

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] 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: COMMOLOCO RETIREMENT PLAN
1b Three-digit plan number (PN): 012
1c Effective date of plan: 01/01/1979
2a Plan sponsor's name (employer, if for a single-employer plan): COMMOLOCO, INC.
2b Employer Identification Number (EIN): 66-0384086
2c Plan Sponsor's telephone number: 817-348-5434
2d Business code (see instructions): 522298

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ONEMAIN FINANCIAL RETIREMENT PLANS COMMITTEE 601 NORTHWEST 2ND STREET PO BOX 59 EVANSVILLE, IN 47701-1159	3b Administrator's EIN 35-1313922 3c Administrator's telephone number 800-804-8502
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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
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5 Total number of participants at the beginning of the plan year	5	519
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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	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	274
c Other retired or separated participants entitled to future benefits	6c	229
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	503
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	15
f Total. Add lines 6d and 6e	6f	518
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 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>COMMOLOCO RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>012</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COMMOLOCO, INC.</u>	D Employer Identification Number (EIN) <u>66-0384086</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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>8820414</u>
	b Actuarial value	2b	<u>8820414</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>282</u>	<u>8529462</u>
	b For terminated vested participants	<u>237</u>	<u>3103807</u>
	c For active participants	<u>0</u>	<u>0</u>
	d Total	<u>519</u>	<u>11633269</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>5.05 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>161000</u>
	c Target normal cost	6c	<u>161000</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		<u>08/28/2025</u>	
	Signature of actuary	Date	
	<u>ALAN D. DANG</u>	<u>23-07076</u>	Most recent enrollment number
	Type or print name of actuary	<u>847-771-6426</u>	Telephone number (including area code)
	<u>AON CONSULTING, INC.</u>		
	Firm name		
	<u>MSC# 17755 P.O. BOX 551343 ATLANTA, GA 30355</u>		
	Address of the firm		

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

Part 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>10.54</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)		2132
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>5.18</u> %		110
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		2242
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	75.82 %
15	Adjusted funding target attainment percentage	15	75.82 %
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	71.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/08/2024	118681	0					
07/08/2024	118681	0					
10/07/2024	97128	0					
01/09/2025	97128	0					
08/22/2025	14100	0					
			Totals ▶	18(b)	445718	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	431727

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22**

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	161000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2812855	270676
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	431676
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	431676
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	431727

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	51
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

SCHEDULE C (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>	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.	<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**

A Name of plan COMMOLOCO RETIREMENT PLAN	B Three-digit plan number (PN) ▶	012
C Plan sponsor's name as shown on line 2a of Form 5500 COMMOLOCO, INC.	D Employer Identification Number (EIN) 66-0384086	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

JP MORGAN INVESTMENT ADVISORS INC.	270 PARK AVENUE 42ND FLOOR NEW YORK, NY 10017
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PACIFIC INVESTMENT MGMT CORP.	840 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660-6397
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC.	100 VANGUARD BLVD MALVERN, PA 19355
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRANKLIN TEMPLETON	ONE FRANKLIN PARKWAY BUILDING 920/2 SAN MATEO, CA 94403
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

AON INVESTMENTS USA INC

27-2436452

(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?
28 50 51	INVESTMENT MANAGER	73132	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANCO POPULAR

66-0175278

(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?
21 50 62	TRUSTEE	57468	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STATE STREET CORPORATION

04-1867445

(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?
19 21 25 28 50 51 52 68	CUSTODIAN	38010	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

WHITLEY PENN LLP

75-2393478

(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 50	AUDITOR	20280	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(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
(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
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<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	
A Name of plan COMMOLOCO RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 012
C Plan sponsor's name as shown on line 2a of Form 5500 COMMOLOCO, INC.	D Employer Identification Number (EIN) 66-0384086

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	517300	111228
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1636	10027
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	539346	481595
(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)		
(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)		
(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)	7777877	7857237
(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	8836159	8460087
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	64002	63452
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	64002	63452
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8772157	8396635

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)	445718	
(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)		445718
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	10789	
(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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10789
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	400473	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		400473
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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)		-195863
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		661117

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	847749	
(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)		847749
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)	20280	
(5) Investment advisory and investment management fees	2i(5)	73132	
(6) Bank or trust company trustee/custodial fees	2i(6)	95478	
(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)		188890
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1036639

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-375522
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: WHITLEY PENN LLP

(2) EIN: 75-2393478

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 _____.

SCHEDULE R (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>	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.	<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**

A Name of plan COMMOLOCO RETIREMENT PLAN	B Three-digit plan number (PN)	012
C Plan sponsor's name as shown on line 2a of Form 5500 COMMOLOCO, INC.	D Employer Identification Number (EIN) 66-0384086	

Part I	Distributions
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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..... **1** **0**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 66-0561870

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** **0**

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.)
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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	
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	
6 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
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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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

COMMOLOCO RETIREMENT PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

**As of December 31, 2024 and 2023, and for the
Years Ended December 31, 2024 and 2023
with Report of Independent Auditors**

COMMOLOCO RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

As of December 31, 2024 and 2023, and for the
Years Ended December 31, 2024 and 2023

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Plan Administrator of the
CommoLoCo Retirement Plan

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

We have performed audits of the financial statements of the CommoLoCo Retirement Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the Audit section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters-Supplemental Schedule Required by ERISA

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of or for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Whitley Penn LLP

Dallas, Texas
September 30, 2025

COMMOLOCO RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
Assets		
Investments, at fair value	\$ 8,338,832	\$ 8,317,223
Receivables:		
Employer contribution receivable	111,228	517,300
Other receivables	10,027	1,636
Total receivables	<u>121,255</u>	<u>518,936</u>
 Total assets	 8,460,087	 8,836,159
Liabilities		
Accrued expenses	<u>63,452</u>	<u>64,002</u>
 Net assets available for benefits	 <u>\$ 8,396,635</u>	 <u>\$ 8,772,157</u>

See accompanying Notes to Financial Statements.

COMMOLOCO RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31	
	2024	2023
Additions to (Reductions from) Net Assets		
Investment income:		
Net realized and unrealized gains/(losses) on investments	\$ (195,863)	\$ 480,019
Interest income	10,789	10,024
Dividends	400,473	360,356
Total net investment income	\$ 215,399	\$ 850,399
Employer contributions	445,718	517,300
Total additions to net assets	661,117	1,367,699
Deductions from Net Assets		
Benefits paid to participants	847,749	857,339
Administrative expenses	188,890	173,926
Total deductions from net assets	1,036,639	1,031,265
Net increase/(decrease) in net assets available for benefits	(375,522)	336,434
Net assets available for benefits at beginning of year	8,772,157	8,435,723
Net assets available for benefits at end of year	\$ 8,396,635	\$ 8,772,157

See accompanying Notes to Financial Statements.

COMMOLOCO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Note 1 - Description of the Plan

General

The following brief description of the CommoLoCo Retirement Plan (the “Plan”) is provided for general information purposes only. The Plan is sponsored by CommoLoCo, Inc. (the “Company”). Participants should refer to the Plan document for more complete information. The Company’s corporate offices are located in Evansville, Indiana.

The Plan was established on January 1, 1979 and was subsequently amended and restated as of January 1, 2008. Effective December 31, 2010, the Plan was amended to be qualified only under the Puerto Rico Internal Revenue Code of 1994, as amended (“PR Code”). Effective as of the close of business on December 31, 2012, the Plan was frozen with respect to both benefit accruals and new participation.

The Plan is a qualified, non-contributory defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended, and effective January 1, 2011, the Plan is qualified under the Puerto Rico Internal Revenue Code of 2011, as amended (“2011 PR Code”), successor to the PR Code. Prior to December 31, 2010, the Plan was also subject to the provisions of the U.S. Internal Revenue Code of 1986 (“U.S. Code”), as amended. All salaried employees of the Company who are residents of Puerto Rico, attained age 21 and completed 12 months of continuous service were eligible to participate in the Plan.

A separate trust is established with Banco Popular de Puerto Rico (“Banco Popular”) as the Trustee and State Street Bank and Trust Company (“State Street”) as the Custodian.

The OneMain Financial Retirement Plans Committee (the “Committee” and “Plan Administrator”) is appointed by the Company or its affiliates and serves as a fiduciary of the Plan. The Committee has general responsibility for the administration and interpretation of the Plan.

Contributions

The Company and its affiliates are responsible for funding the Plan and contributions by participants are not required or permitted. All contributions are paid directly to State Street. The Plan’s funding policy is for the Company or its affiliates to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's and its affiliates' contributions for the plan years ended December 31, 2024 and December 31, 2023 were sufficient to satisfy the ERISA minimum funding requirement.

COMMOLOCO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 1 - Description of the Plan – continued

Retirement Benefits

The Plan was structured using a defined benefit formula providing a life annuity based primarily upon the employee's credited length of service and covered eligible compensation during certain years of the participant's employment period, subject to limits set by government regulations. Participant's criteria may differ based on their date of hire. Effective December 31, 2012, as part of the Plan freeze, certain elements related to the Plan formula, including benefit service, average monthly compensation, average covered compensation, and the normal retirement benefit, were also frozen. No compensation paid by the Company on or after January 1, 2013 will be recognized for any purpose under the Plan.

In addition to normal retirement benefits at age 65, under certain conditions, the Plan also provides for early retirement, death and termination, and spousal benefits, as defined by the Plan documents.

The employee may elect to receive pension benefits in the form of a 50%, 75% or 100% joint and survivor annuity, single life annuity, or life and ten-year certain option. If employees terminate with less than five years of continuous service, they forfeit the right to receive their portion of accumulated benefits.

Generally, employees with ten or more years of benefit services may retire early between the age of 55 and their 65th birthday, with an early retirement factor applied to the basic benefit. Other rules may apply to the frozen past service plan benefits, as defined by the Plan document.

Plan Expenses

Employees of the Company or its affiliates perform certain administrative functions with no compensation from the Plan. All administrative expenses paid by the Company or its affiliates are not reflected in the accompanying financial statements.

On October 6, 2016, the Pension Benefit Guaranty Corporation ("PBGC") made the determination that the Plan was not covered by Title IV of ERISA and the Plan did not meet the requirements of ERISA section 4021(a). That ruling was retroactive to calendar year 2011.

COMMOLOCO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Investment Valuation and Income

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Note 3 for information related to the Plan’s valuation methodologies.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan maintains periodic cash balances at Banco Popular for transaction purposes and at State Street as required by the Custodian, with any remainder invested into a short-term investment fund.

Payment of Benefits

Benefits are recorded when paid.

COMMOLOCO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

Note 3 - Fair Value Measurements

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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.
- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.
- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

Management has described their methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure the fair value of the Plan's investments are as follows:

- Mutual funds are valued at the published per share net asset value ("NAV") of shares held by the Plan and are classified as either Level 1 or Level 2 of the valuation hierarchy depending on observable inputs of the underlying investments held by the fund. There are no significant restrictions on redeeming these investments at NAV.
- Interest-bearing cash is valued based on the short-term cash component as of the measurement date and classified within Level 1 of the valuation hierarchy.

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy.

COMMOLOCO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 3 - Fair Value Measurements – continued

The following table details the Plan’s investments at fair value by level, within the fair value hierarchy, as of December 31, 2024 and 2023. The Plan has no assets classified within Level 3 of the valuation hierarchy.

	2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,483,326	\$ 6,373,911	\$ -	\$ 7,857,237
Interest-bearing cash	481,595	-	-	481,595
Total investments at fair value	\$ 1,964,921	\$ 6,373,911	\$ -	\$ 8,338,832

	2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,434,140	\$ 6,343,737	\$ -	\$ 7,777,877
Interest-bearing cash	539,346	-	-	539,346
Total investments at fair value	\$ 1,973,486	\$ 6,343,737	\$ -	\$ 8,317,223

Note 4 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan’s provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances, including retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

COMMOLOCO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 4 - Actuarial Present Value of Accumulated Plan Benefits - continued

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary using a January 1st measurement date and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits was prepared by an independent actuary as of January 1, 2024, which would not be materially different if prepared as of December 31, 2023.

For 2024 and 2023, the interest rates used in calculating the accumulated Plan benefit obligation were 6.50% and 6.75%, respectively. For 2024 and 2023, the mortality rates are based on the Pri-2012 Mortality Table and the Plan's independent actuary's updated versions of the MP-2021 mortality improvement rates as calculated in November 2024 and 2023, respectively. For 2024 and 2023, disability, termination, and retirement rates are based on published statistical data and anticipated experience under the Plan. Retirement age is based on retirement probability for various age ranges from ages 55 through 65. Benefits accumulated, including actuarial adjustments, include the effects of actuarial experience gains and losses.

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

The actuarial present value of accumulated Plan benefits for the Plan was computed at December 31, 2023, as follows:

	December 31, 2023
Vested benefits:	
Participants currently receiving payments	\$ 7,707,683
Other participants	2,707,125
	<u>10,414,808</u>
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	<u>\$ 10,414,808</u>

COMMOLOCO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 4 - Actuarial Present Value of Accumulated Plan Benefits – continued

The change in the present value of accumulated Plan benefits for the year ended December 31, 2023 was as follows:

	Year Ended December 31, 2023
Actuarial present value of accumulated benefits at beginning of year	\$ 10,349,627
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	203,541
Other changes	48,842
Increase for interest accumulation	670,137
Benefits paid	<u>(857,339)</u>
Net increase	<u>65,181</u>
Actuarial present value of accumulated benefits at end of year	<u>\$ 10,414,808</u>

Note 5 - Information Certified by the Trustee and Custodian

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net realized and unrealized gains (losses) on investments, interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Banco Popular and State Street (the Trustee and Custodian of the Plan).

Note 6 - Tax Status

The Plan received a favorable determination letter dated March 14, 2008 from the IRS stating that the Plan continues to qualify under the appropriate sections of the U.S. Code and, thus, the related trust is exempt from U.S. taxation. The Plan has been restated and amended since receiving the determination letter from the IRS. However, the Plan Administrator believes the Plan was designed and operated in material compliance with ERISA and the U.S. Code until December 31, 2010, when the Plan was amended to be qualified only under the PR Code and funded through a trust with a situs in Puerto Rico.

COMMOLOCO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 6 - Tax Status – continued

The Plan, as amended and restated effective January 1, 2008, and the First, Second, Third, Fourth and Fifth Amendments of the Plan hold favorable determination letters dated February 3, 2016 and February 4, 2016, from the Puerto Rico Treasury Department ("PR Treasury") stating that the Plan, effective January 1, 2008, meets the requirements of Section 1165(a) of the PR Code, and effective January 1, 2011, meets the requirements of Section 1081.01(a) of the 2011 PR Code, and that the trust established thereunder is exempt from Puerto Rico income taxation. In addition, the Plan received a further favorable determination letter dated February 24, 2017, from the PR Treasury confirming that the Sixth Amendment of the Plan does not affect the tax qualified status of the Plan under the 2011 PR Code. In this letter, the PR Treasury stated that the adoption of the Sixth Amendment of the Plan does not affect in any way the favorable determination letter issued to the Plan on February 3, 2016. The Plan Administrator believes that the Plan is designed and operated in material compliance with ERISA and the 2011 PR Code, and thus, the Plan is intended to be qualified in Puerto Rico and the related trust to be exempt from Puerto Rico income taxation, and pursuant to Section 1022(i)(1) of ERISA, exempt from federal income taxation.

Management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 - Plan Termination

The Company reserves the right under the Plan to terminate the Plan subject to the provisions set forth under ERISA. In the event the Plan is terminated and no successor plan is established, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided for under ERISA. In distributing such assets, the Plan Administrator will either (i) purchase irrevocable commitments from an insurer to provide all benefit liabilities under the Plan or (ii) in accordance with provisions of the Plan and any applicable regulations otherwise fully provide benefit liabilities under the Plan (generally, this could include providing an election to receive a lump sum or an annuity).

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed, if applicable.

The termination of the Plan will be subject to the 2011 PR Code and regulations issued thereunder. Additional Puerto Rico laws and rules regarding the termination of the Plan, and the trust forming part thereof, would apply.

COMMOLOCO RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 8 - Parties-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in interest-bearing cash and a short-term investment managed by Banco Popular de Puerto Rico and State Street. Banco Popular de Puerto Rico acts as Trustee and State Street acts as Custodian for the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 9 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Note 10 - Subsequent Events

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through September 30, 2025, the date the financial statements were available for issuance.

SUPPLEMENTAL SCHEDULES

COMMOLOCO RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 66-0384086

Plan #: 012

(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
	PIMCO	Long-Term Credit Bond Fund	\$ 4,335,194	\$ 3,423,480
	Franklin	Long Duration Credit Fund R6	2,222,011	2,204,941
	Vanguard	Total International Stock Index Fund ADM	546,896	653,657
	Vanguard	500 Index Fund ADM	159,391	432,853
	JP Morgan	High Yield Fund Class R6	491,237	428,246
	Vanguard	Small Cap Index Fund ADM	307,335	396,816
	Vanguard	REIT Index Fund ADM	306,631	317,244
*	Banco Popular de Puerto Rico	Interest Bearing Cash	294,096	294,096
*	State Street Bank & Trust	Interest Bearing Cash	187,499	187,499
				<u>\$ 8,338,832</u>

* A party-in-interest as defined by ERISA

COMMOLOCO RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

EIN: 66-0384086

Plan #: 012

(a)	(b)	(c)	(d)	(g)	(h)	(i)		
<u>Identity of Party</u>	<u>Description of Asset</u>	<u>Number of Purchase Transactions</u>	<u>Purchase Price</u>	<u>Number of Sell Transactions</u>	<u>Selling Price</u>	<u>Cost of Assets</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
<u>Category (i) - Single securities transactions in excess of 5% of Plan Assets</u>								
None reported								
<u>Category (iii) - Series of securities transactions in excess of 5% of Plan Assets</u>								
Franklin	Long Duration Credit Fund R6	15	\$ 380,614	3	\$ 185,000	\$ 178,185	\$ 565,614	6,815
Pimco	Long Term Credit Bond Fund	13	\$ 404,463	3	\$ 185,000	\$ 229,804	\$ 589,463	\$ (44,804)
Vanguard	Small Cap Index Fund	8	\$ 317,674	3	\$ 113,500	\$ 70,776	\$ 431,174	\$ 42,724
Vanguard	Vanguard 500 Index Fund	5	\$ 49,878	6	\$ 382,000	\$ 126,566	\$ 431,878	\$ 255,434

* A party-in-interest as defined by ERISA
Columns (e) and (f) are not applicable

Schedule SB Attachment (Form 5500) —2024 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	Not applicable
Social Security Wage Base Increases	Not applicable
Optional Payment Form Election Percentage	65% life annuity 35% joint and 50% survivor annuity For at-risk purposes, the most valuable payment form is valued.
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	UP-84 Mortality Table for annuity
Retirement Age	
Active Participants	Not applicable
Terminated Vested Participants	Age 56
At-Risk Assumptions	
Active Participants	Not applicable
Terminated Vested Participants	For At-Risk calculations, terminated vested participants are assumed to commence immediately.

Schedule SB Attachment (Form 5500) —2024 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Mortality Rates

Healthy and Disabled

2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)

Withdrawal Rates

Not applicable

Disability Rates

Not applicable

Decrement Timing

Not applicable

Surviving Spouse Benefit

It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation

Not applicable

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Fair market value

Trust Expenses Included in Target Normal Cost

\$161,000. The expenses included in the Target Normal Cost reflect the current year's expected administrative expenses.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

<p>Form 5500</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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan COMMOLOCO RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 012</p>
<p>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)</p> <p>COMMOLOCO, INC.</p> <p>601 NORTHWEST 2ND STREET PO BOX 59 EVANSVILLE IN 47701-1159</p>	<p>1c Effective date of plan 01/01/1979</p> <p>2b Employer Identification Number (EIN) 66-0384086</p> <p>2c Plan Sponsor's telephone number 817-348-5434</p> <p>2d Business code (see instructions) 522298</p>

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	<i>Denise King</i>	9/30/2025 2:13 PM	DENISE KING
	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 <input type="checkbox"/> Same as Plan Sponsor ONEMAIN FINANCIAL RETIREMENT PLANS COMMITTEE 601 NORTHWEST 2ND STREET PO BOX 59 EVANSVILLE IN 47701-1159	3b Administrator's EIN 35-1313922 3c Administrator's telephone number 800-804-8502
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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
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5 Total number of participants at the beginning of the plan year	5	519
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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	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	274
c Other retired or separated participants entitled to future benefits	6c	229
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	503
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	15
f Total. Add lines 6d and 6e	6f	518
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

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:
 1A 1I

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (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 _____

Plan Name	Commoloco Retirement Plan
Plan Sponsor EIN	66-0384086
ERISA Plan No.	012
Plan Year End	12/31/2024

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

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

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 COMMOLOCO RETIREMENT PLAN	B Three-digit plan number (PN) ▶	012
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMOLOCO, INC.	D Employer Identification Number (EIN) 66-0384086	
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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	8,820,414
	b Actuarial value	2b	8,820,414
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	282	8,529,462
	b For terminated vested participants	237	3,103,807
	c For active participants	0	0
	d Total	519	11,633,269
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.05%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	161,000
	c Target normal cost	6c	161,000

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

SIGN HERE	ALAN D. DANG <i>ADD</i> Signature of actuary	08/28/2025 Date
	ALAN D. DANG Type or print name of actuary	2307076 Most recent enrollment number
	AON CONSULTING, INC. Firm name	847-771-6426 Telephone number (including area code)
	MSC# 17755 P.O. Box 551343 ATLANTA GA 30355 Address of the firm	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22**

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	161,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,812,855	270,676
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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 431,676

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....			431,676
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			431,727

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	51
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)

40 Unpaid minimum required contributions for all years

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.05%	Interest Adjusted Contribution
April 8, 2024	\$ 118,681	98	\$ 117,126
July 8, 2024	118,681	189	115,700
October 7, 2024	97,128	280	93,535
January 9, 2025	97,128	374	92,359
August 22, 2025	<u>14,100</u>	599	<u>13,007</u>
Total Contribution	\$ 445,718		\$ 431,727

Schedule SB Attachment (Form 5500) —2024 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	Not applicable
Social Security Wage Base Increases	Not applicable
Optional Payment Form Election Percentage	65% life annuity 35% joint and 50% survivor annuity For at-risk purposes, the most valuable payment form is valued.
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	UP-84 Mortality Table for annuity
Retirement Age	
Active Participants	Not applicable
Terminated Vested Participants	Age 56
At-Risk Assumptions	
Active Participants	Not applicable
Terminated Vested Participants	For At-Risk calculations, terminated vested participants are assumed to commence immediately.

Schedule SB Attachment (Form 5500) —2024 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Mortality Rates

Healthy and Disabled

2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)

Withdrawal Rates

Not applicable

Disability Rates

Not applicable

Decrement Timing

Not applicable

Surviving Spouse Benefit

It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation

Not applicable

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Fair market value

Trust Expenses Included in Target Normal Cost

\$161,000. The expenses included in the Target Normal Cost reflect the current year's expected administrative expenses.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	Restated effective as of January 1, 2008. The plan year is the calendar year. The most recent amendment freezing the plan is effective December 31, 2012.
Participating Employees	<p>Puerto Rican residents who are employed by CommoLoCo Inc. become participants on the November 1 or May 1 coincident with or next following the later of age 21 and the completion of one year of service.</p> <p>Effective December 31, 2012, the plan is closed to new entrants.</p>
Contributions	<p>The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.</p> <p>Employee contributions are neither required nor permitted under the plan.</p>
Definitions	
Vesting Service	Completed years of service.
Benefit Service	<p>One year of benefit service is credited for each accrual computation period (years from date of hire) during which a participant is credited with 12 months of service. One-twelfth of a year of benefit service for each month of service is credited for each accrual computation period during which a participant is credited with six or more, but less than 12 months of service. In the year of retirement, one-twelfth of a year of benefit service is credited for each month of service.</p> <p>Effective December 31, 2012, benefit service is frozen.</p>
Month of Service	A month of service is credited for any month in which a participant is credited with an hour of service.
Compensation	Total remuneration including base pay, annual cash incentive (bonuses), and overtime.

Schedule SB Attachment (Form 5500) —2024 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Average Monthly Compensation

One-twelfth of the average of the highest five-consecutive completed calendar years within the last 10 completed calendar years of employment. A partial year may be considered in the year of termination if it results in a higher average.

Effective December 31, 2012, average monthly compensation is frozen.

Average Monthly Covered Compensation

One-twelfth of the average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age.

Effective December 31, 2012, average monthly covered compensation is frozen.

Normal Retirement

Eligibility

Termination of employment following the later of a participant's sixty-fifth birthday or the fifth anniversary of the date of participation.

Benefit

The benefit accrued as of October 31, 2001 under the prior plan, plus:

- (1) 1% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (2) 1.65% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (3) 0.5% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years; plus
- (4) 0.5% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years.

Effective December 31, 2012, the normal retirement benefit is frozen.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Early Retirement

Eligibility

Termination of employment after attaining age 55 and completing 10 years of vesting service, but prior to normal retirement eligibility. For the benefit accrued through November 1, 2001, termination after attaining age 55 and completing five years of benefit service.

Benefit

The normal retirement benefit reduced to reflect the age of the participant at the time of commencement. The benefit is reduced by multiplying by a factor as follows:

Age	Early Retirement Factors		
	Commencement Accrued Benefit	October 31, 2001 E	F
65	1.00	1.00	1.00000
64	1.00	1.00	0.93333
63	1.00	0.96	0.86667
62	1.00	0.89	0.80000
61	1.00	0.82	0.73333
60	1.00	0.75	0.66667
59	0.94	0.70	0.63333
58	0.88	0.66	0.60000
57	0.82	0.62	0.56667
56	0.76	0.58	0.53333
55	0.70	0.54	0.50000

Factor E applies to parts (1) and (3) of the normal retirement benefit. Factor F applies to parts (2) and (4) of the normal retirement benefit.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Deferred Vested Pension

Eligibility

Termination of employment after the completion of five years of vesting service, but prior to normal or early retirement eligibility.

Benefit

The normal retirement benefit deferred to normal retirement date. If the participant terminated with ten or more years of vesting service, a reduced benefit payable starting at age 55 or later is available. The benefit is reduced by multiplying by a factor as follows:

Commencement Age	Early Commencement Factors
65	1.00000
64	0.88930
63	0.79305
62	0.70906
61	0.63552
60	0.57091
59	0.51398
58	0.46365
57	0.41904
56	0.37938
55	0.34406

Reductions for the October 31, 2001 accrued benefits are 6% per year prior to age 65.

Preretirement Death Benefit

Eligibility

Surviving spouse of an active participant who died after completing five years of vesting service. The surviving spouse must have been married to the participant for at least one year.

Benefit

50% of the normal retirement benefit calculated as if the participant had terminated employment on the earlier of the actual date of termination or the date of death, survived until their earliest retirement date, elected to receive a 50% joint and survivor annuity beginning at their earliest retirement date and died on the day after their earliest retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Disability

There are no specific benefits for disability. Termination from employment due to disability is treated as any other termination.

Forms of Payment

The normal form of payment is a life annuity if single, or an actuarially equivalent 50% joint and survivor annuity if married. In lieu of the normal form, participants may elect to receive their benefit as a 50%, 75%, or 100% joint and survivor annuity, or a 10-year certain and life annuity. The October 31, 2001 accrued benefit is payable as an unreduced 40% joint and survivor annuity if married. Additionally, the October 31, 2001 accrued benefit is available as a 50%, 75%, or 100% joint and survivor annuity, or a Social Security level income annuity.

Actuarial Equivalence for Alternative Forms of Payment

Amount of an alternative form of benefit (other than a lump sum and Social Security leveling option) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.5% compound annual interest rate and the UP-84 Mortality Table.

Actuarial Equivalence for Lump Sum and Social Security Level Income Option

PPA mortality and interest rates equal to the three-tiered minimum present value segment rate for the two months preceding the plan year in which the benefit commencement date occurs and reflecting appropriate phase-ins.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 3,307,972	January 1, 2023	14	\$ 315,722
Shortfall	\$ (495,117)	January 1, 2024	15	\$ (45,046)

Schedule SB Attachment (Form 5500) –2024 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.05%	Interest Adjusted Contribution
April 8, 2024	\$ 118,681	98	\$ 117,126
July 8, 2024	118,681	189	115,700
October 7, 2024	97,128	280	93,535
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August 22, 2025	14,100	599	13,007
Total Contribution	\$ 445,718		\$ 431,727

Schedule SB Attachment (Form 5500) –2024 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	Restated effective as of January 1, 2008. The plan year is the calendar year. The most recent amendment freezing the plan is effective December 31, 2012.
Participating Employees	<p>Puerto Rican residents who are employed by CommoLoCo Inc. become participants on the November 1 or May 1 coincident with or next following the later of age 21 and the completion of one year of service.</p> <p>Effective December 31, 2012, the plan is closed to new entrants.</p>
Contributions	<p>The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.</p> <p>Employee contributions are neither required nor permitted under the plan.</p>
Definitions	
Vesting Service	Completed years of service.
Benefit Service	<p>One year of benefit service is credited for each accrual computation period (years from date of hire) during which a participant is credited with 12 months of service. One-twelfth of a year of benefit service for each month of service is credited for each accrual computation period during which a participant is credited with six or more, but less than 12 months of service. In the year of retirement, one-twelfth of a year of benefit service is credited for each month of service.</p> <p>Effective December 31, 2012, benefit service is frozen.</p>
Month of Service	A month of service is credited for any month in which a participant is credited with an hour of service.
Compensation	Total remuneration including base pay, annual cash incentive (bonuses), and overtime.

Schedule SB Attachment (Form 5500) —2024 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Average Monthly Compensation

One-twelfth of the average of the highest five-consecutive completed calendar years within the last 10 completed calendar years of employment. A partial year may be considered in the year of termination if it results in a higher average.

Effective December 31, 2012, average monthly compensation is frozen.

Average Monthly Covered Compensation

One-twelfth of the average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age.

Effective December 31, 2012, average monthly covered compensation is frozen.

Normal Retirement

Eligibility

Termination of employment following the later of a participant's sixty-fifth birthday or the fifth anniversary of the date of participation.

Benefit

The benefit accrued as of October 31, 2001 under the prior plan, plus:

- (1) 1% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (2) 1.65% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (3) 0.5% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years; plus
- (4) 0.5% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years.

Effective December 31, 2012, the normal retirement benefit is frozen.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Early Retirement

Eligibility

Termination of employment after attaining age 55 and completing 10 years of vesting service, but prior to normal retirement eligibility. For the benefit accrued through November 1, 2001, termination after attaining age 55 and completing five years of benefit service.

Benefit

The normal retirement benefit reduced to reflect the age of the participant at the time of commencement. The benefit is reduced by multiplying by a factor as follows:

Age	Early Retirement Factors		
	Commencement Accrued Benefit	October 31, 2001 E	F
65	1.00	1.00	1.00000
64	1.00	1.00	0.93333
63	1.00	0.96	0.86667
62	1.00	0.89	0.80000
61	1.00	0.82	0.73333
60	1.00	0.75	0.66667
59	0.94	0.70	0.63333
58	0.88	0.66	0.60000
57	0.82	0.62	0.56667
56	0.76	0.58	0.53333
55	0.70	0.54	0.50000

Factor E applies to parts (1) and (3) of the normal retirement benefit. Factor F applies to parts (2) and (4) of the normal retirement benefit.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 CommoLoCo Retirement Plan
 EIN: 66-0384086 PN: 012

Deferred Vested Pension

Eligibility

Termination of employment after the completion of five years of vesting service, but prior to normal or early retirement eligibility.

Benefit

The normal retirement benefit deferred to normal retirement date. If the participant terminated with ten or more years of vesting service, a reduced benefit payable starting at age 55 or later is available. The benefit is reduced by multiplying by a factor as follows:

Commencement Age	Early Commencement Factors
65	1.00000
64	0.88930
63	0.79305
62	0.70906
61	0.63552
60	0.57091
59	0.51398
58	0.46365
57	0.41904
56	0.37938
55	0.34406

Reductions for the October 31, 2001 accrued benefits are 6% per year prior to age 65.

Preretirement Death Benefit

Eligibility

Surviving spouse of an active participant who died after completing five years of vesting service. The surviving spouse must have been married to the participant for at least one year.

Benefit

50% of the normal retirement benefit calculated as if the participant had terminated employment on the earlier of the actual date of termination or the date of death, survived until their earliest retirement date, elected to receive a 50% joint and survivor annuity beginning at their earliest retirement date and died on the day after their earliest retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Disability

There are no specific benefits for disability. Termination from employment due to disability is treated as any other termination.

Forms of Payment

The normal form of payment is a life annuity if single, or an actuarially equivalent 50% joint and survivor annuity if married. In lieu of the normal form, participants may elect to receive their benefit as a 50%, 75%, or 100% joint and survivor annuity, or a 10-year certain and life annuity. The October 31, 2001 accrued benefit is payable as an unreduced 40% joint and survivor annuity if married. Additionally, the October 31, 2001 accrued benefit is available as a 50%, 75%, or 100% joint and survivor annuity, or a Social Security level income annuity.

Actuarial Equivalence for Alternative Forms of Payment

Amount of an alternative form of benefit (other than a lump sum and Social Security leveling option) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.5% compound annual interest rate and the UP-84 Mortality Table.

Actuarial Equivalence for Lump Sum and Social Security Level Income Option

PPA mortality and interest rates equal to the three-tiered minimum present value segment rate for the two months preceding the plan year in which the benefit commencement date occurs and reflecting appropriate phase-ins.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Plan Name	Commoloco Retirement Plan
Plan Sponsor EIN	66-0384086
ERISA Plan No.	012
Plan Year End	12/31/2024

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
CommoLoCo Retirement Plan
EIN: 66-0384086 PN: 012

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 3,307,972	January 1, 2023	14	\$ 315,722
Shortfall	\$ (495,117)	January 1, 2024	15	\$ (45,046)