

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h2 style="text-align: center;">2023</h2>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**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.)

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:  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**

<b>1a</b> Name of plan <u>TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>005</u>
<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) <u>TENSION ENVELOPE CORPORATION</u>  <u>819 EAST 19TH STREET</u> <u>KANSAS CITY, MO 64108-1703</u>	<b>1c</b> Effective date of plan <u>10/01/1981</u>  <b>2b</b> Employer Identification Number (EIN) <u>22-1589367</u>  <b>2c</b> Plan Sponsor's telephone number <u>816-471-3800</u>  <b>2d</b> Business code (see instructions) <u>322200</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/08/2025	JILL MORGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	352
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	84
	<b>6a(2)</b>	74
	<b>6b</b>	138
	<b>6c</b>	93
	<b>6d</b>	305
	<b>6e</b>	34
	<b>6f</b>	339
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<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 10/01/2023 and ending 09/30/2024

▶ **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.

<b>A</b> Name of plan <u>TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>005</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TENSION ENVELOPE CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1589367</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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>26631343</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>27855738</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>162</u>	<u>23162217</u>
	<b>b</b> For terminated vested participants .....	<u>106</u>	<u>3735832</u>
	<b>c</b> For active participants .....	<u>84</u>	<u>4856108</u>
	<b>d</b> Total .....	<u>352</u>	<u>31754157</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>5.14 %</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>413000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>413000</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>06/23/2025</u>
	<u>ANDREW J WITTE</u>	Date
	Type or print name of actuary	<u>23-05764</u>
	<u>AON CONSULTING, INC.</u>	Most recent enrollment number
	Firm name	<u>314-719-3836</u>
	<u>4220 DUNCAN AVENUE</u> <u>SUITE 401</u> <u>ST. LOUIS, MO 63110</u>	Telephone number (including area code)
	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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	495
<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	495
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.38</u> % .....	0	66
<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) .....		211
<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>5.31</u> % .....		11
<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 .....		222
<b>d</b>	Portion of (c) to be added to prefunding balance .....		222
<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	783

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	87.72 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	87.72 %
<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>	86.82 %
<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>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
01/16/2024	211000	0					
04/15/2024	211000	0					
07/12/2024	171000	0					
10/11/2024	171000	0					
06/10/2025	118100	0					
			<b>Totals ▶</b>	<b>18(b)</b>	882100	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	848668

**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**

<b>21</b> 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
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**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**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	413000	
<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 .....	3899202	435623	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	848623	
	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).....	<b>36</b>	848623	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	848668	
<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)	<b>38a</b>	45	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	45	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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<b>SCHEDULE C</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>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</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 **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>005</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TENSION ENVELOPE CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1589367</b>	

**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).....  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

**ACADIAN ASSET MANAGEMENT LLC**

**04-2929221**

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

**EUROPACIFIC GROWTH** **333 SOUTH HOPE STREET**  
**LOS ANGELES, CA 90071**

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

**DODGE & COX**

**94-1441976**

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

**INVESCO ADVISERS, INC**

**38-3991509**

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

METROPOLITAN WEST ASSET MANAGEMENT

865 SOUTH FIGUEROA STREET  
LOS ANGELES, CA 90017

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

ALLSPRING GLOBAL INVESTMENTS, LLC

95-3692822

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**(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

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**(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

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

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

PRINCIPAL TRUST COMPANY

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?
15 21 28	CUSTODIAN	83398	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	42694	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>005</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TENSION ENVELOPE CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1589367</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE BOND CIT N

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

<b>c</b> EIN-PN <u>94-3222878-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2768342</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/ALLIANCE BERNSTEIN LARGE

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

<b>c</b> EIN-PN <u>92-1443848-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1458122</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK INTERNATIONAL E

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

<b>c</b> EIN-PN <u>52-2265229-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1490614</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK S&P MIDCAP INDE

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

<b>c</b> EIN-PN <u>52-2265235-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2570767</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK S&P 500 INDEX C

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

<b>c</b> EIN-PN <u>94-3224211-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3832379</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/CAUSEWAY INTERNATIONAL VA

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

<b>c</b> EIN-PN <u>47-6375784-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1101574</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/DODGE & COX INTERMEDIATE

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

<b>c</b> EIN-PN <u>47-6566265-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2771843</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/FEDERATED TOTAL RETURN BO

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

<b>c</b> EIN-PN 46-6584317-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2745607
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/MFS VALUE CIT N

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

<b>c</b> EIN-PN 45-6648640-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1150948
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/MULTI-MANAGER SMALL CAP C

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

<b>c</b> EIN-PN 45-6648658-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1477172
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/T ROWE PRICE INSTITUTIONA

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

<b>c</b> EIN-PN 46-6586666-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1164802
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/T ROWE PRICE INST. LCG MG

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

<b>c</b> EIN-PN 45-6648614-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1444799
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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**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

<b>SCHEDULE H</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>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <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 <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>005</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TENSION ENVELOPE CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1589367</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	365223	289100
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	787733	789802
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	20781951	23976969
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	4700843	5382803
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	2746	2982

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	26638496	30441656
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	10649	11021
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	10649	11021
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	26627847	30430635

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	882100	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		882100
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	35619	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	3942	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		39561
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	163653	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		163653
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	1177559	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		1177559
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	4461346	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		6724219

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2532791	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2532791
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	83398	
(7) Actuarial fees .....	<b>2i(7)</b>	42694	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	262548	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		388640
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2921431

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3802788
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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)  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)  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: PICKETT, CHANEY & MCMULLEN LLP

(2) EIN: 48-1246310

**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
<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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 540874.

<b>SCHEDULE R</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>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</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 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>005</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TENSION ENVELOPE CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1589367</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> 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): 94-1347393

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	4
--	---	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

**TENSION ENVELOPE CORPORATION  
RESTATED RETIREMENT PLAN**

FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT  
SEPTEMBER 30, 2024 AND 2023



## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants  
of the Tension Envelope Corporation Restated Retirement Plan  
Kansas City, Missouri

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

We have performed an audit of the financial statements of the Tension Envelope Corporation Restated Retirement 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 statements of net assets available for benefits and statements of accumulated plan benefits as of September 30, 2024 and 2023, and the related statement of changes in net assets available for benefits and statement of changes in accumulated plan benefits for the year ended September 30, 2024, and the related notes to 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 audits need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of September 30, 2024 and 2023, and for the year ended September 30, 2024, stating that the certified investment information, as described in Note 6 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:

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

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the 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.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

## Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets as of September 30, 2024, and the Schedule of Reportable Transactions for the year ended September 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Pickett, Chaney & McMullen LLP*

Overland Park, Kansas  
July 3, 2025

**TENSION ENVELOPE CORPORATION  
RESTATED RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
SEPTEMBER 30, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Investments, at fair value:		
Mutual funds	\$ 5,382,803	\$ 4,700,843
Common collective trusts	23,976,969	20,781,951
Money market fund	<u>789,802</u>	<u>787,733</u>
Total investments	30,149,574	26,270,527
Employer contribution receivable	289,100	365,223
Accrued interest receivable	<u>2,982</u>	<u>2,746</u>
Total assets	30,441,656	26,638,496
<b>LIABILITIES</b>		
Accrued expenses	<u>11,021</u>	<u>10,649</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 30,430,635</u>	<u>\$ 26,627,847</u>

See notes to financial statements.

**TENSION ENVELOPE CORPORATION  
RESTATED RETIREMENT PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEAR ENDED SEPTEMBER 30, 2024**

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**ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:**

Interest and dividends	\$ 203,214
Net appreciation in fair value of investments	5,638,905
Employer contribution	<u>882,100</u>
Total additions	6,724,219

**DEDUCTIONS TO NET ASSETS ATTRIBUTABLE TO:**

Benefits paid to participants, net	2,532,791
Administrative expenses	<u>388,640</u>
Total deductions	<u>2,921,431</u>

**NET INCREASE**

3,802,788

**NET ASSETS AVAILABLE FOR BENEFITS:**

Beginning of year	<u>26,627,847</u>
End of year	<u>\$ 30,430,635</u>

See notes to financial statements.

**TENSION ENVELOPE CORPORATION  
RESTATED RETIREMENT PLAN**

**STATEMENTS OF ACCUMULATED PLAN BENEFITS  
SEPTEMBER 30, 2024 AND 2023**

---

	<b>2024</b>	<b>2023</b>
Actuarial present value of vested benefits:		
Participants currently receiving benefits	\$ 21,619,971	\$ 21,839,376
Vested benefits for other participants	<u>7,361,298</u>	<u>8,090,569</u>
Total actuarial present value of vested benefits	28,981,269	29,929,945
 Actuarial present value of nonvested benefits	 <u>-</u>	 <u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 28,981,269</u>	<u>\$ 29,929,945</u>

See notes to financial statements.

**TENSION ENVELOPE CORPORATION  
RESTATED RETIREMENT PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
YEAR ENDED SEPTEMBER 30, 2024**

---

Actuarial present value of accumulated plan benefits at beginning of year	\$ 29,929,945
Increase (decrease) attributable to:	
Benefits accumulated	(65,057)
Benefits paid	(2,532,791)
Interest accumulation	<u>1,649,172</u>
Net decrease	<u>(948,676)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 28,981,269</u>

See notes to financial statements.

# TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2024 AND 2023

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### 1. DESCRIPTION OF THE PLAN

The following description of the Tension Envelope Corporation Restated Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

**General** – The Plan is a defined benefit pension plan that covers certain nonunion employees of Tension Envelope Corporation (the “Company”), who had completed at least one year of service and were 21 years of age by April 1, 2007. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Principal Bank serves as the trustee and custodian of the Plan’s assets.

**Plan Amendment** – An amendment was adopted on March 8, 2007, which stated that effective September 30, 2007, a participant’s accrued benefit shall be frozen. No credited service shall be earned by any participants after September 30, 2007. A disabled participant shall not receive any credited service under the Plan for any period after September 30, 2007. Additionally, the Plan was frozen to new participants effective April 1, 2007.

**Pension Benefits** – Participants with 5 years of service, as defined by the Plan document, are entitled to pension benefits upon attainment of retirement age. Pension benefits are provided to participants under several types of retirement options based upon age and years of continuous service. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option.

**Funding Policy** – The Sponsors’ funding policy is to contribute a determined amount to the Plan in order to maintain the Plan on an actuarial basis and meet the minimum funding regulations. The amount of such contributions is limited to the amount that is deductible for federal tax purposes under Section 404 of the Internal Revenue Code (the “IRC”). Contributions in the amount of \$882,100 were made attributable to the 2024 Plan year. The Plan has met the minimum funding requirements.

**Administrative Expenses** – The Plan pays the majority of professional and investment advisor fees, as well as the premiums to the Pension Benefit Guaranty Corporation (“PBGC”).

**Termination of the Plan** – Although the Company has not expressed any intent to do so, it has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the Plan and under ERISA. In the event that the Plan should be terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

The PBGC insures certain benefits under the Plan if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination, subject to statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC while other benefits may not be provided for at all.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** – The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Use of Estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** – The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is accrued when earned.

Management fees and operating expenses charged to the Plan for investments in mutual funds and common collective trusts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

**Contributions** – Contributions to the Plan from the Company are recorded in the period that the Plan's actuary determines they relate to, except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan year.

**Payment of Benefits** – Benefit payments are recorded upon distribution.

**Date of Management's Review** – Subsequent events have been evaluated through July 3, 2025 which is the date the financial statements were available to be issued, and there were no events that required adjustments or disclosure.

## 3. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the plan has the ability to access.

Level 2 – Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term.

Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

The assets fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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 September 30, 2024 and 2023:

Money Market Fund and Mutual Funds – Valued at the closing price reported on the active market on which the individual securities are traded.

Common Collective Trusts – Principal calculates a unit value (similar to a net asset value) of a separate account. It is the sum of the market value of the underlying investments as determined by quoted market prices, less operating expenses accrued but not deducted, if any. The net asset value (“NAV”) is available to current investors via the Principal employer website. The NAV is the basis for current transactions and these investments can be redeemed at NAV as of the measurement date. Therefore, management believes that these investments have a readily determinable fair value. The majority of the underlying securities held in these investments have observable Level 1 inputs.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan’s investments are reported at fair value as follows:

	<b>Fair Value Measurements Using:</b>			<b>Total</b>
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	
<b>September 30, 2024:</b>				
Mutual Funds	\$ 5,382,803			\$ 5,382,803
Common Collective Trusts	23,976,969			23,976,969
Money Market Fund	<u>789,802</u>			<u>789,802</u>
Investments measured at fair value	<u>\$ 30,149,574</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 30,149,574</u>
<b>September 30, 2023:</b>				
Mutual Funds	\$ 4,700,843			\$ 4,700,843
Common Collective Trusts	20,781,951			20,781,951
Money Market Fund	<u>787,733</u>			<u>787,733</u>
Investments measured at fair value	<u>\$ 26,270,527</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 26,270,527</u>

#### 4. RISKS AND UNCERTAINTIES

The Plan invests in investment securities, which hold securities including U.S. Government securities, corporate debt instruments, and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

#### 5. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the actuarial valuation are as follows for the years ended September 30, 2024 and 2023:

##### **Mortality**

2024 and 2023 - Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021.

##### **Interest Rate Assumption**

The interest rate used to discount cashflows was 5.75% for 2024 and 2023.

The Plan's funding cost method is based on the Standard Unit Credit Cost Method.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

#### 6. INFORMATION CERTIFIED BY THE CUSTODIAN

The plan sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Bank, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate with respect to investments as of September 30, 2024 and 2023, and for the year ended September 30, 2024:

- Investments, at fair value
- Net appreciation in fair value of investments
- Interest and dividend income
- Schedule of Assets (Held at End of Year)
- Schedule of Reportable Transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

**7. ADMINISTRATIVE EXPENSES**

Expenses paid by the Plan for the year ended September 30, 2024, were as follows:

Premium to PBGC	\$ 262,548
Custodial, investment advisory and actuarial fees	<u>126,092</u>
	<u>\$ 388,640</u>

**8. TAX STATUS**

The IRS has informed the Company by issuing a determination letter dated July 10, 2014, that the Plan is designed in accordance with applicable sections of the IRC. Management of the Company believes the Plan, as currently operated, is qualified and tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 Company 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 September 30, 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.

**9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments include a money market fund and common collective trusts issued by Principal. Principal is the Custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Additionally, the Plan pays Principal custodial and investment advisory fees.

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# TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - AS OF SEPTEMBER 30, 2024  
EMPLOYER IDENTIFICATION NUMBER: 22-1589367  
PLAN IDENTIFICATION NUMBER: 005

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Acadian Emerging Markets Portfolio	Mutual Fund	\$ 369,547	\$ 486,133
	Dodge & Cox Stock Fund	Mutual Fund	433,409	597,804
	Europacific Growth Fund	Mutual Fund	1,055,160	1,096,721
	Oppenheimer Developing Markets Fund	Mutual Fund	423,261	459,010
	Metropolitan West Funds Total Ret	Mutual Fund	<u>3,025,460</u>	<u>2,743,135</u>
	Total Mutual Funds		5,306,837	5,382,803
	AllSpring Core Bond CIT	Common and Collective Trust	2,459,794	2,768,342
*	Principal AB Large Cap Growth CIT	Common and Collective Trust	972,744	1,458,122
*	Principal Blackrock Inter Equity Index CIT	Common and Collective Trust	1,095,879	1,490,614
*	Principal Blackrock S&P Midcap Index CIT	Common and Collective Trust	1,285,864	2,570,767
*	Principal Blackrock S&P 500 CIT	Common and Collective Trust	1,082,234	3,832,380
*	Principal Causeway Intl Value CIT	Common and Collective Trust	692,750	1,101,574
*	Principal Dodge & Cox Intermediate CIT	Common and Collective Trust	2,290,018	2,771,843
*	Principal Federated Total Return Bond CIT	Common and Collective Trust	2,361,114	2,745,607
*	Principal TRowe Price Inst Eq Inc Mgd CIT	Common and Collective Trust	522,116	1,164,801
*	Principal TRowe Price Inst Lg-Cap Growth CIT	Common and Collective Trust	559,653	1,444,799
*	Principal MFS Value CIT	Common and Collective Trust	368,730	1,150,948
*	Principal Multi-Manager Small Cap CIT	Common and Collective Trust	<u>833,197</u>	<u>1,477,172</u>
	Total Common and Collective Trusts		14,524,093	23,976,969
*	Principal Short Term Investment Fund	Money Market	<u>789,802</u>	<u>789,802</u>
	Total Investments		<u>\$ 20,620,732</u>	<u>\$ 30,149,574</u>

\* Represents a permitted party-in-interest.

**TENSION ENVELOPE CORPORATION  
RESTATED RETIREMENT PLAN**

**FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE  
TRANSACTIONS FOR THE YEAR ENDED SEPTEMBER 30, 2024  
EMPLOYER IDENTIFICATION NUMBER: 22-1589367  
PLAN IDENTIFICATION NUMBER: 005**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Trans Date	Net Gain or Loss

**Series Transactions:**

Prin Short Term Inv Fund	Money Market Fund					
	Purchases	\$ 2,988,935		\$ 2,988,935	\$ 2,988,935	
	Sales		\$ 2,986,866	2,986,866	2,986,866	\$ -

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Tension Envelope Corporation Restated Retirement Plan  
 EIN: 22-1589367 PN: 005

Schedule SB, line 26a—Schedule of Active Participant Data as of October 1, 2023  
 Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					1					
40-44					1	2				
45-49					4	3	2			
50-54					2	4	3	2	2	
55-59					2	3	6	4	7	
60-64					1	6	3	2	5	7
65-69					1	3	1		1	5
70+								1		

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Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of June 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2023), without regard to interest rate stabilization
1st Segment Rate	3.03%
2nd Segment Rate	4.11%
3rd Segment Rate	4.27%
Retirement Age	
Active Participants	Age 65
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 1
Disability Rates	See Table 2
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

For ERISA Requirements

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2021 Plan Year	5.75%
2022 Plan Year	5.75%
2023 Plan Year	5.75%, limited to 5.74%

Trust Expenses Included in Target Normal Cost \$150,000 plus estimated PBGC premium

Actuarial Method Standard unit credit cost method

Valuation Date October 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

Actuarial Assumptions and Methods

Table 1—Page 1 of 2

Withdrawal Rates

Age	Years of Service				
	0	1	2-3	4	5+
15	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
16	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
17	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
18	20.0000%	15.0000%	10.0000%	7.9384%	7.9384%
19	20.0000%	15.0000%	10.0000%	7.9384%	7.9384%
20	20.0000%	15.0000%	10.0000%	7.9384%	7.9384%
21	20.0000%	15.0000%	10.0000%	7.8989%	7.8989%
22	20.0000%	15.0000%	10.0000%	7.8587%	7.8587%
23	20.0000%	15.0000%	10.0000%	7.8169%	7.8169%
24	20.0000%	15.0000%	10.0000%	7.7723%	7.7723%
25	20.0000%	15.0000%	10.0000%	7.7242%	7.7242%
26	20.0000%	15.0000%	10.0000%	7.6700%	7.6700%
27	20.0000%	15.0000%	10.0000%	7.5912%	7.5912%
28	20.0000%	15.0000%	10.0000%	7.4890%	7.4890%
29	20.0000%	15.0000%	10.0000%	7.3654%	7.3654%
30	20.0000%	15.0000%	10.0000%	7.2219%	7.2219%
31	20.0000%	15.0000%	10.0000%	7.0603%	7.0603%
32	20.0000%	15.0000%	10.0000%	6.8829%	6.8829%
33	20.0000%	15.0000%	10.0000%	6.6916%	6.6916%
34	20.0000%	15.0000%	10.0000%	6.4888%	6.4888%
35	20.0000%	15.0000%	10.0000%	6.2764%	6.2764%
36	20.0000%	15.0000%	10.0000%	6.0572%	6.0572%
37	20.0000%	15.0000%	10.0000%	5.8332%	5.8332%
38	20.0000%	15.0000%	10.0000%	5.6066%	5.6066%
39	20.0000%	15.0000%	10.0000%	5.3786%	5.3786%
40	20.0000%	15.0000%	10.0000%	5.1504%	5.1504%
41	20.0000%	15.0000%	10.0000%	4.9206%	4.9206%
42	20.0000%	15.0000%	10.0000%	4.6881%	4.6881%
43	20.0000%	15.0000%	10.0000%	4.4533%	4.4533%
44	20.0000%	15.0000%	10.0000%	4.2159%	4.2159%

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Tension Envelope Corporation Restated Retirement Plan  
 EIN: 22-1589367 PN: 005

Table 1—Page 2 of 2

**Withdrawal Rates**

Age	Years of Service				
	0	1	2-3	4	5+
45	20.0000%	15.0000%	10.0000%	3.9753%	3.9753%
46	20.0000%	15.0000%	10.0000%	3.7270%	3.7270%
47	20.0000%	15.0000%	10.0000%	3.4650%	3.4650%
48	20.0000%	15.0000%	10.0000%	3.1850%	3.1850%
49	20.0000%	15.0000%	10.0000%	2.8841%	2.8841%
50	20.0000%	15.0000%	10.0000%	2.5627%	2.5627%
51	20.0000%	15.0000%	10.0000%	2.2260%	2.2260%
52	20.0000%	15.0000%	10.0000%	1.8837%	1.8837%
53	20.0000%	15.0000%	10.0000%	1.5472%	1.5472%
54	20.0000%	15.0000%	10.0000%	1.2288%	1.2288%
55	20.0000%	15.0000%	10.0000%	0.9394%	0.9394%
56	20.0000%	15.0000%	10.0000%	0.6847%	0.6847%
57	20.0000%	15.0000%	10.0000%	0.4713%	0.4713%
58	20.0000%	15.0000%	10.0000%	0.3024%	0.3024%
59	20.0000%	15.0000%	10.0000%	0.1767%	0.1767%
60	20.0000%	15.0000%	10.0000%	0.0901%	0.0901%
61	20.0000%	15.0000%	10.0000%	0.0367%	0.0367%
62	20.0000%	15.0000%	10.0000%	0.0094%	0.0094%
63	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
64+	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Tension Envelope Corporation Restated Retirement Plan  
 EIN: 22-1589367 PN: 005

Table 2  
 Disability Rates

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	0.00%	45	0.29%
16	0.00%	46	0.32%
17	0.00%	47	0.35%
18	0.07%	48	0.41%
19	0.07%	49	0.46%
20	0.07%	50	0.52%
21	0.07%	51	0.57%
22	0.07%	52	0.63%
23	0.07%	53	0.75%
24	0.08%	54	0.86%
25	0.08%	55	0.98%
26	0.08%	56	1.10%
27	0.08%	57	1.22%
28	0.09%	58	1.30%
29	0.09%	59	1.39%
30	0.09%	60	1.48%
31	0.09%	61	1.57%
32	0.10%	62	1.66%
33	0.10%	63	1.75%
34	0.11%	64	1.84%
35	0.12%	65+	1.93%
36	0.12%		
37	0.13%		
38	0.14%		
39	0.16%		
40	0.17%		
41	0.18%		
42	0.20%		
43	0.23%		
44	0.26%		

<b>Plan Name</b>	<b>TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN</b>
<b>Plan Sponsor EIN</b>	<b>22-1589367</b>
<b>ERISA Plan No.</b>	<b>005</b>
<b>Plan Year End</b>	<b>09/30/2024</b>

**The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

<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 10/01/2023 and ending 09/30/2024

▶ **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.

<b>A</b> Name of plan TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	005
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<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TENSION ENVELOPE CORPORATION	<b>D</b> Employer Identification Number (EIN) 22-1589367
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**E** Type of plan:  Single  Multiple-A  Multiple-B  Other  
**F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 10 Day 01 Year 2023

<b>2</b> Assets:		
<b>a</b> Market value.....	<b>2a</b>	26,631,343
<b>b</b> Actuarial value.....	<b>2b</b>	27,855,738

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	162	23,162,217	23,162,217
<b>b</b> For terminated vested participants.....	106	3,735,832	3,735,832
<b>c</b> For active participants.....	84	4,856,108	4,856,108
<b>d</b> Total .....	352	31,754,157	31,754,157

**4** 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>	

**5** Effective interest rate..... **5** 5.14%

<b>6</b> Target normal cost		
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	0
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	413,000
<b>c</b> Target normal cost.....	<b>6c</b>	413,000

**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>06/23/2025</u> Date  <u>2305764</u> Most recent enrollment number  <u>314-719-3836</u> Telephone number (including area code)
	<u>ANDREW J WITTE</u> Type or print name of actuary  <u>AON CONSULTING, INC.</u> Firm name  <u>4220 Duncan Avenue</u> <u>Suite 401</u> <u>ST. LOUIS MO 63110</u> 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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> 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
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>	

**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**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	413,000	
<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 .....	3,899,202	435,623	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	848,623	
	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).....	<b>36</b>	848,623	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	848,668	
<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)	<b>38a</b>	45	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	45	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

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

<b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Tension Envelope Corporation Restated Retirement Plan  
 EIN: 22-1589367 PN: 005

Schedule SB, line 19—Discounted Employer Contributions  
 Year applied for contributions: 2023

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 10/1/2023 at 5.14%</b>	<b>Interest Adjusted Contribution</b>
January 16, 2024	\$ 211,000	107	\$ 207,907
April 15, 2024	211,000	197	205,384
July 12, 2024	171,000	285	164,454
October 11, 2024	171,000	376	162,417
June 10, 2025	118,100	618	108,506
<b>Total Contribution</b>	<b>\$ 882,100</b>		<b>\$ 848,668</b>

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
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Schedule SB, line 22—Description of Weighted Average Retirement Age  
All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of June 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2023), without regard to interest rate stabilization
1st Segment Rate	3.03%
2nd Segment Rate	4.11%
3rd Segment Rate	4.27%
Retirement Age	
Active Participants	Age 65
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 1
Disability Rates	See Table 2
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

For ERISA Requirements

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2021 Plan Year	5.75%
2022 Plan Year	5.75%
2023 Plan Year	5.75%, limited to 5.74%

Trust Expenses Included in Target Normal Cost \$150,000 plus estimated PBGC premium

Actuarial Method Standard unit credit cost method

Valuation Date October 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

Actuarial Assumptions and Methods

Table 1—Page 1 of 2

Withdrawal Rates

Age	Years of Service				
	0	1	2-3	4	5+
15	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
16	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
17	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
18	20.0000%	15.0000%	10.0000%	7.9384%	7.9384%
19	20.0000%	15.0000%	10.0000%	7.9384%	7.9384%
20	20.0000%	15.0000%	10.0000%	7.9384%	7.9384%
21	20.0000%	15.0000%	10.0000%	7.8989%	7.8989%
22	20.0000%	15.0000%	10.0000%	7.8587%	7.8587%
23	20.0000%	15.0000%	10.0000%	7.8169%	7.8169%
24	20.0000%	15.0000%	10.0000%	7.7723%	7.7723%
25	20.0000%	15.0000%	10.0000%	7.7242%	7.7242%
26	20.0000%	15.0000%	10.0000%	7.6700%	7.6700%
27	20.0000%	15.0000%	10.0000%	7.5912%	7.5912%
28	20.0000%	15.0000%	10.0000%	7.4890%	7.4890%
29	20.0000%	15.0000%	10.0000%	7.3654%	7.3654%
30	20.0000%	15.0000%	10.0000%	7.2219%	7.2219%
31	20.0000%	15.0000%	10.0000%	7.0603%	7.0603%
32	20.0000%	15.0000%	10.0000%	6.8829%	6.8829%
33	20.0000%	15.0000%	10.0000%	6.6916%	6.6916%
34	20.0000%	15.0000%	10.0000%	6.4888%	6.4888%
35	20.0000%	15.0000%	10.0000%	6.2764%	6.2764%
36	20.0000%	15.0000%	10.0000%	6.0572%	6.0572%
37	20.0000%	15.0000%	10.0000%	5.8332%	5.8332%
38	20.0000%	15.0000%	10.0000%	5.6066%	5.6066%
39	20.0000%	15.0000%	10.0000%	5.3786%	5.3786%
40	20.0000%	15.0000%	10.0000%	5.1504%	5.1504%
41	20.0000%	15.0000%	10.0000%	4.9206%	4.9206%
42	20.0000%	15.0000%	10.0000%	4.6881%	4.6881%
43	20.0000%	15.0000%	10.0000%	4.4533%	4.4533%
44	20.0000%	15.0000%	10.0000%	4.2159%	4.2159%

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Tension Envelope Corporation Restated Retirement Plan  
 EIN: 22-1589367 PN: 005

Table 1—Page 2 of 2

**Withdrawal Rates**

Age	Years of Service				
	0	1	2-3	4	5+
45	20.0000%	15.0000%	10.0000%	3.9753%	3.9753%
46	20.0000%	15.0000%	10.0000%	3.7270%	3.7270%
47	20.0000%	15.0000%	10.0000%	3.4650%	3.4650%
48	20.0000%	15.0000%	10.0000%	3.1850%	3.1850%
49	20.0000%	15.0000%	10.0000%	2.8841%	2.8841%
50	20.0000%	15.0000%	10.0000%	2.5627%	2.5627%
51	20.0000%	15.0000%	10.0000%	2.2260%	2.2260%
52	20.0000%	15.0000%	10.0000%	1.8837%	1.8837%
53	20.0000%	15.0000%	10.0000%	1.5472%	1.5472%
54	20.0000%	15.0000%	10.0000%	1.2288%	1.2288%
55	20.0000%	15.0000%	10.0000%	0.9394%	0.9394%
56	20.0000%	15.0000%	10.0000%	0.6847%	0.6847%
57	20.0000%	15.0000%	10.0000%	0.4713%	0.4713%
58	20.0000%	15.0000%	10.0000%	0.3024%	0.3024%
59	20.0000%	15.0000%	10.0000%	0.1767%	0.1767%
60	20.0000%	15.0000%	10.0000%	0.0901%	0.0901%
61	20.0000%	15.0000%	10.0000%	0.0367%	0.0367%
62	20.0000%	15.0000%	10.0000%	0.0094%	0.0094%
63	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
64+	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Tension Envelope Corporation Restated Retirement Plan  
 EIN: 22-1589367 PN: 005

Table 2  
 Disability Rates

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
15	0.00%	45	0.29%
16	0.00%	46	0.32%
17	0.00%	47	0.35%
18	0.07%	48	0.41%
19	0.07%	49	0.46%
20	0.07%	50	0.52%
21	0.07%	51	0.57%
22	0.07%	52	0.63%
23	0.07%	53	0.75%
24	0.08%	54	0.86%
25	0.08%	55	0.98%
26	0.08%	56	1.10%
27	0.08%	57	1.22%
28	0.09%	58	1.30%
29	0.09%	59	1.39%
30	0.09%	60	1.48%
31	0.09%	61	1.57%
32	0.10%	62	1.66%
33	0.10%	63	1.75%
34	0.11%	64	1.84%
35	0.12%	65+	1.93%
36	0.12%		
37	0.13%		
38	0.14%		
39	0.16%		
40	0.17%		
41	0.18%		
42	0.20%		
43	0.23%		
44	0.26%		

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	October 1, 1981
Plan Year:	October 1st to September 30th
Employer Fiscal Year	October 1st to September 30th
Employer ID Number:	22-1589367
Plan Administrator's ID Number:	22-1589367
Plan Number:	005

Eligibility

All employees of the Employer are eligible to participate in the Plan as of the April 1 or October 1 next following the completion of one qualifying year of service and the attainment of age 21. The plan was frozen to new entrants September 30, 2007. The last entry date into the plan was April 1, 2007.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each Plan Year in which an employee works six months or more prior to October 1, 1976 and 1,000 Hours after October 1, 1976.

A break in service occurs at the start of any Plan Year in which the employee works 500 Hours or less for the Employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) Maternity/paternity leave.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service, or
- (2) The employee's period of absence was less than the greater of his pre-break service or 5 years.

Credited Service is equal to service, but only service as of September 30, 2007 when the plan was frozen.

# Schedule SB Attachment (Form 5500)—2023 Plan Year Tension Envelope Corporation Restated Retirement Plan EIN: 22-1589367 PN: 005

## Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or immediately following attainment of age 65.

## Normal Retirement Benefit

The amount of annual benefit based on service to Normal Retirement Date, is:

- (1) 0.6% of Average Monthly Earnings plus 0.6% of Average Monthly Earnings above the Integration Level multiplied by years of Credited Service up to 25 years, plus
- (2) 0.5% of Average Monthly Earnings multiplied by years of Credited Service in excess of 25 years, up to a maximum of 10 years.
- (3) The above benefit shall be no less than the accrued benefit calculated as of September 30, 1994.

Note that the plan was frozen September 30, 2007, so there is no additional service or salary changes after that date.

## Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the greater of the benefit based on service and compensation as of actual Retirement Date or the actuarial increase of the Normal Retirement benefit.

## Average Monthly Earnings

The average of the highest five consecutive Plan Years of basic compensation paid during the 10 years preceding actual Retirement Date. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

## Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

## Early Retirement Benefit

Upon the completion of 10 years of Credited Service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the Normal Retirement Benefit based on service at early retirement, and appropriately reduced for early retirement.

## Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his Normal Retirement Date, will receive a benefit at age 65 based on Credited Service at age 65 and Average Compensation at date of disability, provided the participant has a minimum of 10 years of Credited Service. If the participant is eligible for an employer-sponsored salary continuation program, the benefit will be deferred to Normal Retirement and service will continue to accrue. Disability benefits do not accrue after September 30, 2007, due to the plan freeze.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

### Death Benefit

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 55 and the completion of 10 years of Credited Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.

In addition, there is a minimum death benefit prior to early retirement eligibility equal to the Prior Plan Account value, if applicable.

### Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

<b>Years of Service</b>	<b>Vested Percent</b>
Fewer than 5	0%
5 or more	100%

In the event that a participant had met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

### Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

### Integration Level

As of October 1, 1989, \$1,400 per month increasing 6% per year on each plan anniversary (rounded to the nearest \$5). In no event will the Integration Level for a plan year be greater than the 35-year average of Social Security taxable wage basis.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

### Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 2/3<sup>rd</sup> or 3/4<sup>th</sup> of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120, 180 or 240 Months Certain and thereafter for life.

### Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

### Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

### Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

### Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Tension Envelope Corporation Restated Retirement Plan  
 EIN: 22-1589367 PN: 005

Schedule SB, line 26a—Schedule of Active Participant Data as of October 1, 2023  
 Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					1					
40-44					1	2				
45-49					4	3	2			
50-54					2	4	3	2	2	
55-59					2	3	6	4	7	
60-64					1	6	3	2	5	7
65-69					1	3	1		1	5
70+								1		

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Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Tension Envelope Corporation Restated Retirement Plan  
 EIN: 22-1589367 PN: 005

Schedule SB, line 32—Schedule of Amortization Bases

<b>Type of Base</b>	<b>Present Value of Installment</b>	<b>Date Established</b>	<b>Years Remaining</b>	<b>Amortization Installment</b>
Shortfall	\$ 4,622,198	October 1, 2019	11	\$ 528,709
Shortfall	\$ (2,143,107)	October 1, 2020	12	\$ (229,772)
Shortfall	\$ (39,961)	October 1, 2021	13	\$ (4,043)
Shortfall	\$ 1,579,229	October 1, 2022	14	\$ 151,641
Shortfall	\$ (119,157)	October 1, 2023	15	\$ (10,912)

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Tension Envelope Corporation Restated Retirement Plan  
 EIN: 22-1589367 PN: 005

Schedule SB, line 19—Discounted Employer Contributions  
 Year applied for contributions: 2023

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 10/1/2023 at 5.14%</b>	<b>Interest Adjusted Contribution</b>
January 16, 2024	\$ 211,000	107	\$ 207,907
April 15, 2024	211,000	197	205,384
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Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

Schedule SB, line 22—Description of Weighted Average Retirement Age  
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Schedule SB Attachment (Form 5500)—2023 Plan Year  
Tension Envelope Corporation Restated Retirement Plan  
EIN: 22-1589367 PN: 005

Schedule SB, Part V—Summary of Plan Provisions

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Employer ID Number:	22-1589367
Plan Administrator's ID Number:	22-1589367
Plan Number:	005

Eligibility

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Service

Service shall equal total years of service with the Employer. A year of service is credited for each Plan Year in which an employee works six months or more prior to October 1, 1976 and 1,000 Hours after October 1, 1976.

A break in service occurs at the start of any Plan Year in which the employee works 500 Hours or less for the Employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) Maternity/paternity leave.

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service, or
- (2) The employee's period of absence was less than the greater of his pre-break service or 5 years.

Credited Service is equal to service, but only service as of September 30, 2007 when the plan was frozen.

# Schedule SB Attachment (Form 5500)—2023 Plan Year Tension Envelope Corporation Restated Retirement Plan EIN: 22-1589367 PN: 005

## Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or immediately following attainment of age 65.

## Normal Retirement Benefit

The amount of annual benefit based on service to Normal Retirement Date, is:

- (1) 0.6% of Average Monthly Earnings plus 0.6% of Average Monthly Earnings above the Integration Level multiplied by years of Credited Service up to 25 years, plus
- (2) 0.5% of Average Monthly Earnings multiplied by years of Credited Service in excess of 25 years, up to a maximum of 10 years.
- (3) The above benefit shall be no less than the accrued benefit calculated as of September 30, 1994.

Note that the plan was frozen September 30, 2007, so there is no additional service or salary changes after that date.

## Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the greater of the benefit based on service and compensation as of actual Retirement Date or the actuarial increase of the Normal Retirement benefit.

## Average Monthly Earnings

The average of the highest five consecutive Plan Years of basic compensation paid during the 10 years preceding actual Retirement Date. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

## Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

## Early Retirement Benefit

Upon the completion of 10 years of Credited Service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the Normal Retirement Benefit based on service at early retirement, and appropriately reduced for early retirement.

## Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his Normal Retirement Date, will receive a benefit at age 65 based on Credited Service at age 65 and Average Compensation at date of disability, provided the participant has a minimum of 10 years of Credited Service. If the participant is eligible for an employer-sponsored salary continuation program, the benefit will be deferred to Normal Retirement and service will continue to accrue. Disability benefits do not accrue after September 30, 2007, due to the plan freeze.

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### Death Benefit

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 55 and the completion of 10 years of Credited Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.

In addition, there is a minimum death benefit prior to early retirement eligibility equal to the Prior Plan Account value, if applicable.

### Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

<b>Years of Service</b>	<b>Vested Percent</b>
Fewer than 5	0%
5 or more	100%

In the event that a participant had met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

### Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

### Integration Level

As of October 1, 1989, \$1,400 per month increasing 6% per year on each plan anniversary (rounded to the nearest \$5). In no event will the Integration Level for a plan year be greater than the 35-year average of Social Security taxable wage basis.

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### Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 2/3<sup>rd</sup> or 3/4<sup>th</sup> of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120, 180 or 240 Months Certain and thereafter for life.

### Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

### Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

### Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

### Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

<b>Plan Name</b>	<b>TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN</b>
<b>Plan Sponsor EIN</b>	<b>22-1589367</b>
<b>ERISA Plan No.</b>	<b>005</b>
<b>Plan Year End</b>	<b>09/30/2024</b>

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Tension Envelope Corporation Restated Retirement Plan  
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 4,622,198	October 1, 2019	11	\$ 528,709
Shortfall	\$ (2,143,107)	October 1, 2020	12	\$ (229,772)
Shortfall	\$ (39,961)	October 1, 2021	13	\$ (4,043)
Shortfall	\$ 1,579,229	October 1, 2022	14	\$ 151,641
Shortfall	\$ (119,157)	October 1, 2023	15	\$ (10,912)