

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110  
1210-0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 06/30/2023

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ..... ▶
- 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

<b>1a</b> Name of plan HILEMAN ENTERPRISES LLC DEFINED BENEFIT PENSION PLAN		<b>1b</b> Three-digit plan number (PN) ▶	002
		<b>1c</b> Effective date of plan	01/01/2012
<b>2a</b> 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) HILEMAN ENTERPRISES, LLC  2217 EAST NINTH STREET SUITE 200 CLEVELAND, OH 44115		<b>2b</b> Employer Identification Number (EIN)	27-0000671
		<b>2c</b> Sponsor's telephone number	216-923-1445
		<b>2d</b> Business code (see instructions)	541511
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b>	11	
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b>	0	
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>5c(1)</b>		
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c(2)</b>		
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b>	6	
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b>	0	
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b>	0	

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	01/31/2024	TOM HILEMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 496092. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	1752039	0
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1752039	0
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	45000	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	32530	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		77530
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	1829569	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	0	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		1829569
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-1752039
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1H 1I 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		350000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 ..... **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....  Yes  No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**a** 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 letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year ..... **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year ..... **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? .....  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03/30/2018 (MM/DD/YYYY) and the Opinion Letter serial number J501173A.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 06/30/2023

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>HILEMAN ENTERPRISES LLC DEFINED BENEFIT PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HILEMAN ENTERPRISES, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>27-0000671</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>1752039</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>1752039</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants .....	<u>5</u>	<u>90487</u>
	<b>c</b> For active participants .....	<u>6</u>	<u>1363446</u>
	<b>d</b> Total .....	<u>11</u>	<u>1453933</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.54 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>0</u>

**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.

<b>SIGN HERE</b>  Signature of actuary  <u>JULIUS SMETONA F.S.A., E.A.</u> Type or print name of actuary  <u>DESALES ASSOCIATES</u> Firm name  <u>P.O. BOX 241548</u> <u>CLEVELAND, OH 44124</u>  Address of the firm	<u>01/30/2024</u> Date  <u>23-05589</u> Most recent enrollment number  <u>216-595-3940</u> Telephone number (including area code)
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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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 63

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

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

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

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	0
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> 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** 44393

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	44393
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	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

2023 Schedule SB, Line 26  
Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 99	
0 to 24											0
25 to 29											0
30 to 34			1								1
35 to 39			2								2
40 to 44											0
45 to 49											0
50 to 54			2								2
55 to 59		1									1
60 to 64											0
65 to 69											0
70 to 99											0
<b>Total</b>	0	1	5	0	0	0	0	0	0	0	6

Hileman Enterprises LLC Defined Benefit Plan  
EIN: 27-0000671  
Plan Number: 002

**2023 Schedule SB, Part 5**  
**Statement of Actuarial Assumptions and Methods**

Twenty-Four Month Segment Rates	January 2022	January 2023
First Segment Rate	4.75%	4.75%
Second Segment Rate	5.18%	5.00%
Third Segment Rate	5.92%	5.74%
Valuation Mortality Table (Static mortality table for valuations in 2023)	<u>Pre-retirement</u>	<u>Post-retirement</u>
Males	Male RP-2000 Combined	Male RP-2000 Combined
Females	Female RP-2000 Combined	Female RP-2000 Combined
Assumed Retirement Age	All Participants are assumed to retire on their Normal Retirement Date but the President/Managing Partner is assumed to retire at age 65.	
Assumed Form of Distribution	Single Life Annuity	
Disability Rates	None	
Expense loading	0%	
Salary Scale	0%	
Withdrawal Rates	None	
Marital Assumption	All Plan Participants are assumed to be single.	
Spouse Age Difference	Not applicable.	
Disability Rates	None	
Asset Valuation Method	Market Value plus any contribution receivable for the prior Plan Year.	
Actuarial Cost Method	Unit Credit	

The following data were used for the valuation:

1. Participant data                      Supplied by the Employer as of January 1, 2023.
2. Asset data                              Supplied by the Employer as of January 1, 2023.

**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 06/30/2023

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

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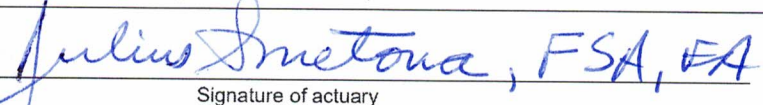
<b>A</b> Name of plan Hileman Enterprises LLC Defined Benefit Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hileman Enterprises, LLC	<b>D</b> Employer Identification Number (EIN) 27-0000671	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>			
<b>2</b> Assets:			
a Market value.....	<b>2a</b>	1,752,039	
b Actuarial value.....	<b>2b</b>	1,752,039	
<b>3</b> 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.....	0	0	0
b For terminated vested participants.....	5	90,487	90,487
c For active participants.....	6	1,363,446	1,363,446
d Total.....	11	1,453,933	1,453,933
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	5.54%	
<b>6</b> Target normal cost			
a Present value of current plan year accruals.....	<b>6a</b>	0	
b Expected plan-related expenses.....	<b>6b</b>	0	
c Target normal cost.....	<b>6c</b>	0	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	 Signature of actuary Julius Smetona F.S.A., E.A. Type or print name of actuary DeSales Associates Firm name P.O. Box 241548 Cleveland OH 44124 Address of the firm	01/30/2024 Date 2305589 Most recent enrollment number 216-595-3940 Telephone number (including area code)
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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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2023  
v. 230728**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-18.16%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year).....		514,926
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.74%</u> .....		29,557
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance.....		544,483
<b>d</b>	Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III Funding Percentages			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	120.50 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	120.50 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	117.53 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

Part IV Contributions and Liquidity Shortfalls					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/03/2023	45,000	0			
<b>Totals ▶</b>		<b>18(b)</b>		45,000	<b>18(c)</b>
					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.....	<b>19a</b>	0
b Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	44,393

**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: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 63

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

**28** Unpaid minimum required contributions for all prior years..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

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

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

**a** Target normal cost (line 6c)..... **31a** 0

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			44,393
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....			44,393
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			0
<b>40</b> Unpaid minimum required contributions for all years.....			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

2023 Schedule SB, Line 22  
Description of Weighted-Average Retirement Age

Normal Retirement Age under the terms of the plan is the later of age 62 and the fifth anniversary of the date of participation. The weighted-average retirement age is **62.50**.

**2023 Schedule SB, Part 5**  
**Outline of Principal Provisions**  
**of Hileman Enterprises LLC Defined Benefit Pension Plan**

1. Effective Date January 1, 2012
2. Fiscal Year January 1 to December 31
3. Plan Year January 1 to December 31
4. Anniversary Date January 1
5. Participation Eligibility All Covered Employees of the Employer are eligible to participate in the Plan on the later of the date that:
  - a. Age 21 is attained; and
  - b. One Year of Service is completed; *effective January 20, 2017, two Years of Service.*
6. Excluded Employees Employees employed as Director of Technology and Senior Web Designer are excluded from participating in the Plan.

Effective January 25, 2015, any employee whose job classification is not one of the following is excluded from participating in the Plan:  
Account Manager, Designer, Front-End Web Developer, Inbound Marketing Analyst, Junior Developer, Lead Designer, Manager – Inbound Marketing, Office Manager, Partner and Vice-President of Operations; President and Managing Partner, Project Coordinator, Senior Designer, Senior Developer, and Web/UX Designer.
7. Participation Date January 1<sup>st</sup> or July 1<sup>st</sup> coinciding with or immediately following the date on which eligibility requirements are satisfied. *Plan Participation was frozen effective January 5, 2019.*
8. Normal Retirement Age Later of age 62 and fifth anniversary of entry.
9. Normal Retirement Benefit For a Participant who is a:  
**Account Manager, Designer, Junior Developer, Office Manager, Project Coordinator, or Senior Developer:** 3.30% of the Participant's Average Annual Earnings multiplied by his or her years of Credited Service; effective January 1, 2013, the accrual rate for Junior Developer increased to 8.50% for years of Credited Service earned on and after January 1, 2013;

2022 Schedule SB, Part 5  
Outline of Principal Provisions  
of Hileman Enterprises LLC Defined Benefit Pension Plan  
(continued)

**Partner and Vice-President of Operations:** 2.338% of the Participant's Average Annual Earnings multiplied by his or her years of Credited Service; effective January 1, 2013, the accrual rate for Junior Developer increased to 8.50% for years of Credited Service earned on and after January 1, 2013;

**Lead Designer:** 8.80% of the Participant's Average Annual Earnings multiplied by his or her years of Credited Service;

**President and Managing Partner:** 9.0% of the Participant's Average Annual Earnings multiplied by his or her years of Credited Service through January 20, 2017, *plus 8.0% of the Participant's Average Annual Earnings multiplied by his or her years of Credited Service after January 20, 2017;*

**Manager – Inbound Marketing:** 2.20% of the Participant's Average Annual Earnings multiplied by his or her years of Credited Service earned on and after January 1, 2015; this job classification and accrual rate were established effective January 1, 2015;

**Front-End Web Developer, Inbound Marketing Analyst, and Web/UX Designer:** 2.0% of the Participant's Average Annual Earnings multiplied by his or her years of Credited Service; these job categories and accrual rates were established effective January 1, 2015; Credited Service means all Credited Service earned on and after January 1, 2012; nevertheless, for Participants who are employed as Inbound Marketing Analyst, 2.00% of the Participant's Average Annual Earnings multiplied by the number of his years of Credited Service earned as of December 31, 2014, plus 9.75% of the Participant's Average Annual Earnings multiplied by the number of his years of Credited Service earned from January 1, 2015, through December 31, 2016, plus 7.5% of the Participant's Average Annual Earnings multiplied by the number of his years of Credited Service earned on and after January 1, 2017.

**2023 Schedule SB, Part 5**  
**Outline of Principal Provisions**  
**of Hileman Enterprises LLC Defined Benefit Pension Plan**  
(continued)

- Vice-President Sales and Marketing:** 2.0% of the Participant's Average Annual Earnings multiplied by his or her years of Credited Service.
10. Normal Form of Benefit  
For Participants who are married, a reduced 50% Joint & Survivor Annuity. For Participants who are not married, Single Life Annuity.
11. Normal Retirement Date  
The first day of the month coinciding with or next following the attainment of Normal Retirement Age.
12. Accrued Benefit  
Amount earned as of a specified date under the Normal Retirement Benefit formula. *Benefit accruals were frozen effective January 5, 2019.*
13. Disability Benefit  
None.
14. Early Retirement Benefit  
None.
15. Termination Benefit  
Actuarial equivalent of a Participant's Vested Accrued Benefit commencing as early as the month following termination of employment.
16. Pre-Retirement Death Benefit  
A Qualified Pre-Retirement Survivor Annuity commencing as of the first day of the month following the date on which the Participant dies.  
The amount of the Qualified Pre-Retirement Survivor Annuity is equal to the greater of:
- a. The survivor benefit of the Participant's Vested Accrued Benefit payable under a Qualified 50% Joint & Survivor Annuity of the actuarial equivalent; and
  - b. The actuarial equivalent of the Participant's vested Accrued Benefit.
- In addition, a Participant's designated beneficiary shall receive a benefit equal to the actuarial equivalent of the Participant's Vested Accrued Benefit reduced by the amount, if any, of the Qualified Pre-Retirement Survivor Annuity payable to the Participant's surviving spouse.

**2023 Schedule SB, Part 5**  
**Outline of Principal Provisions**  
**of Hileman Enterprises LLC Defined Benefit Pension Plan**  
(continued)

17. Vesting Schedule

Years of Service

Vested Interest

Less than 2

0%

2

20%

3

40%

4

60%

5

80%

6 or more

100%

18. Vesting Schedule  
(continued)

*Participant's that entered the Plan pursuant to eligibility criteria effective January 20, 2017, will become 100% vested on their Date of Participation.*

19. Year of Service  
(for benefit accrual and vesting)

For benefit accrual purposes, a Year of Service is a Plan Year during which an employee completes at least 500 hours of service.

For vesting purposes, a Year of Service is a Plan Year during which an employee completes at least 1,000 hours of service.

For vesting purposes, no service is recognized prior to the effective date of the Plan, January 1, 2012, or prior to the attainment of age 18.

For benefit accrual purposes, no service will be recognized prior to January 1, 2012.

*Benefit accrual service was frozen effective January 5, 2019.*

20. Year of Service  
(for eligibility)

Twelve-consecutive-month period during which an employee completes at least 1,000 hours of service. The initial such period shall begin on the employee's date of hire; subsequent periods shall begin on the first day of the Plan Year containing the anniversary of an employee's date of hire. *Effective January 20, 2017, subsequent periods shall begin on the anniversary of an employee's date of hire.*

**2023 Schedule SB, Part 5**  
**Outline of Principal Provisions**  
**of Hileman Enterprises LLC Defined Benefit Pension Plan**  
(continued)

21. Average Annual Compensation

Highest average of three consecutive Plan Years of annual compensation taken over all Plan Years of compensation. Annual compensation is limited to \$305,000 for the 2022 Plan Year by Section 401(a)(17) of the IRS Code.

22. Compensation

Form W-2, Box 1 Compensation including salary deferrals. *Compensation for benefit accrual purposes was frozen effective January 5, 2019.*