

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 [] 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: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan): SOUTHWEST HOLLY SALES, INC.
2b Employer Identification Number (EIN): 86-0524823
2c Sponsor's telephone number: 602-437-2985
2d Business code (see instructions): 423400
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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 2
5b Total number of participants at the end of the plan year: 2
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 2
5d(2) Total number of active participants at the end of the plan year: 2
5e 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, Date, Name. Row 1: Filed with authorized/valid electronic signature, Signature of plan administrator, 09/09/2025, BRIAN HAINES. Row 2: Filed with authorized/valid electronic signature, Signature of employer/plan sponsor, 09/09/2025, BRIAN HAINES.

- 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: 561234. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	553235	702490
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	553235	702490
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	100324	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	53920	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		154244
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	4989	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		4989
i Net income (loss) (subtract line 8h from line 8c)	8i		149255
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: <u>1A 3D</u>
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		71000
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 Q705217A.

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

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

A Name of plan <u>SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT 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>SOUTHWEST HOLLY SALES, INC.</u>	D Employer Identification Number (EIN) <u>86-0524823</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>602166</u>
	b Actuarial value	2b	<u>602166</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>0</u>	<u>0</u>
	c For active participants	<u>4</u>	<u>520720</u>
	d Total	<u>4</u>	<u>520720</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>5.42 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>48491</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>48491</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>09/24/2025</u>
	<u>JEWEL BRADFORD BARLOW, JR</u>	Date
	Type or print name of actuary	<u>23-05743</u>
	<u>ARROW PENSIONS, LLC</u>	Most recent enrollment number
	Firm name	<u>602-743-4322</u>
	<u>22050 NORTH DOBSON ROAD</u> <u>SCOTTSDALE, AZ 85255</u>	Telephone number (including area code)
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.00</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		48431
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.35</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		48431
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	115.64 %
15	Adjusted funding target attainment percentage	15	122.53 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	128.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/06/2025	100324	0					
			Totals ▶	18(b)	100324	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 99385
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 5.03 %	2nd segment: 5.28 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 1
22 Weighted average retirement age			22 62
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 48491
b Excess assets, if applicable, but not greater than line 31a			31b 48491
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 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 99385
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 99385
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			

<p>Structured Attachment</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	86-0524823	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34			1			
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	1					
60 to 64						
65 to 69						
70 & Up						

Name of Plan	SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	86-0524823	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	1					
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	1					
60 to 64						
65 to 69						
70 & Up						

Name of Plan	SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	86-0524823	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

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 section 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.**

Annual Report Identification Information

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

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

D If the plan is a collectively-bargained plan, check here

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Basic Plan Information --- enter all requested information

1a Name of plan SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/2020
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) SOUTHWEST HOLLY SALES, INC. 4306 E. WINSLOW US PHOENIX AZ 85040	2b Employer Identification Number (EIN) 86-0524823
	2c Sponsor's telephone number (602) 437-2985
	2d Business code (see instructions) 423400
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN 4d PN
5a Total number of participants at the beginning of the plan year	5a 2
b Total number of participants at the end of the plan year	5b 2
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)
d(1) Total number of active participants at the beginning of the plan year	5d(1) 2
d(2) Total number of active participants at the end of the plan year	5d(2) 2
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 0

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<i>Brian Haines</i> Signature of plan administrator	9/9/25 Date	BRIAN HAINES Enter name of individual signing as plan administrator
<i>Brian Haines</i> Signature of employer/plan sponsor	9/9/25 Date	BRIAN HAINES Enter name of individual signing as employer or plan sponsor

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

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

86-0524823 / 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
SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN
86-0524823 / 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	03/06/2025	\$100,324					
Applied to Additional Contribution	12/31/2024	100,324	99,385	0	0	5.42	0.00
Totals for Deposited Contribution		\$100,324	\$99,385	\$0	\$0		

Schedule SB, Part V Summary of Plan Provisions

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN 86-0524823 / 002

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

Employer: SOUTHWEST HOLLY SALES, INC.
 Type of Entity - S Corporation
 EIN: 86-0524823 TIN: Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 01/01/2020 Valuation - 12/31/2024
 Top Heavy Years - 2023, 2024

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union
 Minimum age - N/A Months of service - 12
 Hours Required for - Eligibility - 1000 Benefit accrual - 0 Vesting - 1000
 Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Anniversary date nearest attainment of age 62
 Early - Not provided

Average Compensation: Current compensation
 Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the accumulation benefit formula below:
 Accrued Benefit - 0% of current compensation per year of service plus prior year accrued benefit
 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) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum
 Early Retirement - None
 Death Benefit - Qualified Pre-Retirement Survivor Annuity
 Disability Benefit - None

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$275,000
 Maximum 401(a)(17) compensation - \$345,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity

Optional Forms: Lump Sum

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service, except years prior to age 18

Schedule SB, Part V Summary of Plan Provisions

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN 86-0524823 / 002

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

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -	First Month Prior to Plan Yr Beg		
	Segment #	Years	Rate %
	Segment 1	0 - 5	5.01
	Segment 2	6 - 20	5.13
	Segment 3	> 20	5.15

Mortality Table - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	6%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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 SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTHWEST HOLLY SALES, INC.		D Employer Identification Number (EIN) 86-0524823	

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a		602,166
b Actuarial value	2b		602,166
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	4	520,720	520,720
d Total	4	520,720	520,720
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		5.42 %
6 Target normal cost			
a Present value of current plan year accruals	6a		48,491
b Expected plan-related expenses	6b		0
c Target normal cost	6c		48,491

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**

Jewel Bradford Barlow, Jr.

Signature of actuary

JEWEL BRADFORD BARLOW, JR

Type or print name of actuary

ARROW PENSIONS, LLC

Firm name

22050 NORTH DOBSON ROAD

US SCOTTSDALE

AZ 85255

Address of the firm

9-24-2025

Date

23-05743

Most recent enrollment number

(602) 743-4322

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 II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.00</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		48,431
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.35</u> % ...		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		48,431
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	115.64 %
15	Adjusted funding target attainment percentage	15	122.53 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	128.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/06/2025	100,324						
Totals ▶			18(b)	100,324	18(c)	0	

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	99,385
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 5.28 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 62
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	48,491	
b Excess assets, if applicable, but not greater than line 31a	31b	48,491	
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	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	99,385	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	99,385	
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
---	---

401(a)(4) Minimum Allocation Gateway
SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN
For the plan year 01/01/2024 through 12/31/2024

Minimum Allocation Gateway -- Passed - Highest HCE DB/DC Aggregate Allocation Rate Is Less than 15% and the Lowest NHCE Rate Is at Least 1/3 of the Highest HCE Rate

A. Percentage of NHCEs benefiting primarily in the DB plan	33.33%	
B. Highest HCE DB/DC Aggregate Allocation Rate	9.96%	Minimum NHCE - 3.32%
C. Lowest NHCE DB/DC Aggregate Allocation Rate	3.36%	harper, b
D. Average NHCE DB Equivalent Allocation Rate	4.64%	
E. Lowest NHCE DB/DC Aggregate Allocation Rate (415(c) Comp)	3.36%	
F. Average NHCE DB Equivalent Allocation Rate (415(c) Comp)	4.64%	

Treas. Reg. 1.401(a)(4)-9(b) for DC plans combined with DB plans allow 401(a)(4) cross testing (i.e. contributions are tested as equivalent benefits) if the combination:

- (1) is Primarily Defined Benefit in Nature (A. is more than 50%),
Or
- (2) satisfies a Gateway Requirement. The Gateway is satisfied If :
 - (a) B. is less than 15% And no more than 3 times C.,
 - (b) B. is 15% to 25% And C. is at least 5%, Or
 - (c) B. exceeds 25% And C. is at least 5% plus 1% for each 5% increment (Or portion thereof) that B. exceeds 25%,
Or
- (3) E. is 7.5% Or greater,
Or
- (4) consists of Broadly Available Separate Plans.

401(a)(4) General Test

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

Passed 401(a)(4) General
Non-Discrimination Test

A Rate Group passes if the Ratio Percentage is 70% or more, or if the plan passes the Average Benefit Percentage Test and the Rate Group's Ratio Percentage is greater than or equal to the mid-point between the Safe and Unsafe Harbor Percentages.

Average Benefit Percentage Test	-	Passed
NHCEs Concentration Percentage	-	75.00%
Safe Harbor Percentage	-	38.75%
Mid-Point	-	33.75%
Unsafe Harbor Percentage	-	28.75%

All Together

Passed Method: Annual without Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	1.92	2.19	2	3	66.67	1	1	100	66.67	Pass

Passed Method: Annual with Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	2.11	2.38	2	3	66.67	1	1	100	66.67	Pass

Failed Method: Equivalent Allocation without Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	9.96	11.39	0	3	0	1	1	100	0	Fail

Failed Method: Equivalent Allocation with Permitted Disparity

Rate Group	Norm Rate	MVAR	— Non-Highly Compensated Employees —			— Highly Compensated Employees —			Ratio Percent	Pass/Fail
			Number Greater or Equal	Total	Percent in this Group	Number Greater or Equal	Total	Percent in this Group		
1	11.89	13.78	1	3	33.33	1	1	100	33.33	Fail

401(a)(4) General Test

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

All Together

Passed Method: Annual without Permitted Disparity

	H C E	Rate Norm	MVAR	Rate Group 1 ≥ 1.92 ≥ 2.19
brian haines	Y	1.92	2.19	Y
<div style="padding-left: 20px;">Number of HCEs in group:</div>				1
Total number of HCEs:				1
Percent of HCEs:				100%
bradley haines		1.66	1.88	*
britain harper		4.98	4.98	Y
tori punk		3.61	3.61	Y
<div style="padding-left: 20px;">Number of NHCE's in group:</div>				2
Total number of NHCEs:				3
Percent of NHCEs				66.67%
Ratio percent of NHCEs/HCEs:				66.67%
				Pass

401(a)(4) General Test

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

All Together

Passed Method: Annual with Permitted Disparity

	H C E	Rate		Rate
		Norm	MVAR	Group 1
				≥ 2.11
				≥ 2.38
brian haines	Y	2.11	2.38	Y
		Number of HCEs in group:		1
		Total number of HCEs:		1
		Percent of HCEs:		100%
bradley haines		2.15	2.37	*
britain harper		5.48	5.48	Y
tori punk		4.11	4.11	Y
		Number of NHCE's in group:		2
		Total number of NHCEs:		3
		Percent of NHCEs		66.67%
Ratio percent of NHCEs/HCEs:				66.67%
				Pass

401(a)(4) General Test

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

All Together

Failed Method: Equivalent Allocation without Permitted Disparity

	H C E	Rate		Rate
		Norm	MVAR	Group 1
				≥ 9.96
				≥ 11.39
brian haines	Y	9.96	11.39	Y
		Number of HCEs in group:		1
		Total number of HCEs:		1
		Percent of HCEs:		100%
bradley haines		8.64	9.75	*
britain harper		3.36	3.36	*
tori punk		7.05	7.05	*
		Number of NHCE's in group:		0
		Total number of NHCEs:		3
		Percent of NHCEs		0%
Ratio percent of NHCEs/HCEs:				0%
				Fail

401(a)(4) General Test

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

All Together

Failed Method: Equivalent Allocation with Permitted Disparity

	H C E	Rate		Rate
		Norm	MVAR	Group 1
				≥ 11.89
				≥ 13.78
brian haines	Y	11.89	13.78	Y
		Number of HCEs in group:		1
		Total number of HCEs:		1
		Percent of HCEs:		100%
bradley haines		13.28	15.45	Y
britain harper		6.72	6.72	*
tori punk		12.75	12.75	*
		Number of NHCE's in group:		1
		Total number of NHCEs:		3
		Percent of NHCEs		33.33%
Ratio percent of NHCEs/HCEs:				33.33%
				Fail

410(b)/401(a)(4) Worksheet**SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN**

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

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

Normal Form for MVAR - Joint with 100% Survivor Benefits

410(b)/401(a)(4) Worksheet

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN For the plan year 01/01/2024 through 12/31/2024

brian haines															
H C E X	O Y	Benefiting			Age	Testing				Accumulation Factor	Annuity Purchase Rate	Covered Compensation	Permitted Disparity Factor(DC)	Permitted Disparity Factor(DB)	Top Heavy Only
		ER	401(k)	401(m)		Ret Age	DB 410(b)	Past Svc 401(a)(4)	DC 410(b)						
Y	Y	Y	N		56	62	5	5	0	0	1.6315	101.7180	\$132,036.00	5.700	0.500
Rates															
Method	Type	DC Value	Accrued Benefit	Testing Comp	Lump Sum at Testing Age	Accrual	PD Adj Rate	Normal w/o PD	Normal with PD	MVAR w/o PD	MVAR with PD				
Annual Allocation															
	DC	0.00	0.00	345,000.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00		
	DB	20,574.28	330.00					5.96	7.89	7.39	9.78				
	401(k) SH	13,800.00	221.34					4.00	4.00	4.00	4.00				
	Total 401(a)(4)	34,374.28	551.34				C	9.96	11.89	11.39	13.78				
	401(k/m)	23,000.00	368.91					6.67	6.67						
	Total 410(b)	57,374.28	920.25					16.63	18.56						
Annual Accrual															
	DC	0.00	0.00	345,000.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00		
	DB	20,574.28	330.00					1.15	1.34	1.42	1.61				
	401(k) SH	13,800.00	221.34		22,514.70	221.34		0.77	0.77	0.77	0.77				
	Total 401(a)(4)	34,374.28	551.34		22,514.70		D	1.92	2.11	2.19	2.38				
	401(k/m)	23,000.00	368.91		37,524.50	368.91		1.28	1.28						
	Total 410(b)	57,374.28	920.25		60,039.20			3.20	3.39						
Accrued-to-Date															
	DC	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00		
	DB		4,686.36					0.00	0.00	0.00	0.00	0.00	0.00		
	401(k) SH	0.00	0.00		0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00		
	Total 401(a)(4)	0.00	4,686.36		0.00			0.00	0.00	0.00	0.00	0.00	0.00		
	401(k/m)	0.00	0.00		0.00	0.00		0.00	0.00						
	Total 410(b)	0.00	4,686.36		0.00			0.00	0.00						
bradley haines															
H C E X	O Y	Benefiting			Age	Testing				Accumulation Factor	Annuity Purchase Rate	Covered Compensation	Permitted Disparity Factor(DC)	Permitted Disparity Factor(DB)	Top Heavy Only
		ER	401(k)	401(m)		Ret Age	DB 410(b)	Past Svc 401(a)(4)	DC 410(b)						
Y	Y	Y	N		56	62	5	5	0	0	1.6315	101.7180	\$132,036.00	5.700	0.500
Rates															
Method	Type	DC Value	Accrued Benefit	Testing Comp	Lump Sum at Testing Age	Accrual	PD Adj Rate	Normal w/o PD	Normal with PD	MVAR w/o PD	MVAR with PD				
Annual Allocation															
	DC	0.00	0.00	134,394.14	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00		
	DB	6,234.63	100.00					4.64	9.28	5.75	11.45				
	401(k) SH	5,375.77	86.22					4.00	4.00	4.00	4.00				
	Total 401(a)(4)	11,610.40	186.22				A	8.64	13.28	9.75	15.45				
	401(k/m)	23,000.00	368.91					17.11	17.11						
	Total 410(b)	34,610.40	555.13					25.75	30.39						
Annual Accrual															
	DC	0.00	0.00	134,394.14	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00		
	DB	6,234.63	100.00					0.89	1.38	1.11	1.60				
	401(k) SH	5,375.77	86.22		8,770.57	86.22		0.77	0.77	0.77	0.77				
	Total 401(a)(4)	11,610.40	186.22		8,770.57		D	1.66	2.15	1.88	2.37				
	401(k/m)	23,000.00	368.91		37,524.50	368.91		3.29	3.29						
	Total 410(b)	34,610.40	555.13		46,295.07			4.95	5.44						
Accrued-to-Date															
	DC	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00		
	DB		361.24					0.00	0.00	0.00	0.00	0.00	0.00		
	401(k) SH	0.00	0.00		0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00		
	Total 401(a)(4)	0.00	361.24		0.00			0.00	0.00	0.00	0.00	0.00	0.00		
	401(k/m)	0.00	0.00		0.00	0.00		0.00	0.00						
	Total 410(b)	0.00	361.24		0.00			0.00	0.00						

410(b)/401(a)(4) Worksheet

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

britain harper -- new participant																
H O		Benefiting		Testing						Annuity		Permitted		Permitted		Top
C E	ER	401(k)	401(m)	Age	Ret Age	DB 410(b)	Past Svc 401(a)(4)	DC Past Svc 410(b)	DC Past Svc 401(a)(4)	Accumulation Factor	Purchase Rate	Covered Compensation	Disparity Factor(DC)	Disparity Factor(DB)	Heavy Only	
Y	Y	N		31	62	1	1	0	0	12.5407	101.7180	\$168,600.00	5.700	0.500		
														Rates		
Method	Type	DC Value	Accrued Benefit	Testing Comp	Lump Sum at Testing Age	Accrual	PD Adj Rate	Normal w/o PD	Normal with PD	MVAR w/o PD	MVAR with PD					
Annual Allocation																
	DC	2,000.00	246.58	59,450.28	25,081.40	246.58		3.36	6.72	3.36	6.72					
	DB	0.00	0.00					0.00	0.00	0.00	0.00					
	401(k) SH	0.00	0.00					0.00	0.00	0.00	0.00					
	Total 401(a)(4)	2,000.00	246.58				A	3.36	6.72	3.36	6.72					
	401(k/m)	0.00	0.00					0.00	0.00							
	Total 410(b)	2,000.00	246.58					3.36	6.72							
Annual Accrual																
	DC	2,000.00	246.58	59,450.28	25,081.40	246.58		4.98	5.48	4.98	5.48					
	DB	0.00	0.00					0.00	0.00	0.00	0.00					
	401(k) SH	0.00	0.00		0.00	0.00		0.00	0.00	0.00	0.00					
	Total 401(a)(4)	2,000.00	246.58		25,081.40		B	4.98	5.48	4.98	5.48					
	401(k/m)	0.00	0.00		0.00	0.00		0.00	0.00							
	Total 410(b)	2,000.00	246.58		25,081.40			4.98	5.48							
Accrued-to-Date																
	DC	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00					
	DB	0.00	0.00					0.00	0.00	0.00	0.00					
	401(k) SH	0.00	0.00		0.00	0.00		0.00	0.00	0.00	0.00					
	Total 401(a)(4)	0.00	0.00		0.00			0.00	0.00	0.00	0.00					
	401(k/m)	0.00	0.00		0.00	0.00		0.00	0.00							
	Total 410(b)	0.00	0.00		0.00			0.00	0.00							

tori punk																
H O		Benefiting		Testing						Annuity		Permitted		Permitted		Top
C E	ER	401(k)	401(m)	Age	Ret Age	DB 410(b)	Past Svc 401(a)(4)	DC Past Svc 410(b)	DC Past Svc 401(a)(4)	Accumulation Factor	Purchase Rate	Covered Compensation	Disparity Factor(DC)	Disparity Factor(DB)	Heavy Only	
Y	Y	N		44	62	5	5	0	0	4.3425	101.7180	\$156,864.00	5.700	0.500		
														Rates		
Method	Type	DC Value	Accrued Benefit	Testing Comp	Lump Sum at Testing Age	Accrual	PD Adj Rate	Normal w/o PD	Normal with PD	MVAR w/o PD	MVAR with PD					
Annual Allocation																
	DC	3,500.23	149.43	49,625.48	15,199.75	149.43		7.05	12.75	7.05	12.75					
	DB	0.00	0.00					0.00	0.00	0.00	0.00					
	401(k) SH	0.00	0.00					0.00	0.00	0.00	0.00					
	Total 401(a)(4)	3,500.23	149.43				B	7.05	12.75	7.05	12.75					
	401(k/m)	0.00	0.00					0.00	0.00							
	Total 410(b)	3,500.23	149.43					7.05	12.75							
Annual Accrual																
	DC	3,500.23	149.43	49,625.48	15,199.75	149.43		3.61	4.11	3.61	4.11					
	DB	0.00	0.00					0.00	0.00	0.00	0.00					
	401(k) SH	0.00	0.00		0.00	0.00		0.00	0.00	0.00	0.00					
	Total 401(a)(4)	3,500.23	149.43		15,199.75		B	3.61	4.11	3.61	4.11					
	401(k/m)	0.00	0.00		0.00	0.00		0.00	0.00							
	Total 410(b)	3,500.23	149.43		15,199.75			3.61	4.11							
Accrued-to-Date																
	DC	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00					
	DB	0.00	0.00					0.00	0.00	0.00	0.00					
	401(k) SH	0.00	0.00		0.00	0.00		0.00	0.00	0.00	0.00					
	Total 401(a)(4)	0.00	0.00		0.00			0.00	0.00	0.00	0.00					
	401(k/m)	0.00	0.00		0.00	0.00		0.00	0.00							
	Total 410(b)	0.00	0.00		0.00			0.00	0.00							

SOUTHWEST HOLLY SALES, INC.
SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN
For the plan year 01/01/2024 through 12/31/2024

Employer ID Number: 86-0524823

Three Digit Plan Number: 002

Prepared By:

Valuation Results

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

Valuation Date: 12/31/2024

<u>Rates For:</u>	<u>1st Segment</u>	<u>2nd Segment</u>	<u>3rd Segment</u>
IRC 430	5.03%	5.28%	5.59%
IRC 404	5.03%	5.28%	5.36%

Effective Interest Rate:	5.42%	Current Year Actual Rate of Return:	5.00%
Prior Year Effective Interest Rate:	5.35%	Prior Year Actual Rate of Return:	5.00%

A. 430 Valuation Results

1. Funding Target	520,720
Normal Retirement	520,720
2. Target Normal Cost	48,491
Normal Retirement	48,491
3. Assets	602,166
4. Undeducted Contributions	0
5. Funding Target as if At-Risk	524,638
6. Target Normal Cost as if At-Risk	48,856

B. Carryover and Prefunding Balances

	<u>a. Carryover</u>	<u>b. Prefunding</u>
1. Prior Year Balance	0	0
2. Balance Used to Offset Prior Year Funding Requirement	0	0
3. Amount Remaining (B1-B2)	0	0
4. Interest Using Prior Year Actual Rate of Return	0	0
5. Prior Year Excess Contribution		48,431
6. Interest at Prior Year Effective Rate		0
7. Total Available to Add to Prefunding Balance (B5+B6)		48,431
8. Portion of B7 to Add to Prefunding Balance		0
9. Reduction in Balance Due to Voluntary Election	0	0
10. Reduction in Balance Due to Deemed Election	0	0
11. Balance for Current Year (B3+B4+B8-B9-B10)	0	0
12. Balance Adjusted to Valuation Date	0	0

Valuation Results

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

Valuation Date: 12/31/2024

C. Funding Shortfall and Shortfall Amortization Charge

Early Deemed Amortization of Shortfall

1. Funding Target (A1)	520,720
2. Assets (A3)	602,166
3. Carryover Balance (B12a)	0
4. Prefunding Balance (B12b)	0
5. Applicable Assets (IRC 430(f)(4)(B)(i) (C2-C3-C4))	602,166
6. Funding Shortfall (IRC 430(c)(4) (C1-C5, not less than 0))	0
(if C6 is zero, all bases deemed to be fully amortized)	

Exemption from New Shortfall Amortization Base

7. Funding Target (A1)	520,720
8. Applicable Percentage (IRC 430(c)(5)(B)(ii))	100%
9. Reduced Funding Target (C7*C8)	520,720
10. Assets (A3)	602,166
11. Prefunding Balance (B12b if IRC 430(f)(3) election made)	0
12. Applicable Assets (IRC 430(f)(4)(A) (C10-C11))	602,166
13. Funding Shortfall (IRC 430(c)(5) (C9-C12, not less than 0))	0
(if C13 is zero, exempt from new shortfall base)	

Funding Shortfall

14. Reduced Funding Target (C9)	520,720
15. Applicable Assets (IRC 430(f)(4)(B)(i) (C5))	602,166
16. Funding Shortfall (IRC 430(c)(3) (C14-C15, not less than 0))	0
17. Shortfall Amortization Charge (C25a)	0

Prior Year Amortization Installments

	<u>a. Shortfall</u>	<u>b. 412(c) Waiver</u>
18. Current Year	0	0
19. PV Prior Yrs Amort	0	
20. PV Prior Yrs Waiver	0	
21. Amortization Base	0	0
22. Amortization Factor	10.74426	4.53570
23. Amortization Installment	0	0
24. Prior Yr Installments	0	0
25. Amortization Charge	0	0

(Waiver Installment applies next year)

Valuation Results

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

Valuation Date: 12/31/2024

D. 430 Minimum Required Contribution

1. Target Normal Cost (A2)	48,491
2. Funding Surplus (C5-A1, not less than 0)	81,446
3. Reduced Target Normal Cost (D1-D2, not less than 0)	0
4. Shortfall Amortization Charge (C17)	0
5. Waiver Amortization Charge	0
6. Minimum Required Contribution (D3+D4+D5)	0

E. 404 Maximum Contribution

1. Funding Target	528,659
2. Target Normal Cost	49,230
3. 50% of the Funding Target	264,330
4. Increase in Funding Target Due to Salary Increases	0
5. Cushion Amount (E3+E4)	264,330
6. Total (E1+E2+E5)	842,219
7. Funding Target as if At-Risk	529,501
8. Target Normal Cost as if At-Risk	49,308
9. Total (E7+E8)	578,809
10. Greater of E6 and E9	842,219
11. 404 Assets	602,166
12. Undeducted Contributions (A4)	0
13. Maximum Contribution (E10-(E11-E12))	240,053

Contribution Deposited/Due

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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	03/06/2025	\$100,324					
Applied to Additional Contribution	12/31/2024	100,324	99,385	0	0	5.42	0.00
Totals for Deposited Contribution		\$100,324	\$99,385	\$0	\$0		

A. Reconciliation of Unpaid Minimum Required Contribution for Prior Years							
1. Unpaid Minimum Required Contribution for Prior Years						0	
2. Discounted Contributions Applied to Unpaid MRC from Prior Years						0	
3. Remaining Amount of Unpaid MRC from Prior Years (A1-A2)						\$0	
B. Contribution for Current Year at Valuation Date							
1. Target Normal Cost (adjusted for excess assets)						0	
2. Shortfall Amortization Installment						0	
3. Waiver Amortization Installment						0	
4. Less Waiver						0	
5. Minimum Required Contribution (MRC) at Valuation Date (B1+B2+B3-B4)						\$0	
6. Contributions Applied to MRC Adjusted to Valuation Date						99,385	
7. Carryover Balance (COB) Used to Offset MRC						0	
8. Prefunding Balance (PFB) Used to Offset MRC						0	
9. Unpaid MRC for Current Year (B5-B6-B7-B8, not less than zero)						\$0	
C. Additional Contribution Due at Proposed Deposit Date: 09/15/2025							
1. Unpaid MRC on Proposed Deposit Date						0	
2. Unpaid MRC from Prior Years on Proposed Deposit Date						0	
3. Additional Deposit Required if Paid on Proposed Deposit Date (C1+C2)						\$0	
D. Excess Contribution							
1. Contributions Applied to MRC Adjusted to Valuation Date (B6)						99,385	
2. Minimum Required Contribution at Valuation Date (B5)						0	
3. Excess Contribution for Possible Addition to Next Year's Prefunding Balance (D1-D2)						\$99,385	
E. Carryover and Prefunding Balances at Proposed Deposit Date: 09/15/2025							
1. Remaining Unpaid MRC (C1)						0	
2. Remaining Carryover Balance						0	
3. Remaining Prefunding Balance						0	
4. Remaining MRC with Balances Applied (E1-E2-E3, not less than zero) (Balances may not be used when Prior Year Funding Percentage is less than 80%) Prior Year Funding Percentage (Assets reduced by PFB)/FT: 128.44%						\$0	
5. Remaining Unpaid Contribution from Prior Years (C2)						0	
6. Additional Contribution with Balances Applied (E4+E5)						\$0	
(Election must be made to Apply Balances)							

Contribution Deposited/Due

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

Valuation Date: 12/31/2024

F. Maximum Contribution at Valuation Date

1. Maximum Contribution (IRC 404(o))	240,053
2. Prior Year Undeducted Contributions	0
3. 404 Deposited Contributions	100,324
4. Contributions Deposited to Avoid Restrictions	0
5. Adjustment to Maximum Contribution if MRC Plus Paid Interest Exceeds Regular 404(o) Maximum	0

6. Maximum Additional Contribution (F1-F2-F3-F4+F5)

\$139,729

(Maximum contribution is never less than MRC adjusted to deposit date)

Employee Census

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

Valuation Date: 12/31/2024

Key	Percent Owner	- SVC -		Gender	Ages			Dates				Compensation	Hours Worked	HCE	OEX	
		PS	FS		PA	AA	ARA	Birth	Hire	Part	Retire					
brian haines																
Y	100.00	28	6	M	51	56	62	08/01/68	01/01/97	01/01/20	12/31/30	\$375,000.00	1,000.00	Y		
bradley haines																
		6	6	M	52	56	62	08/01/68	01/28/19	07/01/20	12/31/30	\$134,394.14	1,000.00			
britain harper -- new participant																
		2	31	m	30	31	62	06/22/94	05/30/23	07/01/24	12/31/55	\$59,450.28	1,000.00			
tori punk																
		16	18	f	39	44	62	09/05/80	09/16/08	01/01/20	12/31/42	\$49,625.48	1,000.00			
Total:												\$618,469.90				

	Count	Compensation
Active Fully Vested Benefits	2	\$509,394
Active Partially Vested Benefits	0	\$0
Active Without Vested Benefits	2	\$109,076
Terminated with Vested Benefits	0	\$0
Terminated without Vested Benefits	0	\$0
Terminated with Deferred Vested Benefits	0	\$0
Terminated - Paid Out	0	\$0
Currently Receiving Benefits	0	\$0
Inactives	0	\$0
Ineligibles	0	\$0

Key:	
AA=Attained Age	HCE=Highly Compensated Employee
ARA=Assumed Retirement Age	OEX=Otherwise Excludable
BIS=Break in Service	PA=Participation Age
F=Former Key	PS=Past Service
FS=Future Service	

Valuation Statement

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

Valuation Date: 12/31/2024

	Benefit	Funding Target	Benefit Increase	Target Normal Cost
brian haines	4,356.36	491,260	330.00	37,214
bradley haines	261.24	29,460	100.00	11,277
britain harper -- new participant	0.00	0	0.00	0
tori punk	0.00	0	0.00	0
Grand Totals:		\$520,720		\$48,491

Present Value of Accrued Benefits

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

Valuation Date: 12/31/2024

Accrued Benefit	PVAB Based on Plan Assumptions	PVAB Based on 417(e) Assumptions	PVAB Based on IRC Section 415	Greater of Plan or 417(e) Assumptions as Limited by 415	Vested Percent	PVVAB	
brian haines	4,686.36	487,067	551,079	1,304,434	551,079	100	551,079
bradley haines	361.24	37,545	42,479	1,005,977	42,479	100	42,479
britain harper -- new participant	0.00	0	0	75,451	0	20	0
tori punk	0.00	0	0	718,091	0	100	0
Totals:	\$5,047.60	\$524,612	\$593,558	\$3,103,953	\$593,558		\$593,558

Disclaimer: The PVVABs shown on this report should not be used for distribution purposes.

Plan Provisions

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

<u>Employer:</u>	SOUTHWEST HOLLY SALES, INC.		
	Type of Entity -	S Corporation	
	EIN: 86-0524823	TIN:	Plan #: 002 Plan Type: Defined Benefit
<u>Dates:</u>	Effective - 01/01/2020	Valuation - 12/31/2024	
	Top Heavy Years - 2023, 2024		
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union		
	Minimum age - N/A	Months of service - 12	
	Hours Required for - Eligibility - 1000	Benefit accrual - 0	Vesting - 1000
	Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction		
<u>Retirement:</u>	Normal -	Anniversary date nearest attainment of age 62	
	Early -	Not provided	
<u>Average Compensation:</u>	Current compensation		
	Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation	
<u>Plan Benefits:</u>	Retirement -	Derived from the accumulation benefit formula below:	
	Accrued Benefit -	0% of current compensation per year of service plus prior year accrued benefit	
	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) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum		
	Early Retirement -	None	
	Death Benefit -	Qualified Pre-Retirement Survivor Annuity	
	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		
<u>Vesting Schedule:</u>	Years	Percent	
	0-1	0%	
	2	20%	
	3	40%	
	4	60%	
	5	80%	
	6	100%	

Service is calculated using all years of service, except years prior to age 18

Plan Provisions

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN For the plan year 01/01/2024 through 12/31/2024

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -	First Month Prior to Plan Yr Beg		
	Segment #	Years	Rate %
	Segment 1	0 - 5	5.01
	Segment 2	6 - 20	5.13
	Segment 3	> 20	5.15

Mortality Table - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%
Mortality Table - None

Post-Retirement - Interest - 6%
Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Actuarial Assumptions and Methods

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

Valuation Date: 12/31/2024

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

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence 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) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -	Segment rates for the First Month Prior to Val Date as permitted under IRC 430(h)(2)(C)	Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP																								
	<table border="1"> <thead> <tr> <th>Segment #</th> <th>Year</th> <th>Rate %</th> </tr> </thead> <tbody> <tr> <td>Segment 1</td> <td>0 - 5</td> <td>5.03</td> </tr> <tr> <td>Segment 2</td> <td>6 - 20</td> <td>5.28</td> </tr> <tr> <td>Segment 3</td> <td>> 20</td> <td>5.36</td> </tr> </tbody> </table>	Segment #	Year	Rate %	Segment 1	0 - 5	5.03	Segment 2	6 - 20	5.28	Segment 3	> 20	5.36	<table border="1"> <thead> <tr> <th>Segment #</th> <th>Year</th> <th>Rate %</th> </tr> </thead> <tbody> <tr> <td>Segment 1</td> <td>0 - 5</td> <td>5.03</td> </tr> <tr> <td>Segment 2</td> <td>6 - 20</td> <td>5.28</td> </tr> <tr> <td>Segment 3</td> <td>> 20</td> <td>5.59</td> </tr> </tbody> </table>	Segment #	Year	Rate %	Segment 1	0 - 5	5.03	Segment 2	6 - 20	5.28	Segment 3	> 20	5.59
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Segment #	Year	Rate %																								
Segment 1	0 - 5	5.03																								
Segment 2	6 - 20	5.28																								
Segment 3	> 20	5.59																								

Pre-Retirement - Mortality Table - None
Improvement Scale - None
Early Retirement Table - None
Turnover Table - None
Disability Table - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined
Improvement Scale - None
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 6%
or
24E - 2024 Applicable Mortality Table for 417(e) (unisex)

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees
Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

Actuarial Assumptions and Methods

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

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

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

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

Normal Form for MVAR - Joint with 100% Survivor Benefits

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

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN
Participant Statement
for
brian haines

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

Date of Birth:	08/01/1968	Gender:	M
Date of Employment:	01/01/1997	Attained Age:	56
Date of Participation:	01/01/2020	Retirement Age:	62
Estimated Retirement Benefit as of 12/31/2030:			
Your monthly retirement benefit commencing at your retirement date payable for your lifetime is			\$4,686.36
Accrued Benefit as of 12/31/2024:			
Your monthly accrued benefit commencing at your retirement date attributable to employer contribution is			\$4,686.36
Vested Percent as of 12/31/2024:			100
Your vested interest of the accrued benefit is			\$4,686.36

The benefits shown above are estimates based on data provided by the Plan Sponsor and are subject to the terms and provisions of the Plan. Contact the Plan Administrator if you have any questions.

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN
Participant Statement
for
bradley haines

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

Date of Birth:	08/01/1968	Gender:	M
Date of Employment:	01/28/2019	Attained Age:	56
Date of Participation:	07/01/2020	Retirement Age:	62
Estimated Retirement Benefit as of 12/31/2030:			
Your monthly retirement benefit commencing at your retirement date payable for your lifetime is			\$361.24
Accrued Benefit as of 12/31/2024:			
Your monthly accrued benefit commencing at your retirement date attributable to employer contribution is			\$361.24
Vested Percent as of 12/31/2024:			100
Your vested interest of the accrued benefit is			\$361.24

The benefits shown above are estimates based on data provided by the Plan Sponsor and are subject to the terms and provisions of the Plan. Contact the Plan Administrator if you have any questions.

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

Participant Statement

for
britain harper

new participant

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

Date of Birth:	06/22/1994	Gender:	m
Date of Employment:	05/30/2023	Attained Age:	31
Date of Participation:	07/01/2024	Retirement Age:	62

Estimated Retirement Benefit as of 12/31/2055:

Your monthly retirement benefit commencing at your retirement date payable for your lifetime is	\$0.00
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Accrued Benefit as of 12/31/2024:

Your monthly accrued benefit commencing at your retirement date attributable to employer contribution is	\$0.00
--	--------

Vested Percent as of 12/31/2024:	20
----------------------------------	----

Your vested interest of the accrued benefit is	\$0.00
--	--------

You are 20% vested in your Accrued Benefit. Full vesting is estimated to occur during the 2028 plan year assuming you will work the required hours each plan year, otherwise 100% vesting may begin in a later year.

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN
Participant Statement
for
tori punk

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

Date of Birth:	09/05/1980	Gender:	f
Date of Employment:	09/16/2008	Attained Age:	44
Date of Participation:	01/01/2020	Retirement Age:	62
Estimated Retirement Benefit as of 12/31/2042:			
Your monthly retirement benefit commencing at your retirement date payable for your lifetime is			\$0.00
Accrued Benefit as of 12/31/2024:			
Your monthly accrued benefit commencing at your retirement date attributable to employer contribution is			\$0.00
Vested Percent as of 12/31/2024:			100
Your vested interest of the accrued benefit is			\$0.00

The benefits shown above are estimates based on data provided by the Plan Sponsor and are subject to the terms and provisions of the Plan. Contact the Plan Administrator if you have any questions.

Schedule SB (Form 5500)

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

86-0524823 / 002

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

Basic Information

- 1. Valuation date: 12/31/2024
- 2. Assets:
 - a. Market value 602,166
 - b. Actuarial value 602,166
- 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	4	520,720	520,720
d. Total	4	520,720	520,720
- 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 5.42%
- 6. Target normal cost
 - a. Present value of current plan year accruals 48,491
 - b. Expected plan-related expenses 0
 - c. Total (6a+6b) 48,491

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 5.00% | 0 | 0 |
| 11. Prior years excess contributions | | |
| a. Excess contributions (line 38 from prior year) | | 48,431 |
| b(1). Int on excess (line 38a over 38b) using prior yr's effective rate of 5.35% | | 0 |
| b(2). Int on 38b using prior yr's actual return rate of 5.00% | | 0 |
| c. Total available at beginning of current plan year | | 48,431 |
| 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 115.64%
- 15. AFTAP 122.53%
- 16. Prior years funding percentage 128.44%
- 17. Percentage of funding target (<70%)

Contributions and liquidity shortfalls

- 18. Contributions made to plan 100,324
03/06/2025 - 100,324

Schedule SB (Form 5500)

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

86-0524823 / 002

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

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 99,385

Assumptions used to determine funding target and target normal cost

21. Discount rate:
- a. Segment rates

1st	2nd	3rd
5.03	5.28	5.59

 N/A, full yield curve used
 - b. Applicable month - First month prior to valuation date 1
22. Weighted average retirement age 62
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 48,491
 - b. Excess assets, if applicable, but not greater than 31a 48,491
32. Amortization installments:
- | | Outstanding Balance | Installment |
|------------------|---------------------|-------------|
| a. Net shortfall | 0 | 0 |
| b. Waiver | 0 | 0 |
34. Total funding requirement (31a-31b+32a+32b) 0
- | | a. Carryover Balance | b. Prefunding Balance | c. Total Balance |
|--|----------------------|-----------------------|------------------|
| 35. Balances to offset funding requirement | 0 | 0 | 0 |
- 36. Additional cash requirement (34-35) 0
 - 37. Contributions to minimum for current year (19c) 99,385
 - 38. Present value of excess contribution for current year
 - a. Total (excess, if any, of 37 over 36) 99,385
 - 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, Part V

Statement of Actuarial Assumptions/Methods

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

86-0524823 / 002

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

Valuation Date: 12/31/2024

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

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence 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) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	5.03
Segment 2	6 - 20	5.28
Segment 3	> 20	5.36

Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	5.03
Segment 2	6 - 20	5.28
Segment 3	> 20	5.59

Pre-Retirement - Mortality Table - None
Improvement Scale - None
Early Retirement Table - None
Turnover Table - None
Disability Table - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined
Improvement Scale - None
Cost of Living - None
Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 6%
or
24E - 2024 Applicable Mortality Table for 417(e) (unisex)

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

Discrimination Test Assumptions:

HCE Determination - Based on all employees
Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods
SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN
86-0524823 / 002
For the plan year 01/01/2024 through 12/31/2024

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

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

Normal Form for MVAR - Joint with 100% Survivor Benefits

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, Part V Summary of Plan Provisions

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN 86-0524823 / 002

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

Employer: SOUTHWEST HOLLY SALES, INC.
 Type of Entity - S Corporation
 EIN: 86-0524823 TIN: Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 01/01/2020 Valuation - 12/31/2024
 Top Heavy Years - 2023, 2024

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union
 Minimum age - N/A Months of service - 12
 Hours Required for - Eligibility - 1000 Benefit accrual - 0 Vesting - 1000
 Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Anniversary date nearest attainment of age 62
 Early - Not provided

Average Compensation: Current compensation
 Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the accumulation benefit formula below:
 Accrued Benefit - 0% of current compensation per year of service plus prior year accrued benefit
 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) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum
 Early Retirement - None
 Death Benefit - Qualified Pre-Retirement Survivor Annuity
 Disability Benefit - None

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$275,000
 Maximum 401(a)(17) compensation - \$345,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity

Optional Forms: Lump Sum

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service, except years prior to age 18

Schedule SB, Part V Summary of Plan Provisions

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN 86-0524823 / 002

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

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -	First Month Prior to Plan Yr Beg		
	Segment #	Years	Rate %
	Segment 1	0 - 5	5.01
	Segment 2	6 - 20	5.13
	Segment 3	> 20	5.15

Mortality Table - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	6%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 19 -
Discounted Employer Contributions
SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN
86-0524823 / 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	03/06/2025	\$100,324					
Applied to Additional Contribution	12/31/2024	100,324	99,385	0	0	5.42	0.00
Totals for Deposited Contribution		\$100,324	\$99,385	\$0	\$0		

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

SOUTHWEST HOLLY SALES, INC. DEFINED BENEFIT PLAN

86-0524823 / 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.

