

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [X] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [X]

Part II Basic Plan Information—enter all requested information

1a Name of plan JUSTPRESSONE, INC. CASH BALANCE PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/01/2023
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JUSTPRESSONE, INC. 17870 NEW HOPE ST, #211 FOUNTAIN VALLEY, CA 92708
2b Employer Identification Number (EIN) 27-1241743
2c Sponsor's telephone number 714-717-5334
2d Business code (see instructions) 561420
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 7
b Total number of participants at the end of the plan year 7
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 7
d(2) Total number of active participants at the end of the plan year 7
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 07/22/2025, MS. JANICE SALMON. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543639. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	151424	306156
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	151424	306156
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	151456	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	3394	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		154850
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	118	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		118
i Net income (loss) (subtract line 8h from line 8c)	8i		154732
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B 1C 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		385000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

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

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. _____ Month _____ Day _____ Year _____

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705333A.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan <u>JUSTPRESSONE, INC. CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JUSTPRESSONE, INC.</u>	D Employer Identification Number (EIN) <u>27-1241743</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>12</u>	Day <u>31</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>154700</u>	
b Actuarial value	2b	<u>154700</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>0</u>	<u>0</u>	<u>0</u>
c For active participants	<u>7</u>	<u>118620</u>	<u>118620</u>
d Total	<u>7</u>	<u>118620</u>	<u>118620</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.55 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>114508</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>114508</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.

SIGN HERE Signature of actuary <u>JOSEPH R ZIENTY</u> Type or print name of actuary <u>ECONOMIC GROUP PENSION SERVICES</u> Firm name <u>7734 EXCELSIOR ROAD, SUITE 102</u> <u>BAXTER, MN 56425</u> Address of the firm	<u>07/07/2025</u> Date <u>23-06385</u> Most recent enrollment number <u>541-344-2324</u> Telephone number (including area code)
---	--

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 5.04 %	2nd segment: 5.32 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 69
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 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			
26 Demographic and benefit information			
a 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 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			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 114508
b Excess assets, if applicable, but not greater than line 31a			31b 36080
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 78428
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 78428
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 149534
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 71106
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

**Schedule SB, line 26a -
Schedule of Active Participant Data
JustPressOne, Inc. Cash Balance Plan
27-1241743/002
For the plan year 01/01/2024 through 12/31/2024**

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34			1	1						
35 to 39				1						
40 to 44				1						
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up			2	1						

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

JustPressOne, Inc. Cash Balance Plan

27-1241743 / 002

For the plan year 01/01/2024 through 12/31/2024

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan JustPressOne, Inc. Cash Balance Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JustPressOne, Inc.	D Employer Identification Number (EIN) 27-1241743	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>12</u> Day <u>31</u> Year <u>2024</u>			
2 Assets:				
a Market value	2a			154,700
b Actuarial value	2b			154,700
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	0	0	0	0
b For terminated vested participants	0	0	0	0
c For active participants	7	118,620	118,620	118,620
d Total	7	118,620	118,620	118,620
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5			5.55%
6 Target normal cost				
a Present value of current plan year accruals	6a			114,508
b Expected plan-related expenses	6b			0
c Target normal cost	6c			114,508

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

SIGN HERE	Digitally signed by Joseph R. Zienty, ASA, EA# 23-06385 Date: 2025.07.07 16:48:00 -0400 Joseph R. Zienty, ASA, EA# 23-06385	Date 2306385
Signature of actuary		Most recent enrollment number
Joseph R Zienty		541-344-2324
Type or print name of actuary		Telephone number (including area code)
Economic Group Pension Services		
Firm name		
7734 Excelsior Road, Suite 102		
Baxter MN 56425		
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				
21 Discount rate:				
a Segment rates:	1st segment: 5.04 %	2nd segment: 5.32 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 69
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 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			
26 Demographic and benefit information				
a 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 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			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 114,508
b Excess assets, if applicable, but not greater than line 31a				31b 36,080
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 78,428
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 78,428
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 149,534
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 71,106
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

**Schedule SB, line 22 -
Description of Weighted Average Retirement Age**

JustPressOne, Inc. Cash Balance Plan

27-1241743 / 002

For the plan year 01/01/2024 through 12/31/2024

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

JustPressOne, Inc. Cash Balance Plan

27-1241743 / 002

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 12/31/2024

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	03/12/2025	\$151,456					
Applied to Quarterly Contribution	04/15/2024	3,539	3,358	0	3,539	5.55	10.55
Applied to Quarterly Contribution	07/15/2024	3,539	3,397	0	3,539	5.55	10.55
Applied to Quarterly Contribution	10/15/2024	3,539	3,437	0	3,539	5.55	10.55
Applied to Additional Contribution	12/31/2024	71,857	71,106	0	0	5.55	0.00
Applied to MRC	12/31/2024	65,443	64,759	0	0	5.55	0.00
Applied to Quarterly Contribution	01/15/2025	3,539	3,477	0	3,539	5.55	10.55
Totals for Deposited Contribution		\$151,456	\$149,534	\$0	\$14,156		

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

A Name of plan JustPressOne, Inc. Cash Balance Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JustPressOne, Inc.	D Employer Identification Number (EIN) 27-1241743	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>12</u>	Day <u>31</u>	Year <u>2023</u>
2 Assets:			
a Market value.....	2a	0	
b Actuarial value.....	2b	0	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	0	0	0
b For terminated vested participants.....	0	0	0
c For active participants.....	7	106,106	106,106
d Total.....	7	106,106	106,106
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.65%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	4,439	
b Expected plan-related expenses.....	6b	0	
c Target normal cost.....	6c	4,439	

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

SIGN HERE	Norman Levinrad, EA, FSPA, <small>Significant Actuary</small> MAAA EA #23-03882	Digitally signed by Norman Levinrad, EA, FSPA, MAAA EA #23-03882 Date: 2024.08.26 15:01:22 -0700
Norman Levinrad		2303882
Type or print name of actuary		Most recent enrollment number
Economic Group Pension Services		541-344-2324
Firm name		Telephone number (including area code)
10375 Centurion Pkwy N, Suite 110		
Jacksonville	FL 32256	
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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 69
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	4,439	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	106,106	9,717	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	14,156	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	14,156	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	146,217	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	132,061	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

Schedule SB (Form 5500)

JustPressOne, Inc. Cash Balance Plan

27-1241743 / 002

For the plan year 01/01/2023 through 12/31/2023

Basic Information

- 1. Valuation date: 12/31/2023
- 2. Assets:
 - a. Market value 0
 - b. Actuarial value 0
- 3. Funding target/participant count breakdown

	1. Number of Participants	2. Vested Funding Target	3. Funding Target
a. Retired participants and beneficiaries receiving payments	0	0	0
b. Terminated vested participants	0	0	0
c. Active participants	7	106,106	106,106
d. Total	7	106,106	106,106
- 4. At-risk
 - a. Funding target disregarding prescribed at-risk assumptions
 - b. Funding target reflecting at-risk assumptions, but disregarding transition rule (at-risk <5 cons yrs) and loading factor
- 5. Effective interest rate 5.65%
- 6. Target normal cost
 - a. Present value of current plan year accruals 4,439
 - b. Expected plan-related expenses 0
 - c. Total (6a+6b) 4,439

Beginning of year carryover and prefunding balances

- | | a. Carryover Balance | b. Prefunding Balance |
|--|----------------------|-----------------------|
| 7. Balance at beginning of prior year | 0 | 0 |
| 8. Offset to prior years funding requirement | 0 | 0 |
| 9. Amount remaining (7-8) | 0 | 0 |
| 10. Int on 9 using prior years actual return of 0.00% | 0 | 0 |
| 11. Prior years excess contributions | | |
| a. Excess contributions (line 38 from prior year) | | 0 |
| b(1). Int on excess (line 38a over 38b) using prior yr's effective rate of 0.00% | | 0 |
| b(2). Int on 38b using prior yr's actual return rate of 0.00% | | 0 |
| c. Total available at beginning of current plan year | | 0 |
| d. Portion of (c) added to prefunding balance | | 0 |
| 12. Voluntary or Deemed Reduction | 0 | 0 |
| 13. Balance at beginning of current year (9+10+11d-12) | 0 | 0 |

Funding percentages

- 14. FTAP 0.00%
- 15. AFTAP 132.26%
- 16. Prior years funding percentage 0.00%
- 17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

- 18. Contributions made to plan 151,424
08/20/2024 - 151,424

Schedule SB (Form 5500)

JustPressOne, Inc. Cash Balance Plan

27-1241743 / 002

For the plan year 01/01/2023 through 12/31/2023

19. Discounted employer contributions:
- a. Contributions to unpaid minimum from prior years 0
 - b. Contributions to avoid restrictions 0
 - c. Contributions to minimum for current year 146,217

Assumptions used to determine funding target and target normal cost

21. Discount rate:
- a. Segment rates

1st	2nd	3rd
4.75	5.00	5.74

 N/A, full yield curve used
 - b. Applicable month - Fourth month prior to valuation date 4
22. Weighted average retirement age 69
23. Mortality table Prescribed -- combined Prescribed -- separate Substitute

Reconciliation of unpaid required contributions for prior years

- 28. Unpaid minimum required contributions 0
- 29. Discounted employer contributions 0
- 30. Remaining amount (28-29) 0

Minimum required contribution for current year

31. Target normal cost and excess assets
- a. Target normal cost 4,439
 - b. Excess assets, if applicable, but not greater than 31a 0
32. Amortization installments:
- | | Outstanding Balance | Installment |
|------------------|---------------------|-------------|
| a. Net shortfall | 106,106 | 9,717 |
| b. Waiver | 0 | 0 |
34. Total funding requirement (31a-31b+32a+32b) 14,156
- | | a. Carryover Balance | b. Prefunding Balance | c. Total Balance |
|--|----------------------|-----------------------|------------------|
| 35. Balances to offset funding requirement | 0 | 0 | 0 |
- 36. Additional cash requirement (34-35) 14,156
 - 37. Contributions to minimum for current year (19c) 146,217
 - 38. Present value of excess contribution for current year
 - a. Total (excess, if any, of 37 over 36) 132,061
 - b. Portion included in 38a attributable to use of balances 0
 - 39. Unpaid minimum required contributions for current year 0
 - 40. Unpaid minimum required contributions for all years 0

Pension funding relief under ARP

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

2019 2020 2021

**Schedule SB, line 22 -
Description of Weighted Average Retirement Age**

JustPressOne, Inc. Cash Balance Plan

27-1241743 / 002

For the plan year 01/01/2023 through 12/31/2023

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 26a -
Schedule of Active Participant Data

JustPressOne, Inc. Cash Balance Plan

27-1241743/002

For the plan year 01/01/2023 through 12/31/2023

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34		1	1							
35 to 39			1							
40 to 44			1							
45 to 49										
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up			3							

**Schedule SB, line 32 -
Schedule of Amortization Bases**

JustPressOne, Inc. Cash Balance Plan

27-1241743 / 002

For the plan year 01/01/2023 through 12/31/2023

Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
12/31/2023	106,106	Shortfall	106,106	15	9,717
Totals:			\$106,106		\$9,717

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

JustPressOne, Inc. Cash Balance Plan

27-1241743 / 002

For the plan year 01/01/2023 through 12/31/2023

Valuation Date: 12/31/2023

Funding Method: As prescribed in IRC Section 430
Age - Eligibility age at last birthday and other ages at last birthday

Prospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Fourth Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.42
Segment 2	6 - 20	4.33
Segment 3	> 20	4.43

Segment rates as of September 30, 2022 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	4.75
Segment 2	6 - 20	5.00
Segment 3	> 20	5.74

Pre-Retirement - Mortality Table - None
 Early Retirement Table - None
 Turnover Table - None
 Disability Table - None
 Salary Scale - None
 Interest Credit Rate - Current Yr - 4% Projected Yrs - 4%
 Expense Load - None
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 23C - 2023 Combined

Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Schedule SB, Part V Summary of Plan Provisions

JustPressOne, Inc. Cash Balance Plan
27-1241743 / 002

For the plan year 01/01/2023 through 12/31/2023

<u>Employer:</u>	JustPressOne, Inc.
Type of Entity -	S Corporation
EIN: 27-1241743	TIN: Plan #: 002 Plan Type: Cash Balance
<u>Dates:</u>	Effective - 01/01/2023 Valuation - 12/31/2023
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union
Minimum age - 21	Months of service - 12
Hours Required for - Eligibility - 1000	Benefit accrual - 1000 Vesting - 1000
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction
<u>Retirement:</u>	Normal - Attainment of age 65 and completion of 5 years of participation
	Early - Not provided
<u>Average Compensation:</u>	Current compensation
Top Heavy Minimum Benefit -	Highest 5 consecutive years of participation
<u>Plan Benefits:</u>	Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits
Pay Credits - Classification	Pay Credit Formula
1	60.6% of compensation limited to \$54,850 - Ryan Buswell
2	48.6% of compensation limited to \$50,000 - Janice Salmon
3	59.1% of compensation limited to \$41,390 - Jeffrey Donohoe
4	3.5% of compensation - all other Eligible Employees not in Groups1-3
Interest Credit Rate - Current Yr - 4%	Projected Yrs - 4%
Accrued Benefit - Hypothetical Account Balance	
Minimum Benefit -	None
Maximum Benefit -	None
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality
Early Retirement -	None
Death Benefit -	Present Value of Accrued Benefit
Disability Benefit -	None
<u>Top Heavy Minimum:</u>	None
<u>IRS Limitations:</u>	415 Limits - Percent: 100 Dollar: \$265,000
	Maximum 401(a)(17) compensation - \$330,000
<u>Normal Form:</u>	Life Annuity
<u>Optional Forms:</u>	Lump Sum
	Joint with 50% or 100% Survivor Benefit
<u>Vesting Schedule:</u>	100% vested in 3 years.
	Service is calculated using all years of service
<u>Present Value of Accrued Benefit:</u>	Based on the Hypothetical Account Balance.

Schedule SB, Part V Summary of Plan Provisions

JustPressOne, Inc. Cash Balance Plan

27-1241743 / 002

For the plan year 01/01/2023 through 12/31/2023

Actuarial Equivalence:

Pre-Retirement - Interest -	4%
Mortality Table -	None
Post-Retirement - Interest -	4%
Mortality Table -	Applicable Mortality Table - IRC 417(e)(3)

PBGC Annual Funding Notice

JustPressOne, Inc. Cash Balance Plan
 For the plan year 01/01/2023 through 12/31/2023
 27-1241743/002
 Valuation Date: 12/31/2023

PBGC AFN Segment Rates:

1st	2nd	3rd
5.01	5.13	5.15

A. Fair Market Value of Assets as of 12/31/2023

1. Market Value of Assets	0
2. Receivable Contributions made by 12/31/2023	0
<small>Note: Receivables used must be made prior to or on the date the AFN is considered timely furnished by the PBGC</small>	
3. Fair Market Value of Assets (A1+A2)	0

B. Plan Liabilities as of 12/31/2023

1. Estimated PVAB as of year end using AFN rates	121,106
--	---------

PBGC Annual Funding Notice (Detail)

JustPressOne, Inc. Cash Balance Plan
 For the plan year 01/01/2023 through 12/31/2023
 27-1241743/002
 Valuation Date: 12/31/2023

PBGC AFN Segment Rates:

1st	2nd	3rd
5.01	5.13	5.15

	EOY Accrued Benefit	AFN Estimated Liability
85680956 Carmen Sanhueza -- new participant	30.67	1,578
136449705 Frank Bruno -- new participant	22.64	2,113
151445383 Janice Salmon -- new participant	497.46	48,104
551986372 Sandra Sotnick -- new participant	9.92	912
564894660 Jeffrey Donohoe -- new participant	718.02	30,729
601156189 Jordan Burke -- new participant - less than required hours	0.00	0
620786188 Ryan Buswell -- new participant	1,256.24	37,670
Totals:	\$2,534.95	\$121,106

Schedule SB, Part V Summary of Plan Provisions

JustPressOne, Inc. Cash Balance Plan 27-1241743 / 002

For the plan year 01/01/2024 through 12/31/2024

<u>Employer:</u>	JustPressOne, Inc.		
Type of Entity -	S Corporation		
EIN: 27-1241743	TIN:	Plan #: 002	Plan Type: Cash Balance
<u>Dates:</u>	Effective - 01/01/2023		Valuation - 12/31/2024
	Top Heavy Years - 2024		
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union		
	Minimum age - 21	Months of service - 12	
Hours Required for - Eligibility - 1000	Benefit accrual - 1000	Vesting - 1000	
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction		
<u>Retirement:</u>	Normal - Attainment of age 65 and completion of 5 years of participation		
	Early - Not provided		
<u>Average Compensation:</u>	Current compensation		
Top Heavy Minimum Benefit -	Highest 5 consecutive years of participation		
<u>Plan Benefits:</u>	Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits		
Pay Credits -	Classification	Pay Credit Formula	
	1	60.6% of compensation limited to \$54,850 - Ryan Buswell	
	2	48.6% of compensation limited to \$50,000 - Janice Salmon	
	3	59.1% of compensation limited to \$41,390 - Jeffrey Donohoe	
	4	3.5% of compensation - all other Eligible Employees not in Groups1-3	
Interest Credit Rate -	Current Yr - 4%	Projected Yrs - 4%	
Accrued Benefit -	Hypothetical Account Balance		
	Minimum Benefit - None		
	Maximum Benefit - None		
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality		
Early Retirement -	None		
Death Benefit -	Present Value of Accrued Benefit		
Disability Benefit -	None		
<u>Top Heavy Minimum:</u>	Provided in another plan		
<u>IRS Limitations:</u>	415 Limits -	Percent: 100	Dollar: \$275,000
	Maximum 401(a)(17) compensation - \$345,000		
<u>PBGC:</u>	Plan is covered by Pension Benefit Guaranty Corporation		
<u>Normal Form:</u>	Life Annuity		
<u>Optional Forms:</u>	Lump Sum		
	Joint with 50% or 100% Survivor Benefit		
<u>Vesting Schedule:</u>	100% vested in 3 years.		
	Service is calculated using all years of service		
<u>Present Value of Accrued Benefit:</u>	Based on the Hypothetical Account Balance.		

Schedule SB, Part V Summary of Plan Provisions

JustPressOne, Inc. Cash Balance Plan

27-1241743 / 002

For the plan year 01/01/2024 through 12/31/2024

Actuarial Equivalence:

Pre-Retirement - Interest -	4%
Mortality Table -	None
Post-Retirement - Interest -	4%
Mortality Table -	Applicable Mortality Table - IRC 417(e)(3)