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
- [ ] 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
HAUNI RICHMOND, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1966

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)
KORBER TECHNOLOGIES, INC.

2800 CHARLES CITY ROAD
RICHMOND, VA 23231-4532

2b Employer Identification Number (EIN)
54-1733108

2c Plan Sponsor's telephone number
804-222-5259

2d Business code (see instructions)
423800

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.	10/13/2026	STEVEN SAWYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	STEVEN SAWYER
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	265
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)**	67
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	64
b	Retired or separated participants receiving benefits	**6b**	121
c	Other retired or separated participants entitled to future benefits	**6c**	46
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	231
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	30
f	Total. Add lines **6d** and **6e**.	**6f**	261
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
HAUNI RICHMOND, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1733108

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	37527441
b Actuarial value	**2b**	37527441

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	148	24657268	24657268
b For terminated vested participants	52	2783928	2783928
c For active participants	67	11273328	11273328
d Total	267	38714524	38714524

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

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

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	615476
b Expected plan-related expenses	**6b**	173000
c Target normal cost	**6c**	788476

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/13/2026
Date

WILLIAM J REID
Type or print name of actuary

26-06070
Most recent enrollment number

CP INSTITUTIONAL CONSULTING GROUP
Firm name

804-370-8271
Telephone number (including area code)

4600 COX ROAD
SUITE 350
GLEN ALLEN, VA 23060
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	820773
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	820773
10	Interest on line 9 using prior year's actual return of 5.22 %	0	42844
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1199832
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15 %		61791
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1261623
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	863617

Part III Funding Percentages

14	Funding target attainment percentage	14	94.70 %
15	Adjusted funding target attainment percentage	15	94.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.80 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	450000	0			
07/10/2025	450000	0			
11/14/2025	400000	0			
01/13/2026	1200000	0			
			Totals ► 18(b)	2500000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2401262

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	788476
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2050700	239641
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1028117

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1028117
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2401262
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1373145
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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
HAUNI RICHMOND, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1733108

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VANGUARD
PO BOX 982902
EL PASO, TX 79998-2902

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

ISHARES/BLACKROCK
400 HOWARD ST
SAN FRANCISCO, CA 94105

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

THE FEDERATED HERMES FUNDS
PO BOX 219318
KANSAS CITY, MO 64121-9318

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

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

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

TRUIST

56-1074313

(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?
25 50	TRUSTEE	165059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGEVIEW CONSULTING GROUP

27-1001403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	31464	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
HAUNI RICHMOND, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1733108

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	21784	2759
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1500000	1200000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	268355	5558
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	603131	2383106
(2) U.S. Government securities	1c(2)	20859090	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6735405	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7608014	36945312
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	37595779	40536735
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	67100	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	67100	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	37528679	40536735

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)	2500000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	61971	
(B) U.S. Government securities	2b(1)(B)	771136	
(C) Corporate debt instruments	2b(1)(C)	248633	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1081740
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	333639	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		333639
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	108647104	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	108650676	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-3572
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	614272	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		614272

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1148922
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5675001
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2470422	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2470422
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	165059	
(7) Actuarial fees	2i(7)	31464	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		196523
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2666945
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3008056
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [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: HARRIS, HARDY & JOHNSTONE, P.C. **(2)** EIN: 54-1451026

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583915.

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
HAUNI RICHMOND, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1733108

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 53-0116200

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

HAUNI RICHMOND, INC.
PENSION PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2025 AND 2024

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HARRIS, HARDY & JOHNSTONE, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Hauni Richmond, Inc. Pension Plan
Richmond, Virginia

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of Hauni Richmond, Inc. Pension 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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note I 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.
- 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).

300 Arboretum Place, Suite 660, North Chesterfield, Virginia 23236 Tel: 804-560-0560 Fax: 804-560-0553 hhjcpa.com

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 Hauni Richmond, Inc. Pension 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 Hauni Richmond, Inc. Pension 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 Hauni Richmond, Inc. Pension 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 Hauni Richmond, Inc. Pension 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 Matters - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 its 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).

Harris, Hardy & Johnstone, P.C.

Richmond, Virginia
September 8, 2026

HAUNI RICHMOND, INC. PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments		
Cash	$ 2,759	$ 21,784
Money Market Funds	2,383,106	603,131
U.S. Government Securities	-	20,859,090
Corporate Bonds	-	6,735,405
Exchange Traded Funds	-	6,041,778
Mutual Funds	36,945,312	1,566,236
Total Investments	39,331,177	35,827,424
Receivables		
Employer contributions	1,200,000	1,500,000
Interest	5,558	268,355
Total Receivables	1,205,558	1,768,355
TOTAL ASSETS	40,536,735	37,595,779
LIABILITIES		
Accounts Payable		
Due to broker for securities purchased	-	67,100
NET ASSETS AVAILABLE FOR BENEFITS	$ 40,536,735	$ 37,528,679

See Independent Auditor's Report and Notes to Financial Statements

HAUNI RICHMOND, INC. PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	$ 1,759,622	$ 613,903
Interest and dividends	1,415,379	1,212,606
NET INVESTMENT INCOME	3,175,001	1,826,509
Contributions		
Employer	2,500,000	2,500,000
TOTAL ADDITIONS	5,675,001	4,326,509
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants and beneficiaries	2,470,422	2,419,837
Administrative fees	196,523	172,294
TOTAL DEDUCTIONS	2,666,945	2,592,131
NET INCREASE	3,008,056	1,734,378
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	37,528,679	35,794,301
END OF YEAR	$ 40,536,735	$ 37,528,679

See Independent Auditor's Report and Notes to Financial Statements

NOTE A - DESCRIPTION OF PLAN

The following description of Hauni Richmond, Inc. Pension Plan (the "Plan") is provided for general information purposes only. For a more complete description of the Plan's provisions, refer to the document governing the Plan (plan agreement).

General

The Plan is a noncontributory defined benefit plan which covers all eligible employees hired before July 1, 2017, of Hauni Richmond, Inc. (the "Employer"), who have completed one year of service, provided that they are at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan Administration

Overall responsibility for administering the Plan rests with the Plan Administrator. Truist Bank (the trustee) is responsible for the management and control of the Plan's assets and has certain discretionary authority and control over such assets.

Contributions and Funding Policy

The Employer's funding policy is to make a yearly contribution to the Plan as determined by the Plan's independent actuary. Voluntary employee contributions are not permitted. The Plan is in compliance with applicable ERISA minimum funding requirements for the years ended December 31, 2025 and 2024.

Participation and Benefits

The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early, deferred, and disability benefits for those participants eligible to receive such benefits. Effective January 1, 1991, the Plan was amended to change the benefit formula as described below:

(i) Employees retiring prior to January 1, 1991 are entitled to the greater of (c) or the sum of (a) plus (b):

   (a) 1% of average monthly compensation not in excess of covered compensation, plus 1.5% of the average monthly compensation in excess of the covered compensation level multiplied by years and months of credited service. For service after 1979, the annual pension benefit is equal to 1% of each month's compensation up to $550, plus 1.5% of each month's compensation in excess of $550; and
   (b) For service prior to 1980, the annual pension benefit is equal to 1% of monthly compensation up to $550, plus 1.5% of monthly compensation in excess of $550, where monthly compensation is the lesser of the December 1979 compensation or the monthly average compensation for calendar years 1978, 1979, and 1980; or
   (c) The average retirement compensation benefit, as defined in the Plan document.

(ii) Employees retiring on or after January 1, 1991 are entitled to 1.25% of the average retirement compensation benefit, multiplied by the years of credited service, not to exceed 40 years.

(iii) Employees retiring between January 1, 1991 and December 31, 1991 will receive the greater of (i) or (ii) above.

NOTE A - DESCRIPTION OF PLAN - Continued

Participation and Benefits - Continued
Effective January 1, 2018, the benefit formula was amended to read as follows:

The "Benefit Formula" is one-twelfth (1/12) of the product of:

(i) One and one-quarter percent (1.25%) of a participant's average compensation and his/her years of benefit service completed before January 1, 2018 (not in excess of forty (40) years); plus
(ii) One percent (1.00%) of a participant's average compensation and his/her years of benefit service completed after January 1, 2018 (not in excess of forty (40) years including those completed before January 1, 2018).

A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefit beginning on his/her normal retirement date in the amount of his/her accrued benefit. Participants may elect to receive their distributions, subject to certain plan provisions, in the form of an annuity or in a lump-sum payment. In the absence of an election in writing to the contrary, married participants will receive benefits in the form of a joint and survivor annuity which provides for equal monthly payments to the participant during his/her lifetime and continuing thereafter for the lifetime of his/her spouse at the rate of 50% of such amounts payable to the participant. If the participant's accrued benefit is less than $5,000, the participant is paid a lump-sum payment as soon as practicable after his/her termination date.

The Plan was amended on July 1, 2017 to allow participants whose accrued benefit is more than $5,000, but does not exceed $25,000, to receive their accrued benefit immediately via lump-sum payment or via annuity payments.

Vesting
Vesting in a participant's accrued benefits is based on years of service. A participant is 0% vested at less than five years of service, and 100% vested after five or more years of service.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance company, as applicable. See Note C for a discussion of fair value measurements.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Investment Valuation and Income Recognition - Continued
The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include the following:

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

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

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

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

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

Cash & Money market funds - These investments are stated at cost, which approximates fair value.

Mutual funds - Valued at daily closing prices as reported by the Fund. Mutual Funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Exchange traded funds - Valued at daily closing prices as reported by the Fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The exchange traded funds held by the Plan are deemed to be actively traded.

Corporate bonds – These investments are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. Government securities – These investments are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

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

Payment of Benefits
Benefit payments are recorded when paid.

Administrative Expenses
Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

NOTE C - FAIR VALUE MEASUREMENTS

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

Investments at fair value as of December 31, 2025	Level 1	Level 2	Total
Cash	$ 2,759	$ -	$ 2,759
U.S. Government securities	-	-	-
Corporate bonds	-	-	-
Exchange traded funds	-	-	-
Mutual funds	36,945,312	-	36,945,312
Money market funds	2,383,106	-	2,383,106
Investments at fair value	$ 39,331,177	$ -	$ 39,331,177

Investments at fair value as of December 31, 2024	Level 1	Level 2	Total
Cash	$ 21,784	$ -	$ 21,784
U.S. Government securities	-	20,859,090	20,859,090
Corporate bonds	-	6,735,405	6,735,405
Exchange traded funds	6,041,778	-	6,041,778
Mutual funds	1,566,236	-	1,566,236
Money market funds	603,131	-	603,131
Investments at fair value	$ 8,232,929	$ 27,594,495	$ 35,827,424

NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits represent the estimated future periodic payments, including lump-sum distributions, under the Plan's provisions that are attributable to service that employees have rendered through the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on a formula of employee's compensation as discussed in Note A.

Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated Plan benefits is determined by the Plan's independent actuary, and it is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Significant actuarial assumptions used in the valuation as of January 1, 2025 are as follows:

- Interest rate - 4.5% for January 1, 2025
- Mortality rate - Pri-2012 Blue Collar, weighted with projection scale MP-2021
- Employee withdrawal - The following table illustrates the withdrawal rates used:

Age	Number of Withdrawals per 100 Participants
25	5.3
35	4.5
45	3.2
55	0.3

- Salary scale - 2.5% increase per year
- Retirement - The following table illustrates the retirement percentages used for Plan years 2025 and 2024:

Age	Percentage Retiring
60 - 61	10%
62 - 63	25%
64	50%
65	100%

- It was assumed that all employees reaching age 65 would retire and that all employees past age 65 would retire immediately. The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - Continued

The actuarial present value of accumulated Plan benefit information as of January 1, 2025 is as follows:

Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Participants and/or beneficiaries currently receiving benefits	$ 25,341,352
Deferred participants	3,128,972
Other participants	12,347,905
Total vested benefits	40,818,229
Non-vested benefits	-
Total actuarial present value of accumulated Plan benefits	$ 40,818,229

The changes in the actuarial present value of accumulated plan benefits as of January 1, 2025 are as follows:

Actuarial present value of accumulated Plan benefits, beginning of year	$ 40,893,153
Benefits accumulated and actuarial gains	558,568
Increase for interest due to decrease in discount period	1,786,345
Benefits paid	(2,419,837)
Change in assumptions	-
Net decrease	74,924
Actuarial present value of accumulated Plan benefits, end of year	$ 40,818,229

NOTE E - PARTY-IN-INTEREST TRANSACTIONS

Certain investments are held and managed by the trustee. Therefore, these investments and investment transactions qualify as party-in-interest transactions.

For the years ended December 31, 2025 and 2024, certain Plan assets consisted of funds managed by Principal Bank and Truist Bank, respectively, the Trustees, and therefore, these transactions qualify as party-in-interest transactions.

NOTE F - PLAN TERMINATION

The Employer has the right under the Plan to modify the benefits provided to active employees and retirees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE F - PLAN TERMINATION - Continued

In the event the Plan is terminated, and its assets are distributed, and this distribution results in a liability of the Pension Benefit Guaranty Corporation (PBGC), the assets shall be allocated and distributed in a manner agreed upon by the PBGC and the pension committee of the Plan sponsor. If this distribution does not result in a liability of the PBGC, the assets shall be allocated on the basis of actuarial valuations to the extent permitted by the PBGC to provide pensions for life to all participants and their surviving beneficiaries in the order of priority prescribed by Section 4044 of ERISA.

Any residual assets of the Plan remaining will be distributed to the Employer, provided all liabilities of the Plan to participants and beneficiaries have been satisfied.

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

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

NOTE G - TAX STATUS

The Plan obtained its latest determination letter on November 21, 2014, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). 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 IRC.

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

NOTE H - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the amounts reported in the statements of changes in net assets available for benefits. Contributions and the actuarial present value of accumulated plan benefits are based on assumptions about interest rates, inflation, and employee demographics, and changes in those assumptions could materially affect reported amounts.

NOTE I - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, Principal Bank, the trustee of the Plan for 2025, has certified to the completeness and accuracy of the investment information reported in the accompanying statement of net assets available for benefits as of December 31, 2025, the related investment activity reported in the statement of changes in net assets available for benefits for the year ended December 31, 2025, and the supplemental Schedule H, Line 4(i) - schedule of assets held at end of year as of December 31, 2025, and Schedule H, Line 4(j) - schedule of reportable transactions for the year ended December 31, 2025. Truist Bank, the trustee of the Plan for 2024, has certified to the completeness and accuracy of the investment information reported in the accompanying statement of net assets available for benefits as of December 31, 2024 and the related investment activity reported in the statement of changes in net assets available for benefits for the year ended December 31, 2024.

NOTE J - SUBSEQUENT EVENTS

In the preparation of its financial statements, Hauni Richmond, Inc. Pension Plan considered subsequent events through September 8, 2026, which was the date the financial statements were available to be issued. There are no material subsequent events that require disclosure in the accompanying financial statements.

SUPPLEMENTARY INFORMATION

HAUNI RICHMOND, INC. PENSION PLAN
EIN: 54-1733108, PLAN NUMBER: 001

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

DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash			
	Cash	Cash	$ 2,759	$ 2,759
	Money Market Funds			
	U.S. Government	Federated Hermes Government Obligations	1,842,596	1,842,596
	Allspring	Allspring Treasury Plus Money Market Institutional	540,510	540,510
			2,383,106	2,383,106
	Mutual Funds			
	Vanguard	Vanguard Institutional Index Fund	858,882	1,805,570
	Federated Hermes	Federated Hermes Ultrashort Bond	700,000	704,536
	iShares	iShares Core Total U.S. Aggregate Bond ETF	28,173,414	28,118,517
	iShares	iShares 20+ Year Treasury Bond	458,906	466,045
	Vanguard	Vanguard Institutional Index ETF	199,770	199,889
	iShares	iShares Core S&P 500 ETF	2,548,273	5,650,755
			32,939,245	36,945,312
			$ 35,325,110	$ 39,331,177

* Party-in-interest

See Independent Auditor's Report

HAUNI RICHMOND, INC. PENSION PLAN
EIN: 54-1733108, PLAN NUMBER: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party Involved	Description of Asset	Total Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
U.S. Government	Federated Hermes Treasury Obligations	7	$ 1,842,595	$ -	$ 1,842,595	$ 1,842,595	$ -
iShares	iShares Core Total US Aggregate Bond ETF	1	28,173,414	-	28,173,414	28,173,414	-
U.S. Government	Federated Hermes Treasury Obligations	137	37,539,347	-	37,539,347	37,539,347	-
U.S. Government	Federated Hermes Treasury Obligations	64	-	38,142,467	38,142,467	38,142,467	-
U.S. Government	U.S. Treasury Bonds, 1.875%	2	2,704,258	-	2,704,258	2,704,258	-
U.S. Government	U.S. Treasury Bonds, 1.875%	1	-	2,751,559	2,704,258	2,751,559	47,301
U.S. Government	U.S. Treasury Bonds, 4.250%	1	-	3,852,119	3,956,664	3,852,119	(104,545)
U.S. Government	U.S. Treasury Bonds, 4.500%	2	3,962,991	-	3,962,991	3,962,991	-
U.S. Government	U.S. Treasury Bonds, 4.500%	4	-	3,912,445	3,962,991	3,912,445	(50,546)
U.S. Government	U.S. Treasury Bonds, 3.750%	2	-	3,303,716	3,257,835	3,303,716	45,881
U.S. Government	U.S. Treasury Bonds, 4.250%	6	-	5,542,126	5,490,683	5,542,126	51,443
U.S. Government	U.S. Treasury Bonds, 4.375%	3	-	4,955,626	4,935,810	4,955,626	19,816
U.S. Government	U.S. Treasury Bonds, 1.625%	3	1,721,735	-	1,721,735	1,721,735	-
U.S. Government	U.S. Treasury Bonds, 1.625%	1	-	1,763,680	1,721,735	1,763,680	41,945
U.S. Government	U.S. Treasury Bonds, 4.250%	2	-	1,884,156	1,889,830	1,884,156	(5,674)
U.S. Government	U.S. Treasury Bonds, 4.375%	5	4,911,462	-	4,911,462	4,911,462	-
U.S. Government	U.S. Treasury Bonds, 4.375%	3	-	4,990,834	4,911,462	4,990,834	79,372
U.S. Government	U.S. Treasury Bonds, 4.250%	3	5,230,221	5,230,221	5,230,221	5,230,221	-
U.S. Government	U.S. Treasury Bonds, 4.250%	2	-	5,250,063	5,230,221	5,250,063	19,842
U.S. Government	U.S. Treasury Bonds, 4.625%	1	1,824,243	-	1,824,243	1,824,243	-
U.S. Government	U.S. Treasury Bonds, 4.625%	2	-	1,824,015	1,824,243	1,824,015	(228)
U.S. Government	U.S. Treasury Bonds, 3.750%	3	5,993,054	-	5,993,054	5,993,054	-
U.S. Government	U.S. Treasury Bonds, 3.750%	2	-	6,015,215	5,993,054	6,015,215	22,161
U.S. Government	U.S. Treasury Bonds, 4.250%	3	2,031,461	-	2,031,461	2,031,461	-
U.S. Government	U.S. Treasury Bonds, 4.250%	3	-	2,066,032	2,031,461	2,066,032	34,571
U.S. Government	U.S. Treasury Bonds, 3.875%	4	5,871,804	-	5,871,804	5,871,804	-

See Independent Auditor's Report

HAUNI RICHMOND, INC. PENSION PLAN
EIN: 54-1733108, PLAN NUMBER: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS - Continued

DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party Involved	Description of Asset	Total Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
U.S. Government	U.S. Treasury Bonds, 3.875%	1	-	5,885,910	5,871,804	5,885,910	14,106
U.S. Government	U.S. Treasury Bonds, 3.875%	3	3,922,460	-	3,922,460	3,922,460	-
U.S. Government	U.S. Treasury Bonds, 3.875%	3	-	3,924,363	3,922,460	3,924,363	1,903
U.S. Government	U.S. Treasury Bonds, 4.250%	3	2,429,695	-	2,429,695	2,429,695	-
U.S. Government	U.S. Treasury Bonds, 4.250%	3	-	2,462,960	2,429,695	2,462,960	33,265
U.S. Government	U.S. Treasury Bonds, 1.125%	1	1,675,481	-	1,675,481	1,675,481	-
U.S. Government	U.S. Treasury Bonds, 1.125%	1	-	1,665,883	1,675,481	1,665,883	(9,598)

See Independent Auditor's Report

Schedule SB, Line 26 - Schedule of Active Participant Data

APPENDIX I. SUMMARY OF PLAN PARTICIPANTS (continued)

C. Age and Service Distribution

Age as of 01/01/2025	Years of Service						Total
	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 & Over	
20 - 24	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0
35 - 39	0	1	2	0	0	0	3
40 - 44	0	1	2	2	0	0	5
45 - 49	0	1	1	1	1	0	4
50 - 54	0	1	3	1	1	2	8
55 - 59	0	3	4	1	1	12	21
60 - 64	0	3	5	2	3	9	22
65 & Over	0	0	1	0	0	3	4
Totals	0	10	18	7	6	26	67

Average Age: 56.55

Average Service: 21.17

APPENDIX III. SUMMARY OF ACTUARIAL ASSUMPTIONS AND METHODS

A. Interest Assumptions for Funding Calculations

1. Segment Rates used to calculate Funding Target for Minimum Required Contribution
   - a. Segment 1 — 5.00% per year for first 5 years
   - b. Segment 2 — 5.27% per year for next 15 years
   - c. Segment 3 — 5.50% per year after 20 years

2. Effective Rate of Interest — 5.32% per year

3. Segment Rates used to calculate Funding Target for Maximum Tax-Deductible Contribution
   - a. Segment 1 — 5.00% per year for first 5 years
   - b. Segment 2 — 5.27% per year for next 15 years
   - c. Segment 3 — 5.40% per year after 20 years

B. Salary Increases — 2.50% per year

C. Mortality Assumptions

1. Healthy Lives — IRS 2025 Combined Static Mortality Table

2. ASC 715 and ASC 960 — Pri-2012 Amount Weighted Mortality Table (Blue Collar) Fully Generational projected with IRS Adjusted Scale MP-2021

D. Retirement Assumptions

Age	Probability of Retirement
60 - 61	10%
62 - 63	25%
64	50%
65	100%

E. Withdrawal Assumptions

Age	Probability of Withdrawal
25	5.3%
35	4.5%
45	3.2%
55	0.3%

F. Form of Payment — 100% of Active Participants are assumed to elect the Life Annuity.

G. Expense Assumptions — Prior year actual expenses rounded up to the next $1,000.

H. Family Composition — 80% of male participants and 50% of female participants are assumed to be married. Spouses of male participants are assumed to be three years younger than their spouse. Spouses of female participants are assumed to be three years older than their spouse.

I. Asset Valuation Method — The Actuarial Asset Value is equal to the Market Value.

HAUNI RICHMOND, INC. PENSION PLAN
EIN: 54-1733108, PLAN NUMBER: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party Involved	Description of Asset	Total Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
U.S. Government	Federated Hermes Treasury Obligations	7	$ 1,842,595	$ -	$ 1,842,595	$ 1,842,595	$ -
iShares	iShares Core Total US Aggregate Bond ETF	1	28,173,414	-	28,173,414	28,173,414	-
U.S. Government	Federated Hermes Treasury Obligations	137	37,539,347	-	37,539,347	37,539,347	-
U.S. Government	Federated Hermes Treasury Obligations	64	-	38,142,467	38,142,467	38,142,467	-
U.S. Government	U.S. Treasury Bonds, 1.875%	2	2,704,258	-	2,704,258	2,704,258	-
U.S. Government	U.S. Treasury Bonds, 1.875%	1	-	2,751,559	2,704,258	2,751,559	47,301
U.S. Government	U.S. Treasury Bonds, 4.250%	1	-	3,852,119	3,956,664	3,852,119	(104,545)
U.S. Government	U.S. Treasury Bonds, 4.500%	2	3,962,991	-	3,962,991	3,962,991	-
U.S. Government	U.S. Treasury Bonds, 4.500%	4	-	3,912,445	3,962,991	3,912,445	(50,546)
U.S. Government	U.S. Treasury Bonds, 3.750%	2	-	3,303,716	3,257,835	3,303,716	45,881
U.S. Government	U.S. Treasury Bonds, 4.250%	6	-	5,542,126	5,490,683	5,542,126	51,443
U.S. Government	U.S. Treasury Bonds, 4.375%	3	-	4,955,626	4,935,810	4,955,626	19,816
U.S. Government	U.S. Treasury Bonds, 1.625%	3	1,721,735	-	1,721,735	1,721,735	-
U.S. Government	U.S. Treasury Bonds, 1.625%	1	-	1,763,680	1,721,735	1,763,680	41,945
U.S. Government	U.S. Treasury Bonds, 4.250%	2	-	1,884,156	1,889,830	1,884,156	(5,674)
U.S. Government	U.S. Treasury Bonds, 4.375%	5	4,911,462	-	4,911,462	4,911,462	-
U.S. Government	U.S. Treasury Bonds, 4.375%	3	-	4,990,834	4,911,462	4,990,834	79,372
U.S. Government	U.S. Treasury Bonds, 4.250%	3	5,230,221	5,230,221	5,230,221	5,230,221	-
U.S. Government	U.S. Treasury Bonds, 4.250%	2	-	5,250,063	5,230,221	5,250,063	19,842
U.S. Government	U.S. Treasury Bonds, 4.625%	1	1,824,243	-	1,824,243	1,824,243	-
U.S. Government	U.S. Treasury Bonds, 4.625%	2	-	1,824,015	1,824,243	1,824,015	(228)
U.S. Government	U.S. Treasury Bonds, 3.750%	3	5,993,054	-	5,993,054	5,993,054	-
U.S. Government	U.S. Treasury Bonds, 3.750%	2	-	6,015,215	5,993,054	6,015,215	22,161
U.S. Government	U.S. Treasury Bonds, 4.250%	3	2,031,461	-	2,031,461	2,031,461	-
U.S. Government	U.S. Treasury Bonds, 4.250%	3	-	2,066,032	2,031,461	2,066,032	34,571
U.S. Government	U.S. Treasury Bonds, 3.875%	4	5,871,804	-	5,871,804	5,871,804	-

See Independent Auditor's Report

HAUNI RICHMOND, INC. PENSION PLAN
EIN: 54-1733108, PLAN NUMBER: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS - Continued

DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party Involved	Description of Asset	Total Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
U.S. Government	U.S. Treasury Bonds, 3.875%	1	-	5,885,910	5,871,804	5,885,910	14,106
U.S. Government	U.S. Treasury Bonds, 3.875%	3	3,922,460	-	3,922,460	3,922,460	-
U.S. Government	U.S. Treasury Bonds, 3.875%	3	-	3,924,363	3,922,460	3,924,363	1,903
U.S. Government	U.S. Treasury Bonds, 4.250%	3	2,429,695	-	2,429,695	2,429,695	-
U.S. Government	U.S. Treasury Bonds, 4.250%	3	-	2,462,960	2,429,695	2,462,960	33,265
U.S. Government	U.S. Treasury Bonds, 1.125%	1	1,675,481	-	1,675,481	1,675,481	-
U.S. Government	U.S. Treasury Bonds, 1.125%	1	-	1,665,883	1,675,481	1,665,883	(9,598)

See Independent Auditor's Report

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
HAUNI RICHMOND, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
54-1733108

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	37,527,441
b Actuarial value	**2b**	37,527,441

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	148	24,657,268	24,657,268
b For terminated vested participants	52	2,783,928	2,783,928
c For active participants	67	11,273,328	11,273,328
d Total	267	38,714,524	38,714,524

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	615,476
b Expected plan-related expenses	**6b**	173,000
c Target normal cost	**6c**	788,476

Statement by Enrolled Actuary

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

SIGN HERE William J. Reid WJR — Signature of actuary — 10/13/2026 — Date

WILLIAM J REID — Type or print name of actuary — 2606070 — Most recent enrollment number

CP Institutional Consulting Group — Firm name — 804-370-8271 — Telephone number (including area code)

4600 COX ROAD
SUITE 350
GLEN ALLEN VA 23060
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	820,773
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	820,773
10	Interest on line 9 using prior year's actual return of 5.22%	0	42,844
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,199,832
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15%		61,791
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1,261,623
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	863,617

Part III Funding Percentages

14	Funding target attainment percentage	14	94.70%
15	Adjusted funding target attainment percentage	15	94.70%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.80%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	450,000	0			
07/10/2025	450,000	0			
11/14/2025	400,000	0			
01/13/2026	1,200,000	0			
			Totals ► 18(b)	2,500,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	2,401,262

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	788,476
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,050,700	239,641
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,028,117

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1,028,117
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,401,262

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1,373,145
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Hauni Richmond, Inc. Pension Plan
EIN: 54-1733108 Plan: 001

Schedule SB, Line 22

Retirement Age	Assumed Retirement Percentage	Number of Lives	Number Retiring	Age Weighted Number Retiring
60	10%	1000.0000	100.0000	6000.0000
61	10%	900.0000	90.0000	5490.0000
62	25%	810.0000	202.5000	12555.0000
63	25%	607.5000	151.8750	9568.1250
64	50%	455.6250	227.8125	14580.0000
65	100%	227.8125	227.8125	14807.8125
			1000.0000	63000.9375
Average Retirement Age:				63.0009375

APPENDIX II. SUMMARY OF PLAN PROVISIONS

A. Effective Date

The original effective date of the Plan was January 1, 1966. The Plan was most recently amended effective January 1, 2018.

B. Eligibility

Employees who are not members of a bargaining unit are eligible to participate in the Plan after 12 months of employment and attainment of age 21. No employee hired or rehired after July 1, 2017 shall become a participant in the Plan.

C. Normal Retirement Date

A participant's normal retirement date is the last day of the month coinciding with or next following attainment of age 65.

D. Normal Retirement Benefit

Upon normal retirement, a participant is eligible to receive a monthly benefit equal to the greater of (a) or (b):

a. 1.25% of average monthly compensation multiplied by years and months of credited service completed before January 1, 2018 up to a maximum of 40 years, plus 1.00% of average monthly compensation multiplied by years and months of credited service completed after January 1, 2018 up to a maximum of 40 years including those completed before January 1, 2018.

b. The frozen accrued benefit as of December 31, 1993, plus the accrued benefit earned after December 31, 1993 using average monthly compensation as of the date of determination and credited service earned after December 31, 1993.

E. Early Retirement Date

A participant's early retirement date is the last day of the month following or coinciding with attainment of age 55 and completion of 15 years of service.

F. Early Retirement Benefit

Upon early retirement, a participant is eligible to receive a monthly benefit equal to his or her accrued retirement benefit at early retirement reduced by 0.2% for the first 60 months and 0.4% for the next 60 months that early retirement precedes normal retirement.

G. Window Retirement Date

April 1, 2009 for any active plan participant who is age 59 or older with at least 12 years of service as of that date, and who voluntarily agrees to retire during the specified election period ending prior to that date.

H. Window Retirement Benefit

Same as the Early Retirement Benefit except that the early retirement reduction does not apply.

I. Normal Form of Benefit

Unless an alternate election is made, benefits paid to single participants will be in the form of a life annuity. Benefits paid to married participants will be in the form of a 50% joint & survivor annuity.

APPENDIX II. SUMMARY OF PLAN PROVISIONS (continued)

J. Vesting

Participants will be vested in 100% of their accrued benefit after 5 years of service.

K. Pre-Retirement Death Benefits

Surviving spouses will receive the spouse's portion of the 50% joint and survivor annuity that would have been payable had the participant terminated employment on his or her date of death, survived to their earliest possible retirement date and begun receiving benefits as a 50% joint and survivor annuity. This benefit is payable at the earliest date the participant could have retired under the Plan.

HAUNI RICHMOND, INC. PENSION PLAN
EIN: 54-1733108, PLAN NUMBER: 001

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

DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash			
	Cash	Cash	$ 2,759	$ 2,759
	Money Market Funds			
	U.S. Government	Federated Hermes Government Obligations	1,842,596	1,842,596
	Allspring	Allspring Treasury Plus Money Market Institutional	540,510	540,510
			2,383,106	2,383,106
	Mutual Funds			
	Vanguard	Vanguard Institutional Index Fund	858,882	1,805,570
	Federated Hermes	Federated Hermes Ultrashort Bond	700,000	704,536
	iShares	iShares Core Total U.S. Aggregate Bond ETF	28,173,414	28,118,517
	iShares	iShares 20+ Year Treasury Bond	458,906	466,045
	Vanguard	Vanguard Institutional Index ETF	199,770	199,889
	iShares	iShares Core S&P 500 ETF	2,548,273	5,650,755
			32,939,245	36,945,312
			$ 35,325,110	$ 39,331,177

* Party-in-interest

See Independent Auditor's Report

Hauni Richmond, Inc. Pension Plan
EIN: 54-1733108 Plan: 001

Schedule SB, Line 32 - Schedule of Amortization Bases

Date Established	Type	Years Remaining	Outstanding Balance	Amortization Payment
1/1/2025	Shortfall	15	(2,064,438)	(192,004)
1/1/2024	Shortfall	14	(1,886,002)	(183,734)
1/1/2023	Shortfall	13	6,001,140	615,379
Total			2,050,700	239,641