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
GLEN RAVEN, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/25/1973

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)
GLEN RAVEN, INC.

1831 N PARK AVE
BURLINGTON, NC 27217-1137

2b Employer Identification Number (EIN) 56-0481507

2c Plan Sponsor's telephone number 336-227-6211

2d Business code (see instructions) 313000

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.	10/15/2026	CHRISTOPHER ROACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	CHRISTOPHER ROACH
	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**	1793
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)**	1213
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1383
b	Retired or separated participants receiving benefits	**6b**	64
c	Other retired or separated participants entitled to future benefits	**6c**	452
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1899
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	1911
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**	115
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 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] 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 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
GLEN RAVEN, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
56-0481507

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	91271	730363	0	01/01/2025	02/24/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
GLEN RAVEN, 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
GLEN RAVEN, INC.

D Employer Identification Number (EIN)
56-0481507

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	178194653
b Actuarial value	**2b**	169063339

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	56	17665626	17665626
b For terminated vested participants	467	15673698	15673698
c For active participants	1303	40937797	42357184
d Total	1826	74277121	75696508

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3515767
b Expected plan-related expenses	**6b**	870000
c Target normal cost	**6c**	4385767

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

06/23/2026
Date

BARRY L. FREIMAN
Type or print name of actuary

26-05923
Most recent enrollment number

PRINCIPAL FINANCIAL GROUP
Firm name

678-322-3605
Telephone number (including area code)

PO BOX 9394
DES MOINES, IA 50306-9394
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)	10385085	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	10385085	0
10	Interest on line 9 using prior year's actual return of 9.96 %	1034354	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11419439	0

Part III Funding Percentages

14	Funding target attainment percentage	14	208.25 %
15	Adjusted funding target attainment percentage	15	208.89 %
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	230.43 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	4385767
b Excess assets, if applicable, but not greater than line 31a	**31b**	4385767

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

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

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
GLEN RAVEN, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
56-0481507

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 50 64	ACTUARY	70083	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

DAVENPORT AND COMPANY

54-1835842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	64000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	487334	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CIBC

20-0822261

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	217686	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 ☐

(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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
GLEN RAVEN, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
56-0481507

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FD A

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6292499-001	C	9382812

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-027	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: LIQUID ASSETS SEPARATE ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-024	P	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
GLEN RAVEN, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
56-0481507

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		103
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1345566	1412879
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3612160	
(2) U.S. Government securities	1c(2)	12698253	12580745
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	94516739	94986865
(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)		9382812
(10) Value of interest in pooled separate accounts	1c(10)	1964319	
(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)	64057618	75832195
(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	178194655	194195599
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	178194655	194195599

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	21477	
(C) Corporate debt instruments	2b(1)(C)	4946008	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	513751	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5481236
(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)	1388992	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1388992
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	80636064	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	80423020	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		213044
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1524237	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1524237

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		129337
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		9994
(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)		12652358
c Other income	2c		35984
d Total income. Add all **income** amounts in column (b) and enter total	2d		21435182
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4403275	
(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)		4403275
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)	281686	
(6) Bank or trust company trustee/custodial fees	2i(6)	487334	
(7) Actuarial fees	2i(7)	70083	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	191860	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1030963
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5434238
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16000944
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: PRICEWATERHOUSECOOPERS, LLP **(2)** EIN: 13-4008324

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587256.

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
GLEN RAVEN, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
56-0481507

Part I Distributions

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

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

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

EIN(s): 42-1466678

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** 52

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: 35.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 59.9 %
High-Yield Debt: 0.7 % Real Assets: 1.1 % Cash or Cash Equivalents: 2.3 % Other: 0.1 %

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705206A .

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	GLEN RAVEN, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	56-0481507	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	59	48754	0
25 to 29	0	0	0	70	51113	0
30 to 34	0	0	0	64	61569	0
35 to 39	0	0	0	73	68994	0
40 to 44	0	0	0	63	60469	0
45 to 49	0	0	0	44	68167	0
50 to 54	0	0	0	54	70438	0
55 to 59	0	0	0	48	57127	0
60 to 64	0	0	0	35	56932	0
65 to 69	0	0	0	3	0	0
70 & Up	0	0	0	1	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	5	0	0	0	0	0
25 to 29	36	57102	0	1	0	0
30 to 34	48	72238	0	18	0	0
35 to 39	29	75267	0	23	90361	0
40 to 44	31	99414	0	20	81369	0
45 to 49	21	92394	0	27	86890	0
50 to 54	26	92964	0	29	101610	0
55 to 59	30	94831	0	25	88828	0
60 to 64	27	97198	0	14	0	0
65 to 69	4	0	0	3	0	0
70 & Up	0	0	0	0	0	0

Name of Plan	GLEN RAVEN, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	56-0481507	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	8	0	0	1	0	0
40 to 44	9	0	0	7	0	0
45 to 49	12	0	0	19	0	0
50 to 54	10	0	0	17	0	0
55 to 59	22	90023	0	21	71258	0
60 to 64	11	0	0	12	0	0
65 to 69	1	0	0	2	0	0
70 & Up	0	0	0	2	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	6	0	0	0	0	0
45 to 49	25	86975	0	3	0	0
50 to 54	19	0	0	20	83531	0
55 to 59	33	94150	0	17	0	0
60 to 64	20	84120	0	13	0	0
65 to 69	1	0	0	2	0	0
70 & Up	1	0	0	1	0	0

Name of Plan	GLEN RAVEN, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	56-0481507	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	5	0	0	0	0	0
55 to 59	21	77136	0	1	0	0
60 to 64	13	0	0	10	0	0
65 to 69	1	0	0	6	0	0
70 & Up	0	0	0	0	0	0

Structured Attachment	Schedule SB, line 26b	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Expected Benefit Payments**	This Form is Open to Public Inspection

Name of Plan	GLEN RAVEN, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	56-0481507	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	2838870	3876375	1742009	8457254
2026	2776821	2093657	1686023	6556501
2027	2821895	1342409	1629303	5793607
2028	2942563	933245	1572455	5448263
2029	3041884	843438	1516030	5401352
2030	2925172	731916	1459835	5116923
2031	2941371	758105	1405003	5104479
2032	3087247	878698	1350956	5316901
2033	3090180	727103	1297434	5114717
2034	3033937	684590	1244086	4962613
2035	2988583	724831	1190535	4903949
2036	2823821	656621	1136457	4616899
2037	2624623	652973	1081627	4359223
2038	2639364	642347	1025959	4307670
2039	2483953	630200	968564	4082717
2040	2460537	613616	909328	3983481
2041	2362959	647612	851687	3862258
2042	2430955	592024	794129	3817108
2043	2322356	570544	737072	3629972
2044	2172608	563833	680912	3417353
2045	2113935	615942	625997	3355874
2046	2042439	511449	572592	3126480
2047	1984154	504443	520871	3009468
2048	1863305	449574	470934	2783813
2049	1750704	428179	422847	2601730

Name of Plan	GLEN RAVEN, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	56-0481507	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	1934999	392619	376682	2704300
2051	1711475	397879	332551	2441905
2052	1582988	348674	290640	2222302
2053	1478912	328776	251195	2058883
2054	1408675	287393	214490	1910558
2055	1369375	310810	180771	1860956
2056	1316694	260217	150249	1727160
2057	1191932	241764	123056	1556752
2058	1081106	210748	99238	1391092
2059	1000415	203364	78749	1282528
2060	910731	174594	61446	1146771
2061	843319	163442	47113	1053874
2062	801239	149223	35475	985937
2063	684278	122848	26220	833346
2064	622746	110059	19015	751820
2065	563038	98484	13528	675050
2066	504491	93135	9437	607063
2067	450245	78969	6454	535668
2068	392491	70437	4326	467254
2069	349164	62732	2842	414738
2070	310657	55773	1829	368259
2071	276878	49493	1153	327524
2072	246486	43833	712	291031
2073	219178	38736	430	258344
2074	194656	34157	255	229068

Glen Raven, Inc. Pension Plan

Financial Statements and Supplemental Schedules
Required by ERISA
December 31, 2025 and 2024

Glen Raven, Inc. Pension Plan
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Financial Statements

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024 5

Statements of Changes in Net Assets Available for Benefits
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Supplemental Schedules Required by ERISA

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025 16–19

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025 20

Note: Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Report of Independent Auditors

To the Administrator of Glen Raven, Inc. Pension Plan

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

We have performed an audit of the accompanying financial statements of Glen Raven, Inc. Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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 audit 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 qualified institutions as of December 31, 2025 and 2024, and for the periods from January 1, 2024 to June 30, 2024, July 1, 2024 to December 31, 2024, and from January 1, 2025 to December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

PricewaterhouseCoopers LLP, 214 North Tryon Street, Suite 4200
Charlotte, North Carolina 28202
T: (704) 344 7500

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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.

Other Matter - 2024 Financial Statements

Other auditors performed an audit of the 2024 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by qualified institutions. Their report dated October 10, 2025 indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by qualified institutions agreed to, or were derived from, in all material respects, the information prepared and certified by an institution management determined meets the requirements of ERISA Section 103(a)(3)(C) and (c) included an "Other Matter - Supplemental Schedules Required by ERISA" paragraph. Their report also indicated that the form and content of the 2024 supplemental schedules, other than the information in the 2024 supplemental schedules that agreed to or was derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedules related to assets held by and certified to by qualified institutions 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).

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 the 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

In performing an audit in accordance with US GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.
Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 ("supplemental schedules"), 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 the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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).



Charlotte, North Carolina
October 14, 2026

Glen Raven, Inc. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Cash	$ 103	$ -
Investments, at fair value (Note 4)	192,782,617	176,849,089
Receivables		
Interest receivable	1,412,879	1,345,566
Net assets available for benefits	$ 194,195,599	$ 178,194,655

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

Glen Raven, 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	$ 14,564,954	$ 12,570,480
Interest and dividends	6,870,228	4,716,848
Total additions	21,435,182	17,287,328
Deductions from net assets attributed to		
Benefits paid to participants or beneficiaries	4,403,275	17,193,292
Payment for purchase of allocated annuity contract	-	-
Administrative expenses	1,030,963	872,687
Total deductions	5,434,238	18,065,979
Net (decrease) increase in net assets available for benefits	16,000,944	(778,651)
Net assets available for benefits		
Beginning of year	178,194,655	178,973,306
End of year	$ 194,195,599	$ 178,194,655

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

1. Description of the Plan

The following brief description of the Glen Raven, Inc. Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan established by Glen Raven, Inc. (the "Employer" or the "Sponsor") for the benefit of its employees. The Plan is designed to conform to the provisions of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees who have attained age 21 and completed one year of service are eligible to participate. The Benefits Administrative Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan Sponsor.

Plan Amendment

During 2024, the Plan Sponsor established a temporary early retirement window under which an active participant reaching age 57 before December 31, 2024 could elect to retire before the participant's normal retirement date. The window ran from July 8, 2024 through July 19, 2024. The value of the enhanced benefit was approximately $5.6 million based on lump-sum payments for participants in the program on September 1, 2024. In determining accrued benefits, eligible early retirees were credited with an additional five years of accrual service and five years of vesting service.

Plan Benefits

Under the Plan's current benefit formula, participants are entitled to receive annual benefits beginning at age 65 equal to the sum of (a) and (b) below:

a. An amount equal to the accrued benefit as of December 31, 2007, if any, under the merged plans.

b. An amount equal to the product of (1) and (2), plus (3), below:

   (1) An amount equal to (i) 0.45% of average compensation not in excess of covered compensation plus (ii) 0.90% of average compensation in excess of covered compensation.

   (2) Accrued service, not to exceed maximum disparity years.

   (3) An amount equal to 0.45% of average compensation multiplied by accrued service in excess of maximum disparity years.

Covered compensation is defined in terms of the average, without indexing, of the taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which a participant attains, or will attain, social security retirement age. Average compensation is the participant's annual compensation, including overtime, bonus, commission, and incentive compensation, averaged over the four highest-paid plan years of the 10 most recent plan years. Years of service after age 65 are ignored when their inclusion would lower calculated average earnings. Participants who terminate employment before completing five years of service generally forfeit the right to receive benefits under the Plan.

Benefits generally must begin no later than the 60th day following the close of the plan year in which the latest of the following occurs: the participant attains age 65, the 10th anniversary of the participant's entry date, or the participant terminates service with the Employer. The normal form of pension payment is a straight-life annuity. Additional lump-sum and optional annuity forms may be elected.

Vesting
Participants become fully vested after completing five years of service. The Plan contains special vesting provisions that apply in any plan year in which the Plan meets the definition of a top-heavy plan. The nonvested portion of a terminated participant's accrued benefit is forfeited and used only to reduce future Plan costs.

Death Benefits
Married participants who are vested are covered by a pre-retirement survivor annuity. If a covered participant is eligible for normal retirement benefits at death, the survivor annuity generally equals 50% of the normal retirement benefit the participant would have received by retiring immediately before death and electing the joint 50% survivor annuity. If the participant is not yet eligible for normal retirement benefits, the survivor annuity generally equals 50% of the benefit the participant would have received after terminating employment, surviving to the earliest retirement date, and electing the joint 50% survivor annuity, with payments beginning on that earliest retirement date.

Funding Policy
The Plan is funded by contributions from the Employer. The annual minimum contribution is based on actuarially calculated amounts required to fund normal cost, adjusted for experience gains or losses. Contribution levels are intended to meet ERISA minimum funding requirements and to provide fully for benefits as they become due. The Plan met the minimum funding requirements of ERISA for the year ended December 31, 2025. No minimum employer contribution was required for the 2025 plan year.

Termination Provisions
If the Plan is terminated, previously contributed funds will be used to provide nonforfeitable retirement annuities for the exclusive benefit of participants. The Benefits Administrative Committee will determine, based on actuarial valuation, each participant's allocable share. After all actuarial liabilities are satisfied, any remaining funds revert to the Employer. Individual benefits are subject to the priority provisions of Section 4044 of ERISA and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"). The Employer has no current intention to terminate the Plan. Certain Plan benefits are insured by the PBGC, subject to statutory limits and other restrictions.

Accounting Records
Accounting records for financial transactions are maintained by the Employer and by Principal Bank ("Principal", the "Trustee"), the trustee of the Plan's investment assets. The Trustee provides financial information related to the Plan's investment assets to the Employer for preparation of the Plan's financial statements.

2. Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions affecting reported amounts of net assets available for benefits and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits; changes in actuarial assumptions could significantly change the reported amount.

Investment Valuation and Income Recognition
Investments are reported at fair value, which 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 Benefits Administrative Committee determines valuation policies using information provided by Principal. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis, dividends on the ex-dividend date, and net appreciation includes capital gain distributions and gains and losses on investments bought, sold, and held during the year.

Actuarial Present Value of Accumulated Plan Benefits
Accumulated Plan benefits are future periodic payments attributable under the Plan to employee service rendered through the valuation date. The actuarial present value is determined by an independent actuarial calculation and applies assumptions for the time value of money and the probability of payment, including mortality, disability, withdrawal, and retirement assumptions. Significant assumptions are summarized below:

	January 1, 2025
Actuarial method	Unit credit
Mortality rate	Pri-2012 Total dataset base rate mortality table projected generationally using the Principal Mortality Improvement Scale (Principal 2024).
Retirement	Active: ages 57-61 (5%), age 62 (15%), age 63 (10%), age 64 (20%), ages 65-69 (50%), age 70 (100%). Inactive: ages 57-61 (5%), age 62 (50%), age 63 (15%), age 64 (40%), age 65 (100%).
Form of payment	50% of active nonretired participants will elect lump-sum payments upon termination; remaining participants will defer until normal retirement age, with half electing a monthly annuity and half electing a lump-sum payment.
Marriage	75% of participants are married, with men three years older than wives.
Discount interest rate	5.75%
Inflation	2.40%
Interest rates assumed for lump-sum payments	Based on the three-segment yield curve: 3.55%, 3.95%, 4.95%.

The assumptions are applied based on the presumption that the Plan will continue in existence. If the Plan were terminated, different assumptions and other factors might apply.

Contributions, Payment of Benefits, and Expenses
Employer contributions are recorded when the Employer makes a formal commitment to fund the Plan. Benefit payments and payments for allocated annuity contracts are recorded upon distribution. Certain Plan expenses are paid directly by the Sponsor and excluded from these financial statements. Administrative expenses include certain recordkeeping fees paid by the Plan, and certain investment-related expenses are included in net appreciation in fair value of investments in the accompanying statement of changes in net assets available for benefits.

3. Information Certified by the Plan's Trustee

The following is a summary of the Plan's asset information included throughout the financial statements and ERISA-required supplemental schedules. The 2024 information was certified as complete and accurate by Principal Trust Company for January 1, 2024 through June 30, 2024 and by Principal Bank for July 1, 2024 through December 31, 2024. The 2025 information was certified as complete and accurate by Principal Bank as of December 31, 2025 and for the year ending December 31, 2025.

	2025	2024
Investments, at fair value		
Money market fund	$ -	$ 3,612,160
U.S. government securities	12,580,745	12,698,253
Corporate debt instruments	94,986,865	94,516,739
Registered investment companies	75,832,195	64,057,618
Collective investment trusts	9,382,812	-
Pooled separate accounts	-	1,964,319
Total investments, at fair value	$ 192,782,617	$ 176,849,089
Investment income		
Net appreciation in fair value of investments	$ 14,389,641	$ 12,570,480
Interest and dividends	6,999,566	4,716,848
Total investment income	$ 21,389,207	$ 17,287,328

For 2024, Principal Trust Company certified $11,744,166 of net appreciation in fair value of investments and $1,028,356 of interest and dividends for the period ended June 30, 2024. Principal Bank certified $826,314 of net appreciation and $3,688,492 of interest and dividends for the period ended December 31, 2024. Together, these amounts reconcile to the 2024 investment income presented above.

4. Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820-10, Fair Value Measurement, establishes a framework for measuring fair value which emphasizes that fair value is a market-based measurement, and requires expanded disclosures about fair value measurements. To increase consistency and comparability in fair value measurements and related disclosures, the Plan utilizes the fair value hierarchy required by FASB ASC 820-10, which 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 hierarchy are described below:

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 other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active. 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 Prices determined using significant unobservable inputs. Unobservable inputs reflect the Plan's own assumptions about the factors that other market participants would use in pricing an investment that would be based on the best information available in the circumstances.

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

Money Market Fund
Valued at cost, which approximates fair value.

Debt Securities
Debt securities include corporate debt instruments and U.S. government securities. The fair values of debt securities are generally determined using prices obtained from independent third-party pricing services. These pricing services utilize observable market information, including quoted prices for similar securities, recent market transactions, benchmark yield curves, credit spreads, credit ratings, and remaining maturities. When quoted market prices are not readily available, valuation techniques such as matrix pricing may be used to estimate fair value based on observable market inputs. U.S. government securities are classified within Level 1 and Level 2, and corporate debt securities are classified within Level 2 of the fair value hierarchy.

Registered Investment Companies
Mutual funds are valued at the daily closing price reported by the fund. The funds are open-end mutual funds registered with the Securities and Exchange Commission and are required to publish and transact at daily net asset value.

Collective Investment Trust
The Plan's investments in collective investment trusts are valued based on the Plan's interest in the net assets of the underlying funds, as determined by the number of units held by the Plan. The unit values are determined based on the total fair value of assets held by each fund, less liabilities (including fees payable to the investment manager), divided by the total number of units outstanding. The resulting net asset value ("NAV") per unit is used as a practical expedient to estimate fair value.

Pooled Separate Accounts
Pooled separate accounts are valued at net asset value per unit based on the market value of underlying investments. The net asset value, as provided by the insurance carrier, is used as a practical expedient to estimate fair value.

The following tables present Plan assets by level within the fair value hierarchy as of December 31, 2025 and 2024:

	Investments at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments, at fair value				
U.S. government securities	1,985,761	10,594,984	-	12,580,745
Corporate debt instruments	-	94,986,865	-	94,986,865
Registered investment companies	75,832,195	-	-	75,832,195
	$ 77,817,956	$ 105,581,849	$ -	183,399,805
Investments measured at net asset value (1)				9,382,812
Total investments, at fair value				$ 192,782,617

	Investments at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments, at fair value				
Money market fund	$ 3,612,160	$ -	$ -	$ 3,612,160
U.S. government securities	12,698,253	-	-	12,698,253
Corporate debt instruments	-	94,516,739	-	94,516,739
Registered investment companies	64,057,618	-	-	64,057,618
	$ 80,368,031	$ 94,516,739	$ -	174,884,770
Investments measured at net asset value (1)				1,964,319
Total investments, at fair value				$ 176,849,089

(1) Investments measured at net asset value per share, or its equivalent, as a practical expedient are not classified within the fair value hierarchy. The amounts are presented to reconcile the hierarchy to investments reported in the statements of net assets available for benefits.

The Plan's investments in collective investment funds and pooled separate accounts measured using net asset value ("NAV") as a practical expedient are held in funds that file Form 5500 as direct filing entities. Accordingly, significant investment strategies have not been separately disclosed for these investments pursuant to ASC 960-325-50-6.

The following table summarizes investments for which fair value is estimated using net asset value per share, or its equivalent:

Investment	Fair Value December 31, 2025	Fair Value December 31, 2024	Unfunded Commitment	Redemption Frequency	Principal May Defer Withdrawal	Notice Period
Collective investment trusts						
Short-Term Investment Fund A S1	$ 9,382,812	$ -	$ -	Daily	N/A	N/A
Pooled separate accounts						
Principal U.S. Property Separate Account	$ -	$ 1,964,319	$ -	Daily	3 years	7 days
Total investments measured at NAV	$ 9,382,812	$ 1,964,319	$ -			

The availability of market data is monitored in assessing classification within the hierarchy. Changes in economic conditions or valuation techniques may require transfers between levels. The Plan evaluates transfers based on the nature of the investment and the size of the transfer relative to total net assets available for benefits.

5. Actuarial Present Value of Accumulated Plan Benefits

The unit credit cost method is used to determine obligations and expenses associated with the Plan. The actuarial present value of accumulated plan benefits, based on actuarial valuations at the beginning of each plan year, is summarized below:

	December 31, 2024	December 31, 2023
Vested benefits		
Participants currently receiving payments	$ 17,218,920	$ 9,647,816
Inactive participants	15,960,009	14,004,526
Active participants	41,202,652	54,803,007
	74,381,581	78,455,349
Nonvested benefits	1,409,198	1,209,015
Total accumulated Plan benefits	$ 75,790,779	$ 79,664,364

Changes in accumulated Plan benefits for the year ended December 31, 2024 are summarized below:

Actuarial present value of accumulated Plan benefits, beginning of year at December 31, 2023	$ 79,664,364
Increase (decrease) during the plan year attributable to	
Benefits paid	(17,193,292)
Interest earned on accumulated Plan benefits	4,093,302
Benefits accumulated and plan experience	9,226,405
Actuarial present value of accumulated Plan benefits, end of year at December 31, 2024	$ 75,790,779

The change in assumptions, when applicable, reflects changes in mortality and discount-rate assumptions used to value the actuarial present value of accumulated plan benefits.

6. Related-Party and Party-in-Interest Transactions

Principal is the Trustee of the Plan; therefore, transactions with the Trustee qualify as party-in-interest transactions. Transactions with investment advisors also qualify as party-in-interest transactions. Fees paid by the Plan are summarized below. The Sponsor also paid certain administrative expenses of the Plan.

	2025	2024
Fees paid by the Plan to party-in-interest service providers		
Principal (trustee)	$ 557,417	$ 401,286
CIBC Private Wealth Management (investment advisor)	217,686	210,855
Davenport & Company LLC (investment advisor)	64,000	64,000
	$ 839,103	$ 676,141

7. Tax Status

The Internal Revenue Service has determined and informed the Sponsor by a letter dated February 28, 2023, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

8. Risks and Uncertainties

The Plan invests in securities exposed to interest-rate, market, and credit risks. It is at least reasonably possible that near-term changes in investment values could materially affect amounts reported in the statements of net assets available for benefits. Plan contributions and the actuarial present value of accumulated plan benefits are based on assumptions about interest rates, inflation, and employee demographics. Because of inherent estimation uncertainty, near-term changes in these estimates and assumptions could be material to the financial statements.

9. Subsequent Events

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued. No events requiring recognition or disclosure were noted.

Supplemental Schedules

Required by ERISA

Glen Raven, Inc. Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
Employer Identification Number: 56-0481507 Plan Number: 001

(a) Party in interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Non interest bearing cash		
	US Dollar	Cash	103	103
		Registered investment companies		
	Vanguard FTSE Developed Markets ETF	Mutual Funds	15,632,031	19,436,354
	Vanguard FTSE Emerging Markets ETF	Mutual Funds	6,003,254	7,077,289
	Vanguard Total Stock Market ETF	Mutual Funds	40,411,848	49,318,552
		Total registered investment companies	62,047,133	75,832,195
		U.S. government securities		
	United States Treasury Bills DTD 10/14/25	U.S. Government Securities	109,383	109,579
	US Treasury Bond DTD 2/16/21	U.S. Government Securities	1,956,042	1,876,182
	US Treasury Strip DTD 5/15/54	U.S. Government Securities	1,109,690	1,023,579
	US Treasury Strips DTD 11/15/52	U.S. Government Securities	1,129,760	1,054,720
	US Treasury Bond Stripped Zero Coupon DTD 11/16/2045	U.S. Government Securities	387,320	364,530
	US Treasury Bond/Note DTD 08/15/07	U.S. Government Securities	5,219,838	5,695,272
	US Treasury Sec Stripped DTD 2/15/06	U.S. Government Securities	2,263,969	2,456,883
		Total U.S. government securities	12,176,001	12,580,745
		Collective investment trusts		
	Short-term Investment Fund A S1	Collective investment trust	9,382,812	9,382,812
		Total collective investment trusts	9,382,812	9,382,812
		Corporate debt securities		
	Abbvie Inc	Corporate Debt Other	1,956,902	1,898,826
	AEP Texas Inc	Corporate Debt Other	490,545	504,323
	Aercap Ireland Cap/Global	Corporate Debt Other	964,596	980,616
	Alabama Power Co	Corporate Debt Other	148,848	158,760
	Allstate Corp	Corporate Debt Other	831,920	823,300
	Alphabet Inc	Corporate Debt Other	162,461	155,179
	Amazon.com Inc	Corporate Debt Other	217,006	207,932
	American Intl Group	Corporate Debt Other	508,553	511,152
	Amgen Inc	Corporate Debt Other	2,051,343	2,028,936
	Anheuser-Busch Inbev	Corporate Debt Other	784,585	764,580
	Aon North America Inc	Corporate Debt Other	1,604,432	1,591,888
	Apollo Global Mgmt Inc	Corporate Debt Other	225,050	220,907
	Apple Inc	Corporate Debt Other	364,253	349,128
	Arch Capital Group Ltd	Corporate Debt Other	180,408	185,565
	AT&T Inc	Corporate Debt Other	2,983,071	2,915,797
	Athene Holding Ltd	Corporate Debt Other	270,888	262,567
	Atmos Energy Corp	Corporate Debt Other	322,149	323,730
	Bank of America Corp	Corporate Debt Other	264,384	260,403
	Bat Capital Corp	Corporate Debt Other	1,042,407	1,089,501
	Becton Dickinson and Co	Corporate Debt Other	130,380	130,605
	Beignet Investor LLC	Corporate Debt Other	592,473	596,923
	Berkshire Hathaway Energy	Corporate Debt Other	600,657	610,175
	Boeing Co	Corporate Debt Other	1,609,525	1,664,579
	BP Cap Markets America	Corporate Debt Other	394,596	391,674
	Bristol-Myers Squibb Co	Corporate Debt Other	311,274	312,269
	Broadcom Inc	Corporate Debt Other	564,923	565,418
	Burlington North Santa Fe	Corporate Debt Other	467,429	463,766

Glen Raven, Inc. Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
Employer Identification Number: 56-0481507 Plan Number: 001

(a) Party in interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Corporate debt securities (continued)		
	Carrier Global Corp	Corporate Debt Other	283,286	281,120
	Centerpoint Energy Houston	Corporate Debt Other	260,051	263,453
	Charter Comm Opt LLC	Corporate Debt Other	1,143,624	1,109,818
	Cheniere Energy Partners	Corporate Debt Other	179,516	184,028
	Cigna Group	Corporate Debt Other	240,780	242,443
	Citigroup Inc	Corporate Debt Other	175,191	174,255
	Comcast Corp	Corporate Debt Other	1,258,444	1,189,625
	Conocophillips Company	Corporate Debt Other	484,215	481,715
	Consolidated Edison Co	Corporate Debt Other	362,863	361,866
	Corebridge Financial Inc	Corporate Debt Other	275,503	283,941
	CSX Corp	Corporate Debt Other	403,636	398,549
	Cummins Inc	Corporate Debt Other	196,198	197,056
	CVS Health Corp	Corporate Debt Other	1,419,072	1,436,860
	Diamondback Energy Inc	Corporate Debt Other	563,557	557,199
	Duke Energy Corp	Corporate Debt Other	2,319,059	2,361,551
	Eastern Energy Gas	Corporate Debt Other	582,042	580,398
	Eli Lilly & Co	Corporate Debt Other	704,046	705,327
	Energy Transfer LP	Corporate Debt Other	634,676	625,118
	Energy Transfer Partners	Corporate Debt Other	1,254,688	1,227,025
	Enterprise Products Oper	Corporate Debt Other	407,795	407,873
	Everest Reinsurance Holding	Corporate Debt Other	309,320	316,860
	Exelon Corp	Corporate Debt Other	674,728	684,680
	Exxon Mobil Corporation	Corporate Debt Other	231,352	230,497
	Fiserv Inc	Corporate Debt Other	109,739	105,922
	Florida Power & Light Co	Corporate Debt Other	222,680	223,487
	Ford Motor Company	Corporate Debt Other	985,228	950,316
	Gallagher Arthur J & Co	Corporate Debt Other	770,098	773,437
	General Mills Inc	Corporate Debt Other	1,173,208	1,199,172
	Glencore Funding LLC	Corporate Debt Other	117,896	114,399
	Goldman Sachs Group Inc	Corporate Debt Other	2,341,423	2,382,309
	HCA Inc	Corporate Debt Other	1,938,861	1,932,934
	Hewlett Packard Enterprise Co	Corporate Debt Other	882,674	852,380
	Home Depot Inc	Corporate Debt Other	553,554	548,646
	Honeywell International	Corporate Debt Other	999,330	945,100
	Huntington Bancshares	Corporate Debt Other	299,402	308,154
	Indianapolis Power & Light	Corporate Debt Other	902,069	918,405
	Intel Corp	Corporate Debt Other	1,699,469	1,627,173
	Interstate Power & Light Co	Corporate Debt Other	475,968	473,065
	JM Smucker Co	Corporate Debt Other	1,083,040	1,073,110
	JP Morgan Chase	Corporate Debt Other	382,018	388,477
	Key Bank	Corporate Debt Other	247,358	252,505
	Kinder Morgan Inc	Corporate Debt Other	347,641	347,718
	KLA Corp	Corporate Debt Other	252,797	254,859
	Kraft Heinz Foods Co	Corporate Debt Other	836,860	826,120
	Lockheed Martin Corp	Corporate Debt Other	731,061	723,247
	Louisville Gas & Electric	Corporate Debt Other	579,077	579,192
	Lowe's Cos Inc	Corporate Debt Other	1,450,142	1,428,063
	Markel Corp	Corporate Debt Other	306,592	309,144
	Mars Inc	Corporate Debt Other	1,019,246	1,024,006
	Marvell Technology Inc	Corporate Debt Other	124,766	128,789
	McDonald's Corp	Corporate Debt Other	906,460	911,310
	Meta Platforms Inc	Corporate Debt Other	2,801,154	2,707,903

Glen Raven, Inc. Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
Employer Identification Number: 56-0481507 Plan Number: 001

(a) Party in interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Corporate debt securities (continued)		
	Micron Technology Inc	Corporate Debt Other	$ 417,578	$ 423,302
	Microsoft Corp	Corporate Debt Other	363,842	342,612
	Morgan Stanley	Corporate Debt Other	1,431,195	1,439,650
	MPLX LP	Corporate Debt Other	237,029	231,168
	Nextera Energy Capital	Corporate Debt Other	890,890	900,312
	Nisource Inc	Corporate Debt Other	299,487	299,055
	Norfolk Southern Corp	Corporate Debt Other	947,834	946,432
	Northern States Power Co	Corporate Debt Other	183,990	185,622
	Northrop Grumman Corp	Corporate Debt Other	428,479	428,070
	Northwestern Mutual Life	Corporate Debt Other	189,985	201,649
	NRG Energy Inc	Corporate Debt Other	89,999	89,905
	Oncor Electric Delivery	Corporate Debt Other	489,745	485,300
	Oneok Inc	Corporate Debt Other	1,865,187	1,905,994
	Oracle Corp	Corporate Debt Other	2,408,769	2,230,265
	Pacific Gas & Electric	Corporate Debt Other	328,138	337,040
	Pacificorp	Corporate Debt Other	266,423	256,625
	Plains All Amer Pipeline	Corporate Debt Other	992,446	1,025,964
	PNC Financial Services	Corporate Debt Other	379,654	393,053
	Puget Sound Energy Inc	Corporate Debt Other	543,991	535,783
	Public Service Colorado	Corporate Debt Other	383,021	395,694
	Raymond James Financial	Corporate Debt Other	174,298	171,294
	RTX Corporation	Corporate Debt Other	1,808,278	1,802,872
	S&P Global Inc	Corporate Debt Other	260,943	260,918
	Southern Cal Edison	Corporate Debt Other	150,455	148,787
	Southern California Gas Co	Corporate Debt Other	610,941	621,178
	Southern Co	Corporate Debt Other	1,039,436	1,019,937
	Southwestern Pub Svc co	Corporate Debt Other	369,097	377,999
	Stryker Corp	Corporate Debt Other	900,240	892,910
	Symetra Life Insurance Company	Corporate Debt Other	174,020	180,919
	Synopsys Inc	Corporate Debt Other	358,172	357,116
	T-Mobile USA Inc	Corporate Debt Other	1,961,049	1,947,011
	Travelers Companies Inc	Corporate Debt Other	169,153	173,606
	Tyson Foods Inc	Corporate Debt Other	896,230	921,810
	Union Electric Co	Corporate Debt Other	328,361	328,679
	Union Pacific Corp	Corporate Debt Other	426,035	414,740
	Unitedhealth Group Inc	Corporate Debt Other	1,616,452	1,569,999
	Valero Energy Corp	Corporate Debt Other	891,375	865,263
	Verizon Communications	Corporate Debt Other	1,579,402	1,556,936
	Vulcan Materials Co	Corporate Debt Other	79,554	79,653
	Waste Management Inc	Corporate Debt Other	229,906	224,066
	Williams Partners LP	Corporate Debt Other	914,730	917,760
	Xylem Inc	Corporate Debt Other	852,280	848,590
	Zoetis Inc	Corporate Debt Other	286,382	298,308
	AIB Group PLC	Corporate Debt Other	335,735	342,989
	Aircastle Ltd	Corporate Debt Other	152,163	156,347
	Barclays PLC	Corporate Debt Other	210,000	215,122
	Caixabank	Corporate Debt Other	280,000	287,686
	CSL Fin PLC	Corporate Debt Other	217,186	213,813
	IBM Intl Cap PTE Ltd	Corporate Debt Other	522,252	522,653
	JBS USA Lux SA	Corporate Debt Other	796,200	824,744

Glen Raven, Inc. Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
Employer Identification Number: 56-0481507 Plan Number: 001

(a) Party in interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Corporate debt securities (continued)		
	JBS USA Holding Lux	Corporate Debt Other	293,174	293,726
	JBS USA Sarl/Food/Grp	Corporate Debt Other	263,143	269,396
	Pfizer Invt Enterprises	Corporate Debt Other	518,694	510,290
	Rogers Communications Inc	Corporate Debt Other	238,428	242,713
	Saudi Arabian Oil Co	Corporate Debt Other	258,743	257,368
	Smurfit Kappa Treasury	Corporate Debt Other	616,769	627,900
	UBS Group AG	Corporate Debt Other	571,003	567,410
	Vale Overseas Limited	Corporate Debt Other	395,152	408,200
	Vodafone Group PLC	Corporate Debt Other	483,745	479,652
	Intl Flavor & Fragrances Private Placement	Corporate Debt Other	631,399	650,902
	KKR Group Finance Co Private Placement	Corporate Debt Other	296,207	298,813
	Teachers Insurance & Annuity	Corporate Debt Other	199,190	204,210
		Total corporate debt	95,442,155	94,986,865
		Total investments	$ 179,048,205	$ 192,782,720

* Party-in-interest

Note: The above investment information has been certified as complete and accurate by the Plan's Trustee, Principal Bank, as described in Note 3.

Glen Raven, Inc. Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025
Employer Identification Number: 56-0481507 Plan Number: 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Short-Term Investment Fund A S1	Collective Investment Trusts	$ 39,218,596	$ 33,447,938	$ -	$ -	N/A	N/A	$ -

Note: The above investment information has been certified as complete and accurate by the Plan's Trustee, Principal Bank, as described in Note 3.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Glen Raven, Inc. Pension Plan
EIN 56-0481507 Plan No. 001

Assumptions prescribed by law

Mortality

Before benefit payment period

IRS Prescribed Mortality - Generational Non-annuitant, male and female.

During benefit payment period

IRS Prescribed Mortality - Generational Annuitant, male and female.

Assumptions selected by actuary

Inflation

2.40% increase per year.

Our long-term inflation assumption considered the current economic environment, recent and historical data, and forecasts from Federal Reserve Bank FOMC, Congressional Budget Office, and Survey of Professional Forecasters. See Long-Term Capital Market Assumptions link.

Asset return

6.25% for the current plan year.

The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Expected expense

The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.

Retirement

Active participants

Age	Probability of retirement
57-61	5%
62	15%
63	10%
64	20%
65-69	50%
70	Remaining participant

Inactive participants

Age	Probability of retirement
57-61	5%
62	50%
63	15%
64	40%
65	Remaining participant

This assumption is based on the results of recent experience analysis and anticipated future experience. Some participants retire early since the plan provides an early retirement subsidy. Since it is a new provision, the rates prior to age 62 are reasonable based on the plan's design as there is not historical experience to set this assumption. We will continue to monitor and make appropriate adjustments to this assumption in the future.

Upcoming year salary increase

The preceding year's salary is increased using the S-5 Table from The Actuary's Pension Handbook, increased by 1.75% at each age. This table provides a rate of increase that declines as participants age.

Note: not used for Plan accounting calculations.

Age	Upcoming increase
25	5.93%
40	4.47%
55	3.63%

Expected salary increase is composed of salary inflation, a real wage growth and a merit increase. This reflects company salary increase philosophies along with more recent experience of the plan participants.

Disability

None. This plan does not offer a subsidized disability benefit therefore the disability assumption is built into the withdrawal assumption.

Marriage

75% married; husbands are 3 years older than wives.

This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.

Withdrawal

2003 Society of Actuaries Basic Age Table, multiplied by 1.45.

We rely on a publicly published table due to the limited size of the plan. The SOA Basic Age Table is the most recent withdrawal experience table published by the Society of Actuaries. A multiplier of 1.45 is applied to this table to reflect the results of the most recent experience analysis and anticipated future experience.

Wage base increase

3.50% per year.

Our Wage Base increase assumption are based on inflation and the real wage differential forecast from Social Security Trustee Report. Based on average annual real wage growth forecast from the Social Security Trustee report and historical averages, our best estimate places this assumption at 3.50%.

Compensation limit increase

2.40% increase per year used in the calculation of the IRC 404 maximum deduction cushion. See Calculated deduction in Rules and regulations.

Compensation limit increase is consistent with the inflation assumption.

Form of benefit and basis	Active termination: 50% of active participants are assumed to receive benefits as a single lump sum payable immediately at termination. Active and inactive retirement: 50% of participants are assumed to elect a monthly annuity on the normal form and 50% are assumed to elect a lump sum payment at the assumed retirement ages. This assumption is based on the results of recent experience analysis and anticipated future experience. The single sum benefit is based on the Applicable Mortality and the plan's funding target interest rates, as prescribed.
Actuarial equivalence	Interest rate: September 30, 2024 Principal Discount Rate Yield Curve (4 month lookback for the 1-1-2025 valuation date). Mortality: 2025 Applicable Mortality The plan document defines the lump sum interest rate based on IRC §417(e) rates closely tied to the yields of the high quality long corporate bonds. The discount rate is also based on the long-term high-quality corporate bond yields, although there are minor differences. For pension valuation purposes, these differences are immaterial, so the Actuarial Equivalence interest rate is set equal to the discount rate for the 4th preceding month from the valuation date.
Methods prescribed by law	
Liability measure	Funding target is the present value of the benefits accrued on the valuation date. Included in Funding Target is the value of any missed required minimum distributions (defined in IRC §401(a)(9) and Treasury Regulation §1.401(a)(9)), equal to back payments with interest at 4.50%. Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.
Benefit accrual	All benefits paid at decrement are considered in total and then split to determine how much is included in funding target. The following pieces are included in the funding target. The portion based on the plan's definition of accrued benefit. The benefit portion in excess of the accrued benefit based on the ratio of the participant's years of service on the valuation date to the years of service the participant will have at the time of decrement. The benefits included in target normal cost are calculated similarly, by splitting the benefits. The target normal cost is based on the difference between the amount included in Funding Target and an amount calculated assuming the participant accrues service through the end of the plan year.

Lump sum payments	Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost, and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.
Methods selected by plan sponsor	
Asset method	The asset valuation method is prescribed by law for plans that elect to use a value other than market value. For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years. The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value. When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.
Segment rates	24-month average with no weighting to prior law basis. Use rates where August is the last month included in the average.
PBGC premium basis	Variable rate premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the 24-month average rates used for annual cost but without the interest rate corridor defined in IRC §430(h)(2)(C)(iv). You elected this Alternative interest method for the 01/01/2009 plan year and this method must be used for five years before a change can be made.
Methods elected by actuary	
Retirees	Assets and liabilities for current and future retirees are included.
Vested benefits	A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date. The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality

Based on Pri-2012 Total dataset base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2024).

Mortality base rates

Before benefit payment period
Employee amount-weighted, male and female
During benefit payment period
Retiree amount-weighted, male and female

The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan.

Mortality improvement

Principal 2024 MI scale is based on MIM-2021-v4 application tool issued by SOA in October 2023 with the following parameters:

Parameter	Principal 2024
Historical dataset	SSA
Whittaker-Henderson Graduation	Order 3
Interpolation Structure	Basic
Graduated MI data last year ("jumping off" point)	2017
H/D transition ultimate year by age/cohort	2030/2030
Weight placed on interpolation by cohort	50%
Initial Slope periods (constraint)	2016-2017 (0.000)
LTR	SSA LTR 2024
COVID-19 or Excess load	None[1]

[1]Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

See Mortality documentation for rationale and additional information.

Interest rate used to value liabilities	5.75% The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.
Treatment of administrative expenses	No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses. Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer. Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.
Basis for lump sums	Interest rate Based on the three segment yield curve: 3.55%/3.95%/4.95% The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 3.55%/3.95%/4.95%. For details, see Corporate AA yield in Table 3 of Long-Term Capital Market Assumptions link. Mortality We have selected the same mortality assumption for lump sum payments, but with a 50/50 blend of male and female total dataset base rates and mortality improvement scales. This reflects the IRS practice of defining lump sum mortality on a unisex basis.

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
GLEN RAVEN, 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
GLEN RAVEN, INC.

D Employer Identification Number (EIN)
56-0481507

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	178194653
b Actuarial value	**2b**	169063339

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	56	17665626	17665626
b For terminated vested participants	467	15673698	15673698
c For active participants	1303	40937797	42357184
d Total	1826	74277121	75696508

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3515767
b Expected plan-related expenses	**6b**	870000
c Target normal cost	**6c**	4385767

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

BLF

Signature of actuary

06/23/2026

Date

Barry L. Freiman

Type or print name of actuary

2605923

Most recent enrollment number

Principal Financial Group

Firm name

678-322-3605

Telephone number (including area code)

PO Box 9394
Des Moines, IA 50306-9394

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)	10385085	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	10385085	0
10	Interest on line 9 using prior year's actual return of 9.96 %	1034354	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11419439	0

Part III Funding Percentages

14	Funding target attainment percentage	14	208.25 %
15	Adjusted funding target attainment percentage	15	208.89 %
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	230.43 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	4385767
b Excess assets, if applicable, but not greater than line 31a	**31b**	4385767

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

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

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

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

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) x (3)	(5) Weighted Age (1) x (4)
57	402.1863	0.0403	16.2102	923.9823
58	434.7433	0.0408	17.7507	1,029.5387
59	449.4587	0.0417	18.7230	1,104.6587
60	461.0398	0.0422	19.4689	1,168.1335
61	478.9098	0.0432	20.6852	1,261.7963
62	493.4621	0.1294	63.8738	3,960.1743
63	454.3260	0.0857	38.9576	2,454.3289
64	441.2824	0.1699	74.9556	4,797.1559
65	370.9817	0.4885	181.2349	11,780.2681
66	196.7493	0.4904	96.4837	6,367.9242
67	104.1464	0.4823	50.2269	3,365.2029
68	55.2137	0.4914	27.1310	1,844.9093
69	27.7170	0.5000	13.8585	956.2380
70	14.6796	1.0000	14.6796	1,027.5726
71	1.0000	1.0000	1.0000	71.0000
72	0.0000	1.0000	0.0000	0.0000
73	1.0000	0.0000	0.0000	0.0000
74	0.9922	1.0000	0.9922	73.4217
75	0.0000	1.0000	0.0000	0.0000
76	1.0000	1.0000	1.0000	76.0000
77	1.0000	1.0000	1.0000	77.0000
Total			658.2318	42,339.3055
Average				64.32

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan restatement dated 01/01/2020, including amendments signed through 02/19/2021 and 11/22/2024.

Plan eligibility

Age	Attained age 21.
Service	1,000 hours of service.

Normal retirement benefit

Age	Attained age 65 with 5 years of plan participation.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	The product of (a) and (b) plus (c) a) .45% of average compensation up to the integration level plus .90% of average compensation in excess of the integration level b) Accrued benefit service c) The accrued benefit as of 12/31/2007 under the Astrup Plan or the Boyle Plan, whichever applies

Early retirement benefit

Eligibility	Attained age 57 and ten years of vesting service. For benefits earned prior to 01/01/2008 under the Boyle plan, participants can become eligible ten years prior to normal retirement date with five years of service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced 6 2/3% for each year that early retirement date precedes normal retirement date. For benefits earned prior to 01/01/2008 under the Boyle plan: The accrued benefit reduced 6% per year for 7 years, 4.8% for the next year and 3.6% for the next two years that early retirement date precedes normal retirement date. For benefits earned prior to 01/01/2008 under the Astrup plan: The accrued benefit on early retirement date reduced 6% for each year that early retirement date precedes normal retirement date. The early retirement benefit cannot be less than the Actuarial Equivalence of the normal retirement benefit.

Voluntary early retirement benefit	
Eligibility	A participant who attained age 56 on or before 12/31/2016, who has completed one year of service, and elects between 06/20/2016 and 08/12/2016 to voluntarily retire .
Form	Same as normal retirement benefit.
Amount	Accrued benefit, calculated based on the additional accrual service credited to a voluntary early retiree, unreduced for early retirement. A voluntary early retiree shall be credited with an additional six years of accrual service.

Late retirement benefit	
Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	The greater of the accrued benefit on the prior anniversary date actuarially increased to late retirement date or the accrued benefit on late retirement date.

Termination benefit	
Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Survivor annuity death benefit (a vested benefit)	
Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Definitions	
Average compensation	The monthly average of total pay received for the 4 years out of the 10 latest years before retirement date which gives the highest average.
Integration level	The monthly average of the Social Security Taxable Wage Bases (in effect under Section 230 of the Social Security Act) for each year in the 35-year period ending with the year the employee attains Social Security Retirement Age.
Accrual service	One year of service for each accrual computation period in which the employee is credited with at least 1,000 hours of service. Service before 01/01/2008 is excluded for employees of the Astrup Company and the John Boyle & Co., Inc. who transferred into this plan on such date. An individual's accrual computation period is based on their employment date.
Optional forms of benefit payments	The optional forms of benefit payments are: • Monthly annuity payable for life, 5, 10 or 15 years certain and life. • Monthly annuity payable as a survivorship 50%, 75% or 100%. • In addition, certain other optional forms of benefit payment contained in the prior plan shall be available to participants with respect to the participant's accrued benefit under the prior plan as of 12/31/1988, if any. • A cash option shall be available to all participants with respect to the participant's accrued benefit. The optional form conversion basis for annuity payments is based on Actuarial Equivalence. The optional form conversion basis for lump sum payments is based on the applicable interest rate and applicable mortality table as set forth in Code Section 417(e). The applicable interest rate uses the fourth calendar month preceding the first day of the stability period for the month that contains the annuity starting date.
Actuarial Equivalence	On and after 1/1/2020: Applicable interest rate and applicable mortality table as set forth in Code Section 417(e). The applicable interest rate uses the fourth calendar month preceding the first day of the stability period for the month that contains the annuity starting date. Prior to 1/1/2020: 4.5% interest and 1951 GAM mortality setback one year, 50/50 blended.

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

GLEN RAVEN, INC. PENSION PLAN
EMPLOYER IDENTIFICATION NUMBER 56-0481507, PLAN 001
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2025

Party in (a) interest	(b) Identity of issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Short-Term Investment Fund A S1	Common/Collective Trust		
		Total	**9,382,811.80**	**9,382,811.80**
	Vanguard FTSE Developed Markets ETF	Mutual Funds	15,632,031.15	19,436,353.57
	Vanguard FTSE Emerging Markets ETF	Mutual Funds	6,003,254.21	7,077,288.96
	Vanguard Total Stock Market ETF	Mutual Funds	40,411,848.10	49,318,552.27
		Total	**62,047,133.46**	**75,832,194.80**
	United States Treasury Bills DTD 10/14/25	U.S. Government Securities	109,382.72	109,578.70
	US Treasury Bond DTD 2/16/21	U.S. Government Securities	1,956,042.00	1,876,182.00
	US Treasury Strip DTD 5/15/24	U.S. Government Securities	1,109,689.70	1,023,579.20
	US Tresury Strips DTD 11/15/22	U.S. Government Securities	1,129,760.00	1,054,720.00
	US Treasury Bond Stripped Zero Coupon DTD 11/16/45	U.S. Government Securities	387,320.00	364,530.00
	US Treasury Bond/Note DTD 08/15/07	U.S. Government Securities	5,219,838.00	5,695,272.00
	US Treasury Sec Stripped DTD 2/15/06	U.S. Government Securities	2,263,969.00	2,456,883.00
		Total	**12,176,001.42**	**12,580,744.90**
	Abbvie Inc	Corporate Debt Other	1,956,902.00	1,898,826.00
	AEP Texas Inc	Corporate Debt Other	490,545.00	504,322.50
	Aercap Ireland Cap/Global	Corporate Debt Other	964,596.00	980,616.00
	Alabama Power Co	Corporate Debt Other	148,848.00	158,760.00
	Allstate Corp	Corporate Debt Other	831,920.00	823,300.00
	Alphabet Inc	Corporate Debt Other	162,460.65	155,179.20
	Amazon.com Inc	Corporate Debt Other	217,005.75	207,931.75
	American Intl Group	Corporate Debt Other	508,553.00	511,152.00
	Amgen Inc	Corporate Debt Other	2,051,342.50	2,028,936.00
	Anheuser-Busch Inbev	Corporate Debt Other	784,584.75	764,580.00
	Aon North America Inc	Corporate Debt Other	1,604,432.00	1,591,888.00
	Apollo Global Mgmt Inc	Corporate Debt Other	225,049.50	220,907.25
	Apple Inc	Corporate Debt Other	364,253.05	349,128.15
	Arch Capital Group Ltd	Corporate Debt Other	180,407.50	185,565.00
	AT&T Inc	Corporate Debt Other	2,983,070.50	2,915,796.90
	Athene Holding Ltd	Corporate Debt Other	270,888.30	262,566.90
	Atmos Energy Corp	Corporate Debt Other	322,149.00	323,730.00
	Bank of America Corp	Corporate Debt Other	264,384.25	260,403.00
	Bat Capital Corp	Corporate Debt Other	1,042,407.00	1,089,500.75
	Becton Dickinson and Co	Corporate Debt Other	130,380.00	130,605.00
	Beignet Investor LLC	Corporate Debt Other	592,472.80	596,922.50
	Berkshire Hathaway Energy	Corporate Debt Other	600,656.85	610,175.10
	Boeing Co	Corporate Debt Other	1,609,525.40	1,664,579.25
	BP Cap Markets America	Corporate Debt Other	394,596.00	391,674.00
	Bristol-Myers Squibb Co	Corporate Debt Other	311,274.25	312,268.75
	Broadcom Inc	Corporate Debt Other	564,922.50	565,417.50
	Burlington North Santa Fe	Corporate Debt Other	467,428.50	463,765.50
	Carrier Global Corp	Corporate Debt Other	283,286.00	281,119.80
	Centerpoint Energy Houston	Corporate Debt Other	260,051.25	263,452.50
	Charter Comm Opt LLC	Corporate Debt Other	1,143,624.20	1,109,817.95
	Cheniere Energy Partners	Corporate Debt Other	179,515.80	184,028.40
	Cigna Group	Corporate Debt Other	240,780.00	242,442.50

Classification: Customer Confidential

Citigroup Inc	Corporate Debt Other	175,190.75	174,254.50
Comcast Corp	Corporate Debt Other	1,258,443.75	1,189,624.50
Conocophillips Company	Corporate Debt Other	484,215.00	481,715.00
Consolidated Edison Co	Corporate Debt Other	362,863.25	361,865.70
Corebridge Financial Inc	Corporate Debt Other	275,502.50	283,941.00
CSX Corp	Corporate Debt Other	403,636.00	398,548.75
Cummins Inc	Corporate Debt Other	196,198.00	197,056.00
CVS Health Corp	Corporate Debt Other	1,419,071.75	1,436,860.00
Diamondback Energy Inc	Corporate Debt Other	563,557.40	557,199.10
Duke Energy Corp	Corporate Debt Other	2,319,058.75	2,361,550.50
Eastern Energy Gas	Corporate Debt Other	582,042.00	580,398.00
Eli Lilly & Co	Corporate Debt Other	704,046.00	705,327.00
Energy Transfer LP	Corporate Debt Other	634,676.00	625,118.00
Energy Transfer Partners	Corporate Debt Other	1,254,687.50	1,227,025.00
Enterprise Products Oper	Corporate Debt Other	407,794.60	407,872.80
Everest Reinsurance Holding	Corporate Debt Other	309,320.00	316,860.00
Exelon Corp	Corporate Debt Other	674,728.00	684,680.00
Exxon Mobil Corporation	Corporate Debt Other	231,352.00	230,496.75
Fiserv Inc	Corporate Debt Other	109,738.80	105,922.35
Florida Power & Light Co	Corporate Debt Other	222,679.70	223,487.00
Ford Motor Company	Corporate Debt Other	985,228.00	950,316.00
Gallagher Arther J & Co	Corporate Debt Other	770,098.00	773,437.00
General Mills Inc	Corporate Debt Other	1,173,208.28	1,199,172.10
Glencore Funding LLC	Corporate Debt Other	117,895.70	114,398.55
Goldman Sachs Group Inc	Corporate Debt Other	2,341,422.50	2,382,309.01
HCA Inc	Corporate Debt Other	1,938,860.60	1,932,934.40
Hewlett Packard Enterprise Co	Corporate Debt Other	882,674.00	852,380.00
Home Depot Inc	Corporate Debt Other	553,554.00	548,646.00
Honeywell International	Corporate Debt Other	999,330.00	945,100.00
Huntington Bancshares	Corporate Debt Other	299,401.60	308,154.05
Indianapolis Power & Light	Corporate Debt Other	902,069.25	918,404.75
Intel Corp	Corporate Debt Other	1,699,468.90	1,627,172.75
Interstate Power & Light Co	Corporate Debt Other	475,967.50	473,065.00
JM Smucker Co	Corporate Debt Other	1,083,040.00	1,073,110.00
JP Morgan Chase	Corporate Debt Other	382,018.00	388,477.00
Key Bank	Corporate Debt Other	247,357.50	252,505.00
Kinder Morgan Inc	Corporate Debt Other	347,641.00	347,718.00
KLA Corp	Corporate Debt Other	252,797.00	254,858.75
Kraft Heinz Foods Co	Corporate Debt Other	836,860.00	826,120.00
Lockheed Martin Corp	Corporate Debt Other	731,061.00	723,247.00
Louisville Gas & Electric	Corporate Debt Other	579,076.75	579,191.75
Lowe's Cos Inc	Corporate Debt Other	1,450,142.00	1,428,062.50
Markel Corp	Corporate Debt Other	306,592.00	309,144.00
Mars Inc	Corporate Debt Other	1,019,245.75	1,024,005.75
Marvell Technology Inc	Corporate Debt Other	124,766.25	128,788.75
McDonald's Corp	Corporate Debt Other	906,460.00	911,310.00
Meta Platforms Inc	Corporate Debt Other	2,801,154.27	2,707,902.83
Micron Technology Inc	Corporate Debt Other	417,578.25	423,302.40
Microsoft Corp	Corporate Debt Other	363,841.50	342,611.50
Morgan Stanley	Corporate Debt Other	1,431,195.20	1,439,649.50
MPLX LP	Corporate Debt Other	237,028.75	231,167.75
Nextera Energy Capital	Corporate Debt Other	890,889.95	900,311.85
Nisource Inc	Corporate Debt Other	299,487.00	299,055.00
Norfolk Southern Corp	Corporate Debt Other	947,833.75	946,432.25
Northern States Power Co	Corporate Debt Other	183,989.90	185,621.60
Northrop Gruman Corp	Corporate Debt Other	428,478.50	428,070.00
Northwestern Mutual Life	Corporate Debt Other	189,984.80	201,648.90
NRG Energy Inc	Corporate Debt Other	89,999.10	89,904.60
Oncor Electric Delivery	Corporate Debt Other	489,745.00	485,300.00

Classification: Customer Confidential

Oneok Inc	Corporate Debt Other	1,865,186.50	1,905,993.75
Oracle Corp	Corporate Debt Other	2,408,769.20	2,230,264.50
Pacific Gas & Electric	Corporate Debt Other	328,137.95	337,040.35
Pacificorp	Corporate Debt Other	266,422.75	256,624.50
Plains All Amer Pipeline	Corporate Debt Other	992,446.44	1,025,964.45
PNC Financial Services	Corporate Debt Other	379,654.05	393,053.00
Puget Sound Energy Inc	Corporate Debt Other	543,991.25	535,782.50
Public Service Colorado	Corporate Debt Other	383,021.00	395,694.00
Raymond James Financial	Corporate Debt Other	174,298.25	171,293.50
RTX Corporation	Corporate Debt Other	1,808,278.10	1,802,871.90
S&P Global Inc	Corporate Debt Other	260,942.50	260,918.00
Southern Cal Edison	Corporate Debt Other	150,454.50	148,786.75
Southern California Gas Co	Corporate Debt Other	610,941.20	621,177.70
Southern Co	Corporate Debt Other	1,039,435.86	1,019,936.58
Southwestern Public Services Co	Corporate Debt Other	369,097.20	377,999.40
Stryker Corp	Corporate Debt Other	900,240.00	892,910.00
Symetra Life Insurance Company	Corporate Debt Other	174,020.00	180,918.50
Synopsys Inc	Corporate Debt Other	358,172.10	357,116.40
T-Mobile USA Inc	Corporate Debt Other	1,961,048.65	1,947,011.45
Travelers Companies Inc	Corporate Debt Other	169,153.40	173,605.70
Tyson Foods Inc	Corporate Debt Other	896,230.00	921,810.00
Union Electric Co	Corporate Debt Other	328,360.90	328,679.10
Union Pacific Corp	Corporate Debt Other	426,034.95	414,739.60
Unitedhealth Grop Inc	Corporate Debt Other	1,616,452.45	1,569,998.70
Valero Energy Corp	Corporate Debt Other	891,375.00	865,262.50
Verizon Communications	Corporate Debt Other	1,579,402.40	1,556,936.00
Vulcan Materials Co	Corporate Debt Other	79,553.60	79,652.80
Waste Management Inc	Corporate Debt Other	229,905.70	224,066.00
Williams Partners LP	Corporate Debt Other	914,730.00	917,760.00
Xylem Inc	Corporate Debt Other	852,280.00	848,590.00
Zoetis Inc	Corporate Debt Other	286,382.00	298,307.75
AIB Group PLC	Corporate Debt Other	335,734.75	342,988.75
Aircastle Ltd	Corporate Debt Other	152,163.00	156,346.50
Barclays PLC	Corporate Debt Other	210,000.00	215,121.90
Caixabank	Corporate Debt Other	280,000.00	287,686.00
CSL Fin PLC	Corporate Debt Other	217,185.75	213,813.00
IBM Intl Cap PTE Ltd	Corporate Debt Other	522,252.00	522,653.00
JBS USA Lux SA	Corporate Debt Other	796,200.00	824,744.00
JBS USA Holding Lux	Corporate Debt Other	293,173.95	293,725.60
JBS USA Sarl/Food/Grp	Corporate Debt Other	263,142.65	269,396.35
Pfizer Invt Enterprises	Corporate Debt Other	518,694.00	510,290.00
Rogers Communications Inc	Corporate Debt Other	238,427.65	242,712.90
Saudi Arabian Oil Co	Corporate Debt Other	258,743.35	257,368.00
Smurfit Kappa Treasury	Corporate Debt Other	616,768.75	627,900.00
UBS Group AG	Corporate Debt Other	571,002.50	567,410.00
Vale Overseas Limited	Corporate Debt Other	395,151.75	408,200.00
Vodafone Group PLC	Corporate Debt Other	483,745.45	479,651.70
Intl Flavor & Fragrances Private Placement	Corporate Debt Other	631,398.50	650,902.00
KKR Group Finance Co Private Placement	Corporate Debt Other	296,207.25	298,813.25
Teachers Insurance & Annuity	Corporate Debt Other	199,190.25	204,210.00
	Total	**95,442,155.05**	**94,986,864.72**

SCHEDULE H,Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

GLEN RAVEN, INC. PENSION PLAN

EIN 56 0481507
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Common/Collective Trust Short-Term Investment Fund A S1	350	291	$39,218,596.00	$33,447,938.00	$0.00

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H,Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS