

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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		
1a	Name of plan MACROSOURCE, LLC PENSION PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 07/01/2022
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) MACROSOURCE, LLC 5 SKIDAWAY VILLAGE WALK STE 201 SAVANNAH, GA 31411	2b	Employer Identification Number (EIN) 47-0702552
		2c	Sponsor's telephone number 912-436-3310
		2d	Business code (see instructions) 325300
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b	EIN
		4d	PN
5a	Total number of participants at the beginning of the plan year	5a	6
b	Total number of participants at the end of the plan year	5b	6
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1)	Total number of active participants at the beginning of the plan year	5d(1)	0
d(2)	Total number of active participants at the end of the plan year	5d(2)	0
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	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.	06/13/2025	RON CARDENAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/13/2025	RON CARDENAS
	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 551720. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	632568	2086
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	632568	2086
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	221340	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	13580	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		234920
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	856179	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	9223	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		865402
i Net income (loss) (subtract line 8h from line 8c)	8i		-630482
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1I 1H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e 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.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i 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	10i			

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? (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.	☐ Yes ☒ No
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 <u>01 / 01 / 2024</u> (MM/DD/YYYY) and the Opinion Letter serial number _____.	

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ 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 MACROSOURCE, LLC 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 MACROSOURCE, LLC	D Employer Identification Number (EIN) 47-0702552
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	632538	
b	Actuarial value	2b	611950	
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	6	280466	280466
b	For terminated vested participants	2	70012	70012
c	For active participants	6	363284	363284
d	Total	14	713762	713762
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	5.18 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	0	

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

SIGN HERE	Signature of actuary MICHAEL S. EHMKE Type or print name of actuary HUB INTERNATIONAL GREAT PLAINS Firm name 11516 MIRACLE HILLS DRIVE SUITE 100 OMAHA, NE 68154 Address of the firm	06/11/2025 Date 23-05811 Most recent enrollment number 402-964-5522 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>9.95</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		289
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 <u>5.27</u> %		15
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		304
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	85.73 %
15 Adjusted funding target attainment percentage	15	85.73 %
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	83.31 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/04/2024	6000	0			
10/23/2024	215340	0			
Totals ►			18(b)	221340	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	212621

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
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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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
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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	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	101812	3273	
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	3273
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)		36	3273
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	212621
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	209348
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)
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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 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning	01/01/2024	and ending	12/31/2024
▶ 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 MACROSOURCE, LLC 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 MACROSOURCE, LLC	D Employer Identification Number (EIN) 47-0702552	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500	

Part I	Basic Information			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
2	Assets:			
	a Market value	2a	632,538	
	b Actuarial value	2b	611,950	
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.....	6	280,466	280,466
	b For terminated vested participants.....	2	70,012	70,012
	c For active participants	6	363,284	363,284
	d Total.....	14	713,762	713,762
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	5.18 %	
6	Target normal cost.....			
	a Present value of current plan year accruals.....	6a	0	
	b Expected plan-related expenses	6b	0	
	c Target normal cost	6c	0	

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

SIGN HERE		<u>06/11/2025</u>
	Signature of actuary	Date
MICHAEL S. EHMKE	Type or print name of actuary	23-05811
		Most recent enrollment number
HUB INTERNATIONAL GREAT PLAINS	Firm name	(402) 964-5522
		Telephone number (including area code)
11516 MIRACLE HILLS DRIVE	Address of the firm	
SUITE 100		
OMAHA NE 68154		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>9.95</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		289
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 <u>5.27</u> %		15
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		304
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	85.73%
15 Adjusted funding target attainment percentage	15	85.73%
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	83.31%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/04/2024	6,000	0			
10/23/2024	215,340	0			
Totals ►			18(b)	221,340	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	212,621

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
0	0	0	0

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

21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %
		☐ N/A, full yield curve used		
b	Applicable month (enter code)	21b	0	
22	Weighted average retirement age	22	62	
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	
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	101,812	3,273
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	3,273
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement		0
36	Additional cash requirement (line 34 minus line 35)	36	3,273
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	212,621
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	209,348
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0

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

41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021
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MacroSource, LLC Pension Plan**Plan: 001 EIN: 47-0702552****Schedule SB, line 22 - Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

Column A	Column B	Column C	Column D
Retirement Age	Retirement Rate	Number of employees expected to retire, per 1000 retirements	A x C
55	5.00%	50.00	2,750.00
56	5.00%	47.50	2,660.00
57	5.00%	45.13	2,572.13
58	5.00%	42.87	2,486.39
59	5.00%	40.73	2,402.79
60	5.00%	38.69	2,321.34
61	10.00%	73.51	4,484.06
62	20.00%	132.32	8,203.62
63	15.00%	79.39	5,001.56
64	20.00%	89.98	5,758.42
65	30.00%	107.97	7,018.07
66	30.00%	75.58	4,988.23
67	100.00%	176.35	11,815.55
Total		1000	62,462.16
Average			62.46216

Plan Name: MacroSource, LLC Pension Plan
EIN: 47-0702552
Plan Number: 001
Plan Year: 2024

[illegible]

MacroSource, LLC Pension Plan
Plan: 001 EIN: 47-0702552
Schedule SB, Line 32 - Schedule of Amortization Bases

<u>Year</u>	<u>Type of Base</u>	<u>January 1, 2024 PV of Remaining Amortization Payments</u>	<u>Years Remaining</u>	<u>Shortfall Amortization Charge/(Credit)*</u>
2024	Shortfall	(\$13,804)	15	(\$1,262)
2023	Shortfall	115,616	14	11,081
	Total	101,812		9,819

* Amounts displayed are for full 12 months. Actual amount included for purposes of the minimum contribution is \$3,273 due to the plan being terminated May 1, 2024 for the short 4 month time period before plan termination.

MacroSource, LLC Pension Plan
Plan: 001 EIN: 47-0702552
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Cost Method

Annual costs were calculated using the Traditional Unit Credit Actuarial Cost Method as required by the Pension Protection Act of 2006.

The Traditional Unit Credit Cost Method is one of the Accrued Benefit Actuarial Cost Methods. Under the Traditional Unit Credit Cost Method, benefits are assigned to each year and are valued as they accrue.

The target normal cost for each year is defined as the actuarial present value of retirement and ancillary benefits that are earned and the expected administrative expenses to be paid from plan assets in the current year.

The funding target is defined as the actuarial present value of retirement and ancillary benefits that have been earned in years of service prior to the current year.

Asset Valuation Method

For funding purposes, the value of plan assets is based on a two-month smoothing method. This method determines the value of plan assets by averaging the market value as of the valuation date and the adjusted market values as of the preceding two months. The adjusted market values are determined in accordance with IRS Notice 2009-22. This value of plan assets can be no greater than 110% of the market value nor less than 90% of market value as of the valuation date.

Contributions for the prior plan year made after the end of the plan year are included in the current year's market value of assets at their discounted value, based on the prior year's effective interest rate.

MacroSource, LLC Pension Plan
Plan: 001 EIN: 47-0702552
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rates

- Plan Funding - Minimum Required Contribution
 - 4.75% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 4.96% for benefits expected to be paid within 6-20 years of the valuation date (second segment).
 - 5.59% for benefits expected to be paid more than 20 years from the valuation date (third segment).
 - The plan sponsor has elected to use the 3-segment interest rates based on the first month containing the valuation date.
 - 5.18% effective interest rate.
- Plan Funding - Maximum Deductible Contribution and ERISA 4010 Reporting
 - 4.37% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 4.96% for benefits expected to be paid within 6-20 years of the valuation date (second segment).
 - 4.95% for benefits expected to be paid more than 20 years from the valuation date (third segment).
- PBGC Premium
 - 5.01% for benefits expected to be paid within 5 years of the valuation date (first segment).
 - 5.13% for benefits expected to be paid within 6-20 years of the valuation date (second segment).
 - 5.15% for benefits expected to be paid more than 20 years from the valuation date (third segment).
- IAS 19 Discount Rate
 - 5.24% compounded annually.
- IAS 19 Long-Term Investment Return on Assets
 - 6.00% compounded annually.

MacroSource, LLC Pension Plan
Plan: 001 EIN: 47-0702552
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Salary Scale Not applicable, benefits are frozen.

Retirement Age Illustrative rates by age:

Age	Rate
55 - 60	5.00%
61	10.00
62	20.00
63	15.00
64	20.00
65	30.00
66	30.00
67	100.00

Mortality Rates Generational IRS 2024 annuitant-distinct mortality table as contained in IRS Regulations 1.430(h)(3)-1.

Withdrawal Rates 75% of SOA Small Plan Age-Based Table.
Illustrative withdrawal rates:

Age	Rate
25	14.63%
30	11.63
35	9.08
40	7.05
45	5.48
50	4.20
55	3.15
60	2.25

Disability Rates 1985 Pension Disability Study - Class 3

Administrative Expenses Estimated based on prior year actual administrative expenses paid from plan assets and current year expected expenses.

MacroSource, LLC Pension Plan

Plan: 001 EIN: 47-0702552

Schedule SB, Part V

Summary of Plan Provisions

Effective Date	July 1, 2022												
Plan Year	January 1 through December 31.												
Participation	Covered employees in the ConAgra Foods, Inc. Jointly Administered Grain Millers Pension Plan as of June 22, 2008 became participants in the Gavilon Group, LLC Jointly Administered Grain Millers Pension Plan as of June 22, 2008. Subsequently, all participants in the Sauget, Illinois location were spunoff and became participants in this plan on July 1, 2022. All new covered employees begin participation on their date of hire. Employees hired on or after October 1, 2011 at Sauget, Illinois are excluded from participation.												
Benefit Freeze	Benefit accruals are frozen as of January 1, 2022.												
Plan Termination	The plan was terminated effective May 1, 2024.												
Definitions													
<i>Year of Service</i>	A Plan Year in which 1,000 hours are worked.												
<i>Credited Service</i>	Determined according to the table below: <table><tr><th><u>Plan Year Hours of Service</u></th><th><u>Credited Service</u></th></tr><tr><td>0 - 349</td><td>0</td></tr><tr><td>350 - 749</td><td>0.25</td></tr><tr><td>750 - 1,124</td><td>0.50</td></tr><tr><td>1,125 - 1,499</td><td>0.75</td></tr><tr><td>1,500 or more</td><td>1</td></tr></table> Credited Service includes service earned under the ConAgra Foods, Inc. Jointly Administered Grain Millers Pension Plan as of June 22, 2008 and the Gavilon Group, LLC Jointly Administered Grain Millers Pension Plan as of July 1, 2022.	<u>Plan Year Hours of Service</u>	<u>Credited Service</u>	0 - 349	0	350 - 749	0.25	750 - 1,124	0.50	1,125 - 1,499	0.75	1,500 or more	1
<u>Plan Year Hours of Service</u>	<u>Credited Service</u>												
0 - 349	0												
350 - 749	0.25												
750 - 1,124	0.50												
1,125 - 1,499	0.75												
1,500 or more	1												
<i>Normal Retirement</i>	Age 65.												
<i>Early Retirement</i>	Age 55 and completion of 10 years of Vesting Service.												
<i>Pre-Retirement Death</i>	Age 55 and 10 years of Vesting Service or age 50 and 15 years of Vesting Service or age 45 and 20 years of Vesting Service.												
<i>Disability</i>	Completion of 9.5 years of Vesting Service upon total and permanent disability.												

MacroSource, LLC Pension Plan

Plan: 001 EIN: 47-0702552

Schedule SB, Part V

Summary of Plan Provisions

(continued)

Benefits

Normal Retirement

\$18.00 times Credited Service prior to February 1, 1989 plus \$40.00 times Credited Service after January 31, 1989 but prior to June 23, 2008 plus \$45.00 times Credited Service after June 22, 2008 but prior to July 1, 2021 plus \$50.00 times Credited Service after June 30, 2021 but prior to January 1, 2022.

Benefits are offset by the benefit earned under the ConAgra Foods, Inc. Jointly Administered Grain Millers Pension Plan.

Early Retirement

A monthly benefit determined in the same manner as the normal retirement benefit based on Credited Service and Average Monthly Pay earned to the date of retirement. The monthly benefit is reduced by 1/3 of 1% for each full month that the date of the first payment precedes age 62. If a participant retires at age 61 or older the monthly benefit is reduced by 1/6 of 1% for each full month that the date of the first payment precedes age 62.

Late Retirement

A monthly benefit determined in the same manner as the normal retirement benefit based on continued accruals to the Late Retirement Date.

Pre-Retirement Death

The death benefit payable to the surviving spouse is equal to 50% of the amount the participant would have received if they had retired on the day preceding death and received payment under the 50% Joint & Survivor annuity option.

Pre-Retirement Death (continued)

Unless the participant was eligible for early retirement at death the monthly benefit is reduced by 1/3 of 1% for each full month that the date of the first payment precedes the Normal Retirement Date. If the participant was eligible for early retirement at death the monthly benefit is reduced by 1/6 of 1% for each full month that the date of the first payment precedes age 62.

Disability

An immediate monthly benefit equal to the greater of the Accrued Benefit or \$400.

MacroSource, LLC Pension Plan

Plan: 001 EIN: 47-0702552

Schedule SB, Part V

Summary of Plan Provisions

(continued)

Vested Termination

In the event of termination of employment following five years of vesting service, a participant is provided a deferred vested retirement benefit equal to the accrued benefit. One year of vesting service is credited for a plan year with at least 1,000 hours of service. If an employee has less than 1,000 hours of service for any plan year, one month of vesting service for each 125 hours of service.

Vesting service includes service earned under the ConAgra Foods, Inc. Jointly Administered Grain Millers Pension Plan as of June 22, 2008 and the Gavilon Group, LLC Jointly Administered Grain Millers Pension Plan as of July 1, 2022.

<u>Years of Service</u>	<u>Vesting %</u>
Less than 5	0%
5 or More	100%

Forms of Annuity

Normal

Life only annuity.

Optional

Life annuity with term certain or joint and survivor annuities. Lump sum distribution if less than \$5,000.

Contributions

Participant

None.

Employer

The employer will contribute the amount necessary to provide the benefits under the plan based upon the recommendations of annual actuarial valuations.

Medium of Financing

Plan benefits are funded under a self-administered trust with a corporate trustee.