

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
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) _____ ☐ 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	
1a	Name of plan SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 09/01/1968
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) SPECS FAMILY PARTNERS, LTD. ROBERT J. HEISLER 2410 SMITH STREET HOUSTON, TX 77006	2b Employer Identification Number (EIN) 74-1532648 2c Plan Sponsor's telephone number 713-526-8787 2d Business code (see instructions) 445310

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/05/2025	ROBERT HEISLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4465
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		
	6a(1)	2844
	6a(2)	3543
	6b	6
	6c	1673
	6d	5222
	6e	0
	6f	5222
6g(1)		
6g(2)	3549	
6h	582	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

2E

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPECS FAMILY PARTNERS, LTD.	D Employer Identification Number (EIN) 74-1532648	

Part I	Service Provider Information (see instructions)
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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

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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)

BDO USA, P.C.

13-5381590

(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?
10	AUDITOR	33337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH, FENNER AND SMITH

13-5674085

(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?
51 52 71	BROKER	32680	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SPECS FAMILY PARTNERS, LTD.		D Employer Identification Number (EIN) 74-1532648

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1000000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	207538	229276
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3391480	4461951
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	7459	4695
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2708263	3103051
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7314740	7798973
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7314740	7798973

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	411	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		411
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	6341	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	178427	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		184768
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3082096	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2710941	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	347832	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-5778
d Total income. Add all income amounts in column (b) and enter total	2d		898388

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	348138	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		348138
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	33337	
(5) Investment advisory and investment management fees	2i(5)	32680	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		66017
j Total expenses. Add all expense amounts in column (b) and enter total	2j		414155

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		484233
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ 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: **BDO, USA P.C.**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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.)

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

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

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

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Financial Statements
and Supplemental Schedule

As of December 31, 2021 and 2020
and for the Year Ended December 31, 2021

**SPEC'S FAMILY PARTNERS EMPLOYEES'
PROFIT SHARING PLAN**

Financial Statements
and Supplemental Schedule

As of December 31, 2021 and 2020 and for the
Year Ended December 31, 2021

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

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All schedules other than those listed above have been omitted since the information is either disclosed elsewhere in the financial statements or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.



Independent Auditor's Report

To the Trustees of the
Spec's Family Partners Employees' Profit Sharing Plan
Houston, Texas

Opinion

We have audited the financial statements of Spec's Family Partners Employees' Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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.

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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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.



Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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 Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 has been subjected to the auditing procedures applied in the audits 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 GAAS.



In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, P.C.

November 21, 2024

Financial Statements

**SPEC'S FAMILY PARTNERS EMPLOYEES'
PROFIT SHARING PLAN**

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2021	2020
Assets		
Investments, at fair value		
Money market funds	\$ 229,276	\$ 207,538
Mutual funds	3,103,051	2,708,263
Equity securities	4,461,951	3,391,480
Total Investments, at fair value	7,794,278	6,307,281
Receivables		
Notes receivable from participants	4,695	7,459
Employer contributions	-	1,000,000
Total Receivables	4,695	1,007,459
Net Assets Available for Benefits	\$ 7,798,973	\$ 7,314,740

See accompanying notes to financial statements.

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

<i>Year Ended December 31,</i>	<i>2021</i>
Additions to Plan Assets	
Investment Income	
Net appreciation in fair value of investments	\$ 713,209
Interest and dividends	184,768
Total Investment Income	897,977
Interest from Notes Receivable from Participants	411
Total Additions to Plan Assets	898,388
Deductions from Plan Assets	
Benefit payments	348,138
Expenses	66,017
Total Deductions from Plan Assets	414,155
Net Increase	484,233
Net Assets Available for Benefits	
Beginning of year	7,314,740
End of year	\$ 7,798,973

See accompanying notes to financial statements.

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Notes to Financial Statements

1. Description of Plan

The following description of the Spec's Family Partners Employees' Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a non-participant directed defined contribution plan covering all eligible employees of Spec's Family Partners, Ltd. (the "Company" or "Plan Administrator"), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), and its amendments. Subsequent to year end, the Plan was amended and restated. See further discussion at Note 8.

Eligibility

Participation in the Plan is available to all eligible employees as of the last day of any 12-month period commencing on the employee's hire date and each subsequent anniversary of such date in which the employee first completes 500 hours of service. Excluded from the class of eligible employees are leased employees, certain collectively bargained employees, and non-resident aliens with non-U.S. source income.

Administration of the Plan

Merrill Lynch and T. Rowe Price (collectively, the "Custodians") are the custodians for the Plan's non-participant directed assets. Spec's Family Partners, Ltd. administers the Plan.

Contributions

Contributions to the Plan are at the discretion of the Company within applicable limits permitted by the Internal Revenue Code ("IRC"). Participant contributions to the Plan are not permitted. During 2021, the Company did not make any discretionary profit sharing contribution to the Plan.

Participant Accounts

Each participant's account is credited with an allocation of (a) the Company's contribution, (b) plan earnings as of the last day of the current plan year and (c) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant qualified compensation or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. In order to be eligible to receive an allocation of the Company's contribution, plan earnings as of the last day of the current plan year or forfeitures of terminated participants' non-vested accounts, participants must be employed by the Company on the last day of the plan year.

Vesting

Participants are vested based on years of vesting service during which the participant completes 1,000 or more hours of service each year. A participant is 0% vested until they have completed 2 years of vesting service at which time they become 20% vested. Thereafter, vesting increases at the rate of 20% for each successive year of vesting service until full (100%) vesting is attained upon completion of 6 years of vesting service.

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Notes to Financial Statements

Payment of Benefits

On termination of service, normal retirement, death or disability, a participant may elect to receive a lump-sum amount equal to the value of their vested account balance within 60 days of the plan year-end or as soon as administratively feasible. Upon termination of service, a participant is entitled to receive their vested account balance. Upon normal retirement, death, or full and permanent disability, a participant is entitled to receive 100% of their account balance. In-service withdrawals are also permitted under the Plan Agreement at age 65, or after participating in the Plan for at least 10 years.

Forfeitures

Forfeitures occur when a participant terminates employment before becoming 100% vested with respect to their account balance. At the Employer's discretion, forfeitures may be reallocated to eligible participants, used to reduce Employer contributions or used to pay administrative expenses. At December 31, 2021 and 2020, unallocated forfeitures totaled \$0 and \$15,437, respectively. For the year ended December 31, 2021, the Company allocated \$165,153, based on a percentage of qualified gross wages, from forfeited non-vested accounts to participants' accounts.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Notes Receivable from Participants

Participants may borrow from their account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance and may only have 1 note outstanding at a time. Note terms range from 1 year to 5 years maximum, unless the note is for the purchase of a primary residence in which the term is up to 15 years. The notes are secured by the vested balance in the participant's account and bears interest at a rate commensurate with local prevailing rates. Principal and interest is paid ratably through payroll deductions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with the accounting principles generally accepted in the United States of America ("U.S. GAAP"), as codified in the Financial Accounting Standards Board in its Accounting Standards Codification ("ASC").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Notes to Financial Statements

Notes Receivable from Participants

Notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are recorded as distributions and are recorded as a reduction to net assets available for benefits. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Investment Valuation and Income Recognition

Investments in money market funds, mutual funds and equity securities are stated at fair value, based on the market value of the underlying investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risk and Uncertainties

The Plan provides for various investment options in a variety of investment securities. Investment securities are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Plan's financial statements and participants' account balances.

Payment of Benefits

Benefits paid to participants are recorded upon distribution and are recorded as a reduction to net assets available for benefits.

Fair Value Measurements

The Plan follows ASC 820, *Fair Value Measurements and Disclosures*, for its financial assets and liabilities carried at fair value on a recurring basis in the financial statements. As defined by this guidance, 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 (exit price). The transaction is based on a hypothetical transaction in the principal or most advantageous market considered from the perspective of the market participant that holds the asset or owes the liability.

The Plan utilizes market data or assumptions that market participants who are independent, knowledgeable and willing and able to transact would use in pricing the asset or liability, including assumptions about risk and the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated or generally unobservable. The Plan attempts to utilize valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan is able to classify fair value balances based on the observability of those inputs. This guidance establishes a formal fair value hierarchy based on the inputs used to measure fair value. The hierarchy gives the highest priority to level 1 measurements and the lowest priority to level 3 measurements, and accordingly, level 1 measurements should be used whenever possible.

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Notes to Financial Statements

The three levels of the fair value hierarchy are as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets,
- quoted prices for identical or similar assets or liabilities in inactive markets,
- inputs other than quoted prices that are observable for the asset or liability, and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

In some cases, certain inputs used to measure fair value may be categorized into different levels of the fair value hierarchy. For disclosure purposes, the lowest level that contains significant inputs used in valuation should be chosen. The Plan has classified its investments into these levels depending upon the data relied on to determine fair values.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

- *Money market funds:* Valued at cost which approximates fair value due to their liquid nature.
- *Mutual funds:* Valued based on quoted market prices ("fair value") on the last business day of the plan year.
- *Equity securities:* Valued at the closing price reported on the active market on which the securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 instruments could result in a different fair value measurement at the reporting date.

3. Investments

Cash balances are primarily deposited in money market funds that invest in short-term government securities at variable rates of interest. All cash remains fully invested in these money market accounts until disbursement requests are received by either of the Custodians. At the time of a request, funds are liquidated from the account to the extent required to cover the amount of the disbursement.

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Notes to Financial Statements

The Plan's investments, excluding the money market funds, are held by a brokerage administered trust fund and are presented at fair value based on quoted market prices as determined by the brokerage administered trust fund. The Plan Administrator manages the investments, diversifying the investment portfolio between fixed income and equity securities and between both short-term and long-term investments to help realize a consistent return. The Plan invests in mutual funds that are offered by registered investment companies regulated under the Investment Company Act of 1940, and in securities listed on national securities exchanges registered under the Securities Exchange Act of 1934.

4. Fair Value Measurements

The assets measured at fair value on a recurring basis subject to disclosure requirements of the fair value hierarchy levels described in Note 2 are as follows:

	Assets at Fair Value at December 31, 2021			
	Level 1	Level 2	Level 3	Total
Money market	\$ 229,276	\$ -	\$ -	\$ 229,276
Mutual funds	3,103,051	-	-	3,103,051
Equity securities	4,461,951	-	-	4,461,951
Total investments measured at fair value	\$ 7,794,278	\$ -	\$ -	\$ 7,794,278

	Assets at Fair Value at December 31, 2020			
	Level 1	Level 2	Level 3	Total
Money market	\$ 207,538	\$ -	\$ -	\$ 207,538
Mutual funds	2,708,263	-	-	2,708,263
Equity securities	3,391,480	-	-	3,391,480
Total investments measured at fair value	\$ 6,307,281	\$ -	\$ -	\$ 6,307,281

5. Income Tax Status

The Company most recently amended and restated the Plan, effective January 1, 2009, and has received a favorable determination letter from the Internal Revenue Service ("IRS") dated July 27, 2009 regarding the tax-qualified status of the Plan under the IRC. Since the receipt of the determination letter, the Plan has been further amended; however, the Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Notes to Financial Statements

U.S. GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; the IRS completed an examination of the 2020 5500 with no findings. Years 2021 and later remain open.

6. Parties-in-Interest

The Plan investments include accounts managed by Merrill Lynch and T. Rowe Price, the Custodians; therefore, these transactions qualify as parties-in-interest transactions. Fees paid to the Custodians from plan assets totaled approximately \$33,000 during 2021. Notes receivable from participants qualify as parties-in-interest transactions. Additionally, the Plan's remaining expenses include fees for various services such as audit and Form 5500 preparation fees which were paid to its auditor and tax professionals. These transactions also qualify as parties-in-interest transactions.

7. Subsequent Events

The Plan evaluates events and transactions that occur after the date of the financial statements but before the financial statements are available to be issued. The Plan evaluated such events and transactions through November 21, 2024, the date the financial statements were available for issuance.

Effective July 31, 2022, the Plan was amended and restated (the "Restatement") for the primary purpose of converting to a contributory plan model allowing participant contributions. Under the terms of the amended and restated plan, the Plan Administrator appointed John Hancock Trust Company as the Trustee of the Plan. Recordkeeping services are performed by its affiliate while Merrill Lynch and T. Rowe Price continue to serve as custodians of certain of the Plan's assets. Other modifications resulting from the Restatement are summarized in the amended and restated plan document.

Supplemental Schedule

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

EIN 74-1532648
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Mutual Funds			
	Vaneck Vectors Gold Miners	3,648 shares	\$ 149,988	\$ 116,845
	Ishares Nasdaq Biotech	700 shares	104,087	106,834
	First Eagle	3,740 shares	172,011	242,576
	Loomis Sayles Global Allocation	11,494 shares	203,648	328,028
	Loomis Sayles Senior Floating Rate and Fixed Income	11,751 shares	105,872	105,642
	iShares MSCI ACWI Low Carbon Target	121 shares	19,934	21,050
	Goldman Sachs	42,495 shares	423,145	416,451
	SPDR S&P Insurance	512 shares	20,024	20,669
	ARK Autonomous Technology & Robotics	248 shares	19,976	19,099
	Pimco Income Fund	12,104 shares	143,294	144,524
	iShares Genomics Immunology	421 shares	22,270	18,444
	SPDR S&P Kensho New Economies	309 shares	19,939	18,216
	American Century Short Duration Inflation Protection Bond Fund	25,857 shares	282,617	283,910
	Adjustable Rate Government Fund	30,287 shares	271,674	270,766
	Invesco Senior Floating Rate Fund	23,025 shares	159,094	162,787
	Columbia Quality Income Fund	6,479 shares	148,138	143,315
	Eaton Vance Short Duration Strategic	20,015 shares	146,247	142,505
	BlackRock Global Long/Short Credit Fund	12,383 shares	126,150	122,839
	VanEck Semiconductor	100 shares	24,648	30,879
	iShares Multimedia Networking	290 shares	19,984	24,496
	First Trust Nasdaq Cybersecurity	442 shares	22,312	23,333
	Global X U.S. Infrastructure Development	766 shares	19,947	22,053
*	T. Rowe Price Latin America Fund	17,914 shares	351,593	317,790
	Total Mutual Funds		\$ 2,976,592	\$ 3,103,051
	Equity Securities			
	Abbott Labs	517 shares	\$ 27,195	\$ 72,762
	Altria Group	1,042 shares	36,143	49,380
	American Tower Reit	329 shares	80,115	96,233
	Activision Blizzard	300 shares	24,147	19,959
	Advanced Micro	700 shares	68,920	100,730
	Ally Financial	400 shares	20,056	19,044
	Apple	1,423 shares	82,995	252,682
	AT&T	2,000 shares	49,370	49,200
	Blackrock Inc	106 shares	60,985	97,049
	BAE System PLC	1,000 shares	27,733	29,785
	Cloudflare Inc	400 shares	32,973	52,600
	Citigroup Inc	1,100 shares	66,177	66,429
	Coca Cola	196 shares	6,789	11,605
	Crown Castle Reit	348 shares	56,206	72,642
	DigitalOcean Holdings	400 shares	33,672	32,132

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN 74-1532648
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Disney	300 shares	53,087	46,467
	Ecolab Inc	200 shares	11,229	46,918
	Eli Lilly & Co	283 shares	68,878	78,170
	Exxon	1,550 shares	73,934	94,845
	First Horizon Corp	2,000 shares	33,521	32,660
	First Solar	200 shares	17,476	17,432
	Floor and Décor	200 shares	20,054	26,002
	Home Depot	634 shares	177,232	263,117
	Huntington Bancshares	1,000 shares	16,216	15,420
	International Paper	500 shares	17,376	23,490
	Joann inc.	1,500 shares	16,443	15,570
	JP Morgan Chase	698 shares	68,619	110,528
	Johnson & Johnson	648 shares	105,794	110,854
	Lam Research	200 shares	48,754	143,830
	Lockheed Martin Corp	150 shares	11,423	53,311
	Lowe's Companies	891 shares	165,034	230,306
	Marathon Petroleum	200 shares	7,502	12,798
	Medtronics	571 shares	60,086	59,070
	Microsoft	736 shares	71,287	247,532
	Novartis	200 shares	9,898	17,494
	Netapp	300 shares	13,140	27,597
	PepsiCo	215 shares	22,248	37,348
	Philip Morris Intl	289 shares	17,054	27,455
	PNC Financial	200 shares	36,362	40,104
	Progressive Corp	200 shares	17,385	20,530
	Qorvo Inc	400 shares	73,034	62,556
	Qualcomm	1,100 shares	122,380	201,157
	Rush Enterprises	500 shares	25,163	27,820
	Sylvamo Corp	45 shares	969	1,255
	Target	360 shares	59,824	83,318
	Teradyne	500 shares	60,700	81,765
	Texas Instruments	453 shares	33,844	85,377
	Visa Inc	589 shares	68,570	127,642
	United Parcel Service	232 shares	19,085	49,727
	Vale SA	2,700 shares	28,851	37,854
	Valero Energy	700 shares	50,666	52,577
	Verizon Communications	415 shares	15,806	21,563
	Walmart	417 shares	53,968	60,336
	Accenture	67 shares	15,088	27,775
	Amgen Inc	9 shares	2,258	2,025
	Analog Devices	216 shares	27,425	37,966
	Bank of Nova Scotia	44 shares	3,024	3,154
	Broadcom	91 shares	33,413	60,552
	Bristol-Meyer Squibb	66 shares	3,929	4,115

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN 74-1532648
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	CSX Corp	75 shares	1,997	2,820
	Chevron	42 shares	3,343	4,929
	Cisco Systems	354 shares	16,562	22,433
	Comcast	742 shares	39,393	37,345
	Deere	16 shares	6,002	5,486
	Eaton Corp	34 shares	4,152	5,876
	Emmerson Electric	55 shares	3,766	5,113
	Entergy	80 shares	8,007	9,012
	Fifth Third Bancorp	175 shares	3,838	7,621
	Honeywell	170 shares	30,765	35,447
	Hewlett Packard	308 shares	4,487	4,857
	Intercontinental	232 shares	22,151	31,731
	KLA Corp	107 shares	21,251	46,022
	Kinder Morgan	335 shares	4,561	5,313
	Magna International	46 shares	4,432	3,723
	Moody's	57 shares	15,891	22,263
	Mastercard	76 shares	23,644	27,308
	Merck and Co	205 shares	15,579	15,711
	McDonalds	10 shares	2,223	2,681
	Northrup Gurmman	62 shares	20,200	23,998
	Nutrien	118 shares	7,127	8,874
	Principal Financial Group	83 shares	5,855	6,003
	Proctor & Gamble	17 shares	2,360	2,781
	Raytheon Co	470 shares	32,153	40,448
	Realty Income	114 shares	7,473	8,161
	Regions Financial Corp	829 shares	17,915	18,072
	S&P Global	25 shares	8,142	11,798
	Seagate Tech	65 shares	4,770	7,344
	Skyworks Solutions	139 shares	25,305	21,565
	Stryker	138 shares	27,446	36,904
	Synchrony Financial	125 shares	6,052	5,799
	Truist Financial Corp	103 shares	4,051	6,031
	TE Connectivity	250 shares	22,184	40,335
	Toronto	55 shares	4,049	4,217
	UnitedHealth Group	121 shares	37,903	60,759
	Vici Pptys	292 shares	8,151	8,792
	Williams Companies	183 shares	5,123	4,765
	Total Equity Securities	39,338	3,009,808	4,461,951

**SPEC'S FAMILY PARTNERS EMPLOYEES'
PROFIT SHARING PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN 74-1532648
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Money Market Funds			
	BLF Fedfund Cash Reserve		218,603	218,603
	Cash		10,673	10,673
	Total Money Market Funds		229,276	229,276
*	Notes Receivable from Participants	8.0% Interest, maturing through December 2026	-	4,695
	Total Investments		\$ 6,215,676	\$ 7,798,973

* Represents party-in-interest.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SPEC 'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SPECS FAMILY PARTNERS, LTD.		D Employer Identification Number (EIN) 74-1532648
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		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): <u>76-0103928</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2021

EIN 74-1532648
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Mutual Funds			
	Vaneck Vectors Gold Miners	3,648 shares	\$ 149,988	\$ 116,845
	Ishares Nasdaq Biotech	700 shares	104,087	106,834
	First Eagle	3,740 shares	172,011	242,576
	Loomis Sayles Global Allocation	11,494 shares	203,648	328,028
	Loomis Sayles Senior Floating Rate and Fixed Income	11,751 shares	105,872	105,642
	iShares MSCI ACWI Low Carbon Target	121 shares	19,934	21,050
	Goldman Sachs	42,495 shares	423,145	416,451
	SPDR S&P Insurance	512 shares	20,024	20,669
	ARK Autonomous Technology & Robotics	248 shares	19,976	19,099
	Pimco Income Fund	12,104 shares	143,294	144,524
	iShares Genomics Immunology	421 shares	22,270	18,444
	SPDR S&P Kensho New Economies	309 shares	19,939	18,216
	American Century Short Duration Inflation Protection Bond Fund	25,857 shares	282,617	283,910
	Adjustable Rate Government Fund	30,287 shares	271,674	270,766
	Invesco Senior Floating Rate Fund	23,025 shares	159,094	162,787
	Columbia Quality Income Fund	6,479 shares	148,138	143,315
	Eaton Vance Short Duration Strategic	20,015 shares	146,247	142,505
	BlackRock Global Long/Short Credit Fund	12,383 shares	126,150	122,839
	VanEck Semiconductor	100 shares	24,648	30,879
	iShares Multimedia Networking	290 shares	19,984	24,496
	First Trust Nasdaq Cybersecurity	442 shares	22,312	23,333
	Global X U.S. Infrastructure Development	766 shares	19,947	22,053
*	T. Rowe Price Latin America Fund	17,914 shares	351,593	317,790
	Total Mutual Funds		\$ 2,976,592	\$ 3,103,051
	Equity Securities			
	Abbott Labs	517 shares	\$ 27,195	\$ 72,762
	Altria Group	1,042 shares	36,143	49,380
	American Tower Reit	329 shares	80,115	96,233
	Activision Blizzard	300 shares	24,147	19,959
	Advanced Micro	700 shares	68,920	100,730
	Ally Financial	400 shares	20,056	19,044
	Apple	1,423 shares	82,995	252,682
	AT&T	2,000 shares	49,370	49,200
	Blackrock Inc	106 shares	60,985	97,049
	BAE System PLC	1,000 shares	27,733	29,785
	Cloudflare Inc	400 shares	32,973	52,600
	Citigroup Inc	1,100 shares	66,177	66,429
	Coca Cola	196 shares	6,789	11,605
	Crown Castle Reit	348 shares	56,206	72,642
	DigitalOcean Holdings	400 shares	33,672	32,132

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN 74-1532648
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Disney	300 shares	53,087	46,467
	Ecolab Inc	200 shares	11,229	46,918
	Eli Lilly & Co	283 shares	68,878	78,170
	Exxon	1,550 shares	73,934	94,845
	First Horizon Corp	2,000 shares	33,521	32,660
	First Solar	200 shares	17,476	17,432
	Floor and Décor	200 shares	20,054	26,002
	Home Depot	634 shares	177,232	263,117
	Huntington Bancshares	1,000 shares	16,216	15,420
	International Paper	500 shares	17,376	23,490
	Joann inc.	1,500 shares	16,443	15,570
	JP Morgan Chase	698 shares	68,619	110,528
	Johnson & Johnson	648 shares	105,794	110,854
	Lam Research	200 shares	48,754	143,830
	Lockheed Martin Corp	150 shares	11,423	53,311
	Lowe's Companies	891 shares	165,034	230,306
	Marathon Petroleum	200 shares	7,502	12,798
	Medtronics	571 shares	60,086	59,070
	Microsoft	736 shares	71,287	247,532
	Novartis	200 shares	9,898	17,494
	Netapp	300 shares	13,140	27,597
	PepsiCo	215 shares	22,248	37,348
	Philip Morris Intl	289 shares	17,054	27,455
	PNC Financial	200 shares	36,362	40,104
	Progressive Corp	200 shares	17,385	20,530
	Qorvo Inc	400 shares	73,034	62,556
	Qualcomm	1,100 shares	122,380	201,157
	Rush Enterprises	500 shares	25,163	27,820
	Sylvamo Corp	45 shares	969	1,255
	Target	360 shares	59,824	83,318
	Teradyne	500 shares	60,700	81,765
	Texas Instruments	453 shares	33,844	85,377
	Visa Inc	589 shares	68,570	127,642
	United Parcel Service	232 shares	19,085	49,727
	Vale SA	2,700 shares	28,851	37,854
	Valero Energy	700 shares	50,666	52,577
	Verizon Communications	415 shares	15,806	21,563
	Walmart	417 shares	53,968	60,336
	Accenture	67 shares	15,088	27,775
	Amgen Inc	9 shares	2,258	2,025
	Analog Devices	216 shares	27,425	37,966
	Bank of Nova Scotia	44 shares	3,024	3,154
	Broadcom	91 shares	33,413	60,552
	Bristol-Meyer Squibb	66 shares	3,929	4,115

SPEC'S FAMILY PARTNERS EMPLOYEES' PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN 74-1532648
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	CSX Corp	75 shares	1,997	2,820
	Chevron	42 shares	3,343	4,929
	Cisco Systems	354 shares	16,562	22,433
	Comcast	742 shares	39,393	37,345
	Deere	16 shares	6,002	5,486
	Eaton Corp	34 shares	4,152	5,876
	Emmerson Electric	55 shares	3,766	5,113
	Entergy	80 shares	8,007	9,012
	Fifth Third Bancorp	175 shares	3,838	7,621
	Honeywell	170 shares	30,765	35,447
	Hewlett Packard	308 shares	4,487	4,857
	Intercontinental	232 shares	22,151	31,731
	KLA Corp	107 shares	21,251	46,022
	Kinder Morgan	335 shares	4,561	5,313
	Magna International	46 shares	4,432	3,723
	Moody's	57 shares	15,891	22,263
	Mastercard	76 shares	23,644	27,308
	Merck and Co	205 shares	15,579	15,711
	McDonalds	10 shares	2,223	2,681
	Northrup Gurmman	62 shares	20,200	23,998
	Nutrien	118 shares	7,127	8,874
	Principal Financial Group	83 shares	5,855	6,003
	Proctor & Gamble	17 shares	2,360	2,781
	Raytheon Co	470 shares	32,153	40,448
	Realty Income	114 shares	7,473	8,161
	Regions Financial Corp	829 shares	17,915	18,072
	S&P Global	25 shares	8,142	11,798
	Seagate Tech	65 shares	4,770	7,344
	Skyworks Solutions	139 shares	25,305	21,565
	Stryker	138 shares	27,446	36,904
	Synchrony Financial	125 shares	6,052	5,799
	Truist Financial Corp	103 shares	4,051	6,031
	TE Connectivity	250 shares	22,184	40,335
	Toronto	55 shares	4,049	4,217
	UnitedHealth Group	121 shares	37,903	60,759
	Vici Pptys	292 shares	8,151	8,792
	Williams Companies	183 shares	5,123	4,765
	Total Equity Securities	39,338	3,009,808	4,461,951

**SPEC'S FAMILY PARTNERS EMPLOYEES'
PROFIT SHARING PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN 74-1532648
Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Money Market Funds			
	BLF Fedfund Cash Reserve		218,603	218,603
	Cash		10,673	10,673
	Total Money Market Funds		229,276	229,276
*	Notes Receivable from Participants	8.0% Interest, maturing through December 2026	-	4,695
	Total Investments		\$ 6,215,676	\$ 7,798,973

* Represents party-in-interest.