is provided for general information purposes only. Participants should refer to their Plan agreement for more complete information.

1. **General.** The plan, Faust Distributing Company, Inc. 401(k) Savings Plan, was created effective January 1, 1993. The adopting employer was Donald F. Faust dba South Texas Distributing Company. In 2000 Faust DC, Ltd. became an adopting employer replacing South Texas Distributing Company. The plan was created for the purpose of providing retirement benefits for the employees.

2. **Contributions.** Each year the Company will match 50.00% of the participant's deferral contributions to the Plan up to an amount equal to 6.00% of the participant's gross earnings. The percentage of your deferral contributions to be matched by the Company may be increased or decreased by resolution of the Board of Trustees of the Company.

   Matching contributions made for Highly Compensated Employees may be restricted by certain discrimination tests as required by law. Generally, the average rate of matching contributions made for Highly Compensated Employees may not exceed the average rate of matching contributions made for Non-Highly Compensated Employees by more than the greater of (i)125%, (ii) 200%, if the Non -Highly Compensated average rate of matching contributions is less than 2%, or (iii) an additional 2% if the Non-Highly Compensated average rate of matching contributions exceeds 2%. In applying these limits, any matching contributions made for certain family members of a Highly Compensated Employee will be considered as if made for that Employee.

   Catch-up contributions. When an employee is at least age 50 or will attain age 50 before the end of a calendar year, they may elect to defer additional amounts to the plan for that year. The maximum "catch-up contribution" that an employee can make in 2025 and 2024 is $7,500.

3. **Participant Accounts.** Each participant's account is fixed annually at the valuation date of December 31 by the Board of Trustees. Employment on the Allocation Date is not required in order for an employee to share in the allocation of the Company's matching contribution. If an employee retires at or after his Normal Retirement Date, his account will receive a contribution allocation during the year which he retires, regardless of the number of hours he worked in that Plan year.

4. **Vesting.** Vesting Service is defined as all years of employment with the employer. A year of vesting shall be credited for each year during which the employee is credited with 1000 hours of service.

Top Heavy Vesting Schedule:

Years of Vesting Service	Vested Percentage
Less than 2 years	0%
At least 2	20%
3	40%
4	60%
5	80%
6	100%

Termination Benefits-Vesting: Employees are vested in their Employer Account Balance in accordance with the following schedule:

Years of Vesting Service	Vested Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

5. **Eligibility.** An employee is eligible to participate for purposes of elective deferrals the first day of the month coinciding with or the next following thirty days of service and have attained age 21. Employees will be eligible to participate for purposes of matching contributions when they have completed six (6) months of service and have attained age 21.

6. **Participant Accounts.**

TRUST EARNINGS AND LOSSES

All accounts will be valued at the end of each Accounting Period to determine that fair market value of Plan assets and the increase or decrease in the value of those assets since the preceding valuation date. Each account will receive an allocation of the earnings or losses for each Accounting Period.

This allocation is generally based upon the ratio which the value of the account bears to the value of the Accounts of all Participants at the close of the preceding Accounting Period and after each share of all contributions are allocated to each Account for the prior Accounting Period. However, if an employee has received a distribution or other withdrawal from his account during the period, or if some portion of his account is used to pay expenses directly attributable to him, his share of earnings or losses will be adjusted accordingly.

7. **Benefits.** Benefit payments begin upon retirement, termination, disability, or death.

   a. **Normal Retirement Benefits**. An employee will be eligible to retire and to begin receiving a Normal Retirement Benefit on the Normal Retirement Date, which is age 65 or on the employee's 5th anniversary of joining the Plan, if later.

   b. **Late Retirement Benefits**. If an employee continues to work past his Normal Retirement Date he will be eligible to receive a benefit as of his Late Retirement Date equal to his account balance(s). His benefit must commence no later than the April 1st following the calendar year in which he attains age 72.

   c. **Disability Benefits**. If an employee becomes disabled while in the employ of the Employer, he will be eligible for a Disability Benefit. The Plan Administrator, before approving the payment of a Disability Retirement Benefit, may require satisfactory proof, in the form of a certificate from a duly licensed physician selected or approved by the Plan Administrator, that the Participant has become disabled as provided by the Plan.

   d. **Death Benefits**. In the event of an employee's death prior to Normal Retirement, the Plan provides for payment of a Pre-retirement Death Benefit.

   The summary plan description should be reviewed for a more detailed description of the plan's benefits.

8. **Participant Loans.** Loans to Participants are allowed, subject to terms and conditions set by the Plan Administrator. Generally, the loan must bear a reasonable rate of interest, the loan shall be secured by the Participant's Vested Account Balance(s), all loan applications shall be in writing and principal and interest shall be paid no less often than quarterly. The loan must be repaid within 5 years, unless used for the purchase of a primary residence. No distributions shall be made to a Participant or a designated beneficiary until the unpaid balance of a loan, if any, has been liquidated.

The total loan shall not exceed $50,000 or, if less, ½ of Vested Interest of the Participant's Account Balance(s). Certain restrictions may also apply if refinancing an existing participant loan. A copy of the loan guidelines currently in effect accompanies this summary. The Company reserves the right to amend, limit or terminate the availability of participant loans by amending the loan guidelines.

In no event, however, shall a loan be made to a Participant who is an owner-employee (an employee who is self-employed with respect to the business and who owns more than 10% of the capital or profit interest of the business). No loan shall be made to a Participant who is a shareholder-employee owning more than 5% of the stock, if the Corporation is a Sub-S Corporation.

9. **Funding Policy.** Faust Distributing Company, Inc. (the Company) has established the Faust Distributing Co., Inc. 401 (k) Savings Plan (hereafter called the Plan), the purpose of which is to provide plan participants with retirement benefits in order to supplement their social security benefits.

   The Plan will also provide benefits to participants who die, who become disabled, or who terminate employment with the Company for reasons other than retirement, death or disability, provided they have accrued a vested interest in their account balance under the terms of the Plan.

   Since the primary purpose of the Plan is to provide retirement benefits, the primary investment strategy to be followed by the Trustee should stress the security and long-term stability of Plan assets, combined with moderate growth that corresponds to participants' anticipated retirement dates.

   Investments should be reasonably diversified in order to prevent asset erosion by inflation. Investments should also provide for sufficient liquid assets to allow the plan to make distributions on short notice to participants who have died or become disabled and are entitled to benefits.

10. **Forfeited Accounts.** At December 31, 2025 and 2024 forfeited nonvested accounts totaled $71,775 and $65,473 respectively. These accounts will be used to reduce future employer contributions and to pay Plan expenses.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review. Subsequent events were evaluated through October 3, 2026 which is the date the financial statements were available to be issued.

Basis of Accounting. The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The estimates included in these financial statements are those for the fair value of investments. Actual results could differ from those estimates. Estimates may change prior to December 31, 2026.

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 management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note C 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 includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits. Benefits are recorded when paid.

C. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	Fair Value Measurements at Reporting Date Using: Quoted Prices In Active Markets for Identical Assets (Level 1)	Total
December 31, 2025		
Mutual Fund	$ 25,306,258	$ 25,306,258
Common/Collective Trusts	8,969,281	8,969,381
Total Investment at Fair Value	34,275,639	34,275,639
Investments measured at Contract Value		2,967,872
Total Investments		$ 37,243,511

	(Level 1)	Total
December 31, 2024		
Mutual Fund	$ 25,720,573	$ 25,720,573
Common/Collective Trusts	7,370,325	7,370,325
Total Investment at Fair Value	33,090,898	33,090,898
Investments measured at Contract Value		2,441,932
Total Investments		$ 35,532,830

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

The fair values of mutual funds and collective Trusts in trust accounts are based on quoted market prices from active markets.

D. INVESTMENTS

At December 31, 2025 and 2024, the Plan's investments were held by the custodian Fidelity. The following is a summary of the Plan's financial information that is included in the financial statements based upon information certified by the custodian as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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 management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note C 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 includes the plan's gains and losses on investments bought and sold as well as held during the year.

The Plan's investments consisted of mutual funds, common collective trust, and Guaranteed Income Fund from Fidelity for 2025 and 2024.

E. GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a fully benefit-responsive guaranteed investment contract with Fidelity in 2018. Fidelity maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participants withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value.

Contract value, as reported to the Plan by Fidelity, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawals or transfers of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contracted at December 31, 2025 was $2,967,872. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact a contract with Fidelity. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (For example, divestitures or spin offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

F. ERISA SECTION 103(a)(3)(C) AUDIT

The trustee of the Plan is Fidelity Investments as of December 31, 2025 and 2024. In accordance with section 29 CFR 2520. 103-5(d) of the Department of Labor Regulations, Fidelity Investments certifies the investments, earning and plan activity are complete and accurate for the year ending December 31, 2025 and 2024, respectively.

G. PLAN TERMINATION

Currently there are no intentions to terminate the plan, but the company shall have the right at any time to terminate the Plan. Upon such termination, each Account Balance will become 100% vested and nonforfeitable.

Upon such termination, the Company shall arrange for the allocation of all assets among the Participants. In no event shall any amount contributed to the Plan revert to the Company, except to the extent allowed by law.

H. INCOME TAX STATUS

The plan obtained its latest determination letter on June 2, 1993, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

Generally accepted accounting principles require management to evaluate tax positions taken and recognize a tax liability if the entity has taken an uncertain position that more likely than not it would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2025 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. Management believes the Plan is no longer subject to income tax examinations for years prior to the 2022.

I. CONCENTRATION OF RISK

The employers and employees who contribute to the Plan are located in southeast Texas. A down turn in the economy in this region of the state could adversely affect the Plan.

J. RELATED PARTY TRANSACTIONS

Faust DC, LTD and the employees of Faust DC, LTD are related parties in regards to Faust Distributing, 401(K) Savings Plan. Faust DC, LTD and its employees made contributions to the Plan of $2,192,336 and $2,187,102 for the years ending December 31, 2025 and 2024, respectively. Transactions with all related party transactions are equivalent to those that prevail in arm's-length transactions.

K. PARTY - IN - INTEREST

Transactions with parties-in-interest consisted of transactions with the Plan's investment manager and the Plan's auditor in the ordinary course of business. Transactions with all parties-in-interest are equivalent to those that prevail in arm's-length transactions.

L. RECONCILIATION OF FINANCIAL STATEMENTS TO INTERNAL REVENUE SERVICE FORM 5500 AMOUNTS

The difference between the information in the financial statements and in the assets, liabilities, income, expenses, and changes in net assets reported in Form 5500 are explained below.

Total additions per Financial Statements	$ 6,525,719
Net investment return per Form 5500	$ 6,553,719
Difference	$ 28,000

The difference is from the investment advisory fee is lumped into the Form 5500 investment return, and in the Financial Statements it is listed as administrative fees.

Operating Expenses per Financial Statements	$ 61,103
Operating Expenses per Form 5500	$ 89,103
Difference	$ 28,000

The difference is from the investment advisory fee is listed in the operating fees on the Form 5500, and it is lumped into investment return on the Financial Statements.

The realized gain or loss per the financial statements is calculated by subtracting the cost of the investment sold from proceeds received. The realized gain or loss per the Form 5500 is calculated by subtracting from the proceeds on the sale of investments, the current value of the investment at the beginning of the Plan year, if the investment was held at the beginning of the Plan year, or the purchase price if the investment was purchased during the Plan year.

The unrealized gain (loss) on the Form 5500 is obtained by subtracting the current value of assets at the beginning of the year plus the cost of any assets acquired during the Plan year from the current value of assets at the end of the Plan year excluding the assets included in realized gain (loss) on the Form 5500.

M. 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 participant's account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

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

See Schedule 1

(B) Schedule of Investment Assets That Were Both Acquired and Disposed of Within the Plan Year

None

(C) Schedule of Loans and Fixed Income Obligations

See Schedule 2

(D) Schedule of Leases in Default or Classified as Uncollectible

None

(E) Schedule of Reportable Transactions

None

(F) Schedule of Nonexempt (Prohibited) Transactions That Are Disclosed in Notes to Financial Statements

None

(G) Schedule of Nonexempt (Prohibited) Transactions That Are Not Disclosed in Notes to the Financial Statements

None

FAUST DISTRIBUTING COMPANY, INC. 401 (k) SAVINGS PLAN
EIN # 74-1386097
PN # 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
FIDELITY INVESTMENTS			
MUTUAL FUNDS			
PGIM J MID-CAP GR R6		N/A	1,053,751
AB BOND INFLATION I		N/A	290,347
AB LG CAP GRTH Z		N/A	6,038,093
JPM MID CAP VALUE R6		N/A	1,078,604
VANG EQUITY INC ADM		N/A	3,326,001
UM BEHAVIORAL VAL R6		N/A	699,898
C&S REAL ESTATE Z		N/A	397,327
FID 500 INDEX		N/A	2,737,810
FID MID CAP IDX		N/A	607,113
FID SM CAP IDX		N/A	140,932
FID MONEY MARKET PRM		N/A	706
FID TOTAL BOND K6		N/A	2,141,803
FID INTL CAP APPR K6		N/A	5,197,865
FID SMALL CAP GR K6		N/A	1,596,007
OUTSTANDING LOAN BALANCE		N/A	873,074
TOTAL MUTUAL FUNDS		N/A	**26,179,332**
INVESTMENTS AT CONTRACT VALUE			
EMP GUARANTEED INC		N/A	**2,967,872**
COMMON/COLLECTIVE TRUSTS			
PUTN RET ADV MAT I		N/A	531,868
PUTN RET ADV 2025 I		N/A	0
PUTN RET ADV 2030 I		N/A	2,023,443
PUTN RET ADV 2035 I		N/A	2,114,546
PUTN RET ADV 2040 I		N/A	882,907
PUTN RET ADV 2045 I		N/A	384,809
PUTN RET ADV 2050 I		N/A	901,043
PUTN RET ADV 2055 I		N/A	2,130,763
TOTAL COMMON/COLLECTIVE TRUSTS		N/A	**8,969,381**
TOTAL INVESTMENTS		**N/A**	**$ 38,116,585**

FAUST DISTRIBUTING COMPANY, INC. 401 (k) SAVINGS PLAN
EIN # 74-1386097
PN # 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

Schedule 1

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current Value
FIDELITY INVESTMENTS			
MUTUAL FUNDS			
PGIM J MID-CAP GR R6		N/A	1,093,534
AB BOND INFLATION I		N/A	290,357
BLKRK MD CP GR EQ K		N/A	0
AB LG CAP GRTH Z		N/A	6,243,107
JPM MID CAP VALUE R6		N/A	1,043,483
VANG EQUITY INC ADM		N/A	3,649,266
WA CORE PLUS BOND I		N/A	0
UM BEHAVIORAL VAL R6		N/A	691,977
AF EUROPAC GROWTH R6		N/A	0
C&S REAL ESTATE Z		N/A	378,079
FID 500 INDEX		N/A	3,114,745
FID MID CAP IDX		N/A	545,677
FID SM CAP IDX		N/A	124,104
FID MONEY MARKET PRM		N/A	677
FID TOTAL BOND K6		N/A	2,012,262
FID INTL CAP APPR K6		N/A	4,712,052
FID SMALL CAP GR K6		N/A	1,821,254
TOTAL MUTUAL FUNDS		N/A	**25,720,573**
INVESTMENTS AT CONTRACT VALUE			
EMP GUARANTEED INC		N/A	**2,441,932**
COMMON/COLLECTIVE TRUSTS			
PUTN RET ADV MAT I		N/A	151,196
PUTN RET ADV 2025 I		N/A	473,961
PUTN RET ADV 2030 I		N/A	1,770,791
PUTN RET ADV 2035 I		N/A	1,774,552
PUTN RET ADV 2040 I		N/A	669,836
PUTN RET ADV 2045 I		N/A	299,819
PUTN RET ADV 2050 I		N/A	672,045
PUTN RET ADV 2055 I		N/A	1,558,124
TOTAL COMMON/COLLECTIVE TRUSTS		N/A	**7,370,325**
TOTAL INVESTMENTS		**N/A**	**$ 35,532,830**

FAUST DISTRIBUTING COMPANY, INC. 401 (k) SAVINGS PLAN
EIN # 74-1386097
PN # 002
Schedule of Participant Loans (Held at End of Year)
December 31, 2025
Schedule 2

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including interest rate	(d) Cost	(e) Current Value
PARTICIPANT LOANS			
PARTICIPANT LOANS		-0-	$ 873,074
TOTAL PARTICIPANT LOANS		-0-	$ 873,074

Schedule of Participant Loans (Held at End of Year)
December 31, 2024
Schedule 2

*(a) (b) Identity of issue, borrower, lessor, similar party	(c) Description of investment including interest rate	(d) Cost	(e) Current Value
PARTICIPANT LOANS			
PARTICIPANT LOANS		-0-	$ 722,666
TOTAL PARTICIPANT LOANS		-0-	$ 722,666

FAUST DISTRIBUTING COMPANY, INC.
401(K) SAVINGS PLAN
Schedules of Operating Expenses
December 31, 2025 and 2024

	2025	2024
Administrative Fee	$ 61,103	$ 56,946
Total Operating Expenses	$ 61,103	$ 56,946