

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: CROWN CENTRAL RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1950
2a Plan sponsor's name (employer, if for a single-employer plan): ROSEMORE, INC.
2b Employer Identification Number (EIN): 52-1659249
2c Plan Sponsor's telephone number: 080-347-7080
2d Business code (see instructions): 324110

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 ROSEMORE, INC. 100 LIGHT STREET, 25TH FLOOR BALTIMORE, MD 21202	3b Administrator's EIN 52-1659249 3c Administrator's telephone number 410-347-7080
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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	1672
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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	1004
c Other retired or separated participants entitled to future benefits	6c	375
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1379
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	251
f Total. Add lines 6d and 6e	6f	1630
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:
 11

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>CROWN CENTRAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ROSEMORE, INC.</u>	D Employer Identification Number (EIN) <u>52-1659249</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>173233399</u>
b Actuarial value	2b		<u>182522295</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1258</u>	<u>138111615</u>	<u>138111615</u>
b For terminated vested participants	<u>438</u>	<u>28251957</u>	<u>28251957</u>
c For active participants	<u>0</u>	<u>0</u>	<u>0</u>
d Total	<u>1696</u>	<u>166363572</u>	<u>166363572</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>5.02 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>220000</u>
c Target normal cost	6c		<u>220000</u>

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

SIGN HERE			
	Signature of actuary	<u>09/30/2025</u>	Date
	<u>JONATHAN B. WAITE, F.S.A., M.A.A.A.</u>	<u>23-04806</u>	Most recent enrollment number
	<u>SEI</u>	<u>610-676-3493</u>	Telephone number (including area code)
	<u>1 FREEDOM VALLEY DRIVE OAKS, PA 19456</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	2863729
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	2863729
10	Interest on line 9 using prior year's actual return of <u>7.54</u> %	0	215925
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.15</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	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	3079654

Part III Funding Percentages			
14	Funding target attainment percentage	14	107.86 %
15	Adjusted funding target attainment percentage	15	109.71 %
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	109.80 %
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		
Totals ▶			18(b)	0	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 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

21 Discount rate:

a Segment rates:	1st segment: 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** 62

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	220000
b Excess assets, if applicable, but not greater than line 31a	31b	220000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

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

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 CROWN CENTRAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ROSEMORE, INC.	D Employer Identification Number (EIN) 52-1659249	

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

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

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)

SEI PRIVATE TRUST COMPANY

23-3060382

(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?
13 28	NONE	413949	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

STAMBAUGH NESS, INC

220 ST. CHARLES WAY
SUITE 150
YORK, PA 17402

23-2846715

(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	NONE	14000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(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 CROWN CENTRAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ROSEMORE, INC.	D Employer Identification Number (EIN) 52-1659249

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	504075	538147
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2383354	320836
(2) U.S. Government securities	1c(2)	23580767	22259040
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	137426906	133440252
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	9338297	3514331

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	173233399	160072606
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	113761	93297
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	113761	93297
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	173119638	159979309

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	119650	
(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)		119650
(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)	6240817	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6240817
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	32399329	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	32468567	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-69238
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1095406	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1095406

		(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)		-4103375
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1092448

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13656420	
(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)		13656420
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)	26125	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	14000	
(5) Investment advisory and investment management fees	2i(5)	367360	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	168872	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		576357
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14232777

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-13140329
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: **STAMBAUGH NESS, INC**

(2) EIN: **23-2846715**

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		500000
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 545241.

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 <u>CROWN CENTRAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROSEMORE, INC.</u>	D Employer Identification Number (EIN) <u>52-1659249</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

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): 23-3060382

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.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 95.0 %
 High-Yield Debt: 3.0 % Real Assets: 2.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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 _____.

**Stambaugh
Ness**

Crown Central Retirement Plan

Financial Statements and Independent Auditors' Report

December 31, 2024 and 2023

CONTENTS

INDEPENDENT AUDITORS' REPORT	3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	7
Statements of Changes in Net Assets Available for Benefits	8
Notes to Financial Statements	9
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	19
Schedule H, Line 4j - Schedule of Reportable Transactions	20

**Gold underlines represent hyperlinks*

INDEPENDENT AUDITORS' REPORT

To the Pension Committee of
Crown Central Retirement Plan

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

We have performed audits of the financial statements of Crown Central 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 audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note C 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 Auditors' 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 (U.S. GAAP).
- 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 (U.S. GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audits. 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 U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 within one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. 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.

Auditors' Responsibilities for the Audit - continued

In performing an audit in accordance with U.S. 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 U.S. GAAP.

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 U.S. GAAP.

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 Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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.

Other Matters - continued

Supplemental Schedules Required by ERISA - continued

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 U.S. 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 their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL'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).



York, Pennsylvania
September 26, 2025

CROWN CENTRAL RETIREMENT PLAN
Statements of Net Assets Available for Benefits

	December 31,	
	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 159,534,459	\$ 172,729,324
Investment income receivable	<u>538,147</u>	<u>504,075</u>
Total assets	160,072,606	173,233,399
LIABILITIES		
Accrued expenses	<u>93,297</u>	<u>113,761</u>
Net assets available for benefits	<u>\$ 159,979,309</u>	<u>\$ 173,119,638</u>

See Accompanying Notes

CROWN CENTRAL RETIREMENT PLAN**Statements of Changes in Net Assets Available for Benefits**

	Years Ended December 31,	
	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income:		
Net (depreciation) appreciation in fair value of investments	\$ (5,268,019)	\$ 8,264,283
Interest and dividends	<u>6,360,467</u>	<u>4,843,417</u>
Total investment income, net	<u>1,092,448</u>	<u>13,107,700</u>
Total additions, net	1,092,448	13,107,700
DEDUCTIONS		
Benefits paid to participants	13,656,420	14,060,663
Administrative expenses	<u>576,357</u>	<u>809,689</u>
Total deductions	<u>14,232,777</u>	<u>14,870,352</u>
Net decrease	(13,140,329)	(1,762,652)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>173,119,638</u>	<u>174,882,290</u>
End of year	<u>\$ 159,979,309</u>	<u>\$ 173,119,638</u>

See Accompanying Notes

CROWN CENTRAL RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following description of Crown Central Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan that provides retirement and death benefits to all eligible employees of Crown Central, LLC (the Company), successor by merger to Crown Central Petroleum Corporation. The Company is an indirect wholly owned subsidiary of Rosemore, Inc. (Rosemore), who is the Plan Sponsor. Historically, an employee was eligible to participate in the Plan upon attaining 21 years of age and having completed one year of service with at least 1,000 hours worked. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In January 2003, the Company announced its intention to sell all, or substantially all, of the assets of the Company. Effective July 1, 2003, the Plan was frozen for all employees except those represented by PACE Local 4-227; benefits for this latter group of employees were frozen effective January 25, 2005, in conjunction with the sale of the Company's Pasadena, Texas refinery. Upon freezing the Plan, only participants' compensation and years of service earned prior to that date are considered in the calculation of retirement benefits. Participant vesting, however, continued to accrue based on years of service provided before and after the freeze on a basis consistent with the Plan provisions. After July 1, 2003, no new employees were eligible to participate in the Plan.

As of December 31, 2004, the Company had sold all of its operating retail sites and most of its product terminals. During 2004, the Plan was considered to be partially terminated. As such, the Company was required, under ERISA regulations, to treat all employees terminated as a result of asset sales as fully vested, regardless of years of service.

In 2005, the Company sold its refining assets. Under the terms of the sales agreements, the Company retains responsibility for the vested benefits of employees who were terminated upon sale of retail, terminal or refinery assets.

Pension Benefits

Participants are eligible to receive benefits upon termination of employment due to retirement, disability, death, or other termination. Participants may elect to receive benefits in the form of either: (a) lump sum distribution equal to the present value of an annuity, in certain circumstances or (b) annuity payments. The lump sum and annuity payments are reduced by certain amounts for those participants that elect to receive benefits prior to normal retirement age.

Vesting

Each participant is 100% vested in the employer's contributions after five years of service.

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

CROWN CENTRAL RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded upon distribution.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are discussed in Note D. Purchases and sales are recorded on a trade date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Risks and Uncertainties

The Plan provides for various investment options. Investment securities of the Plan are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in value of investment securities, it is at least reasonably possible that changes in risks will occur in the near-term and such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. As of December 31, 2024 and 2023, three investment funds represented approximately 98% and 93% of total investments, respectively.

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

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP), requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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 employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' accumulated pension credits as determined under the Plan ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, and termination of employment - are included, to the extent they are deemed attributable to employees' service rendered to the valuation date.

CROWN CENTRAL RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

NOTE C - INVESTMENTS

The Plan's investments are held in trust and administered by SEI Private Trust Company, the trustee, as of and for the years ended December 31, 2024 and 2023. The investments and investment income disclosed in the accompanying financial statements and supplemental schedules were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustee.

NOTE D - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses valuation techniques based on the available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 and Level 2 inputs are not available.

The following table sets forth by level within the fair value hierarchy, the Plan's investments at fair value:

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 320,836	\$ -	\$ -	\$ 320,836
U.S. Government securities	-	22,259,040	-	22,259,040
Registered investment companies	133,440,252	-	-	133,440,252
Total investments in the fair value hierarchy	<u>\$ 133,761,088</u>	<u>\$ 22,259,040</u>	<u>\$ -</u>	156,020,128
Investments measured at NAV*				<u>3,514,331</u>
Total investments at fair value				<u>\$ 159,534,459</u>

CROWN CENTRAL RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS - continued

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,383,354	\$ -	\$ -	\$ 2,383,354
U.S. Government securities	-	23,580,767	-	23,580,767
Registered investment companies	137,426,906	-	-	137,426,906
Total investments in the fair value hierarchy	<u>\$ 139,810,260</u>	<u>\$ 23,580,767</u>	<u>\$ -</u>	163,391,027
Investments measured at NAV*				<u>9,338,297</u>
Total investments at fair value				<u>\$ 172,729,324</u>

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value (NAV) per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line item presented in the statements of net assets available for benefits.

Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2024 and 2023.

Registered Investment Companies and Money Market Fund: Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The funds held by the Plan are deemed to be actively traded.

U.S Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Collective Investments Trusts: The NAV is equal to the sum of the capital accounts in the investment funds determined in accordance with U.S. GAAP and in accordance with ASC 946, *Financial Services-Investment Companies*. Such valuations utilize the estimated fair values of underlying investment entities. The NAV serves as a practical expedient to estimate the fair value.

The SEI Core Property Collective Fund invests substantially all its assets in the SEI Core Property Fund. This fund's strategy is to invest in property funds.

The SEI Structured Credit Collective Fund invests substantially all its assets in the SEI Structured Credit Segregated Portfolio which invests substantially all its assets in the SEI Structured Credit Fund LP. This fund's strategy is to invest in a diversified portfolio of structured credit instruments.

CROWN CENTRAL RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS - continued

The SEI Hedge Fund Segregated Portfolio C invests in and actively trades securities and other financial instruments using a variety of strategies and investment techniques. As of December 31, 2024 and 2023, the investment funds in Portfolio C are: 1.) Equity hedge long/short: strategy involves taking long and short positions in the equities of publicly listed companies globally, 2.) Event driven: strategy seeks to benefit from a variety of corporate events such as mergers and acquisitions, asset sales and restructuring, and 3.) Relative value: strategy involves making simultaneous purchases and sales of similar securities to exploit pricing differentials.

The following table summarizes investments for which fair value is measured using NAV per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice is only applicable to the Plan.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<u>December 31, 2024</u>				
Collective investment trusts:				
SEI Core Property Collective Fund	\$ 3,383,490	None	(a)	105 days
SEI Structured Credit Collective Fund	31,543	All Satisfied	(b)	65 days
SEI Hedge Fund Segregated Portfolio C	99,298	None	(a)	45-90 days
<u>December 31, 2023</u>				
Collective investment trusts:				
SEI Core Property Collective Fund	\$ 6,371,784	None	(a)	95 days
SEI Structured Credit Collective Fund	745,841	All Satisfied	(a)	65 days
SEI Hedge Fund Segregated Portfolio C	2,220,672	None	(a)	45-90 days

(a) In December 2022, the Plan requested redemption of all interest in the collective investment trusts; however, due to fund level restrictions, the Plan is unable to receive the full value of the interest immediately, rather the interest will be redeemed over time. The interest may not be fully redeemed until 2028.

(b) The final redemption was made on April 30, 2024, in the amount of \$283,464. The balance as of December 31, 2024, represents a 10% holdback held in escrow until the fund's audit is complete. This amount was subsequently released on April 21, 2025.

CROWN CENTRAL RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

NOTE E - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by an actuary from SEI Global Services, Inc. (an affiliate of SEI Investments Management Corporation and SEI Private Trust Company), and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023, were as follows:

- a. The actuarial funding method used was Unit Credit Cost Method.
- b. Retirement age is greater of age on valuation date or age when first eligible for retirement or based on plan experience beginning at age 57 and ending at age 65.
- c. Expected long-term return on assets of 5.50% as of December 31, 2024 and 2023.
- d. Effective discount rate of 5.33% and 5.03% as of December 31, 2024 and 2023, respectively.
- e. Mortality tables: Pri-2012 Amount Weighted Tables projected with the MP-2021 for December 31, 2024 and 2023.

These actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. As discussed in Note A, the Plan was amended to cease benefit accruals under the Plan. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, 2024 and 2023, there would be no material difference.

CROWN CENTRAL RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

NOTE E - ACTUARIAL PRESENT VALUE OF ACCUMULATE PLAN BENEFITS - continued

The actuarial present value of accumulated plan benefits is as follows:

	December 31, 2024	December 31, 2023
Vested benefits:		
Participants currently receiving benefits	\$ 131,251,484	\$ 138,492,344
Other participants	<u>25,380,734</u>	<u>28,385,742</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 156,632,218</u>	 <u>\$ 166,878,086</u>

The changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at December 31, 2022	\$ 171,973,362
Increase (decrease) during the year attributable to:	
Interest due to decrease in discount period	8,511,060
Benefits accumulated	(1,223,207)
Change in assumptions	1,677,534
Benefits paid	<u>(14,060,663)</u>
 Net change	 <u>(5,095,276)</u>
 Actuarial present value of accumulated plan benefits at December 31, 2023	 166,878,086
Increase (decrease) during the year attributable to:	
Interest due to decrease in discount period	8,050,509
Benefits accumulated	(627,149)
Change in assumptions	(4,012,808)
Benefits paid	<u>(13,656,420)</u>
 Net change	 <u>(10,245,868)</u>
 Actuarial present value of accumulated plan benefits at December 31, 2024	 <u>\$ 156,632,218</u>

The change in actuarial assumptions is due to the change in the discount rate.

CROWN CENTRAL RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

NOTE F - FUNDING POLICY

Funding standards have been established by ERISA and the Internal Revenue Code of 1954. The Company's funding policy is to make contributions under this plan that meet or exceed the minimum funding standards while not exceeding the maximum funding standard. Any available accumulated funding credit is considered when determining the level of contribution. The Company's contributions for the year ended December 31, 2024 and 2023 equaled or exceeded the minimum funding requirement of ERISA. There are no required participant contributions, nor are voluntary contributions permitted by the participants under the Plan.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provision set forth by ERISA.

NOTE G - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated after providing for any administrative expenses:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for the three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a United States government agency.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

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

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 for accumulated benefit obligations and may also depend on the level of benefits guaranteed by the PBGC. As discussed in Note A, the Plan was amended to cease benefit accruals under the Plan.

CROWN CENTRAL RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

NOTE H - CONCENTRATIONS OF CASH AND SECURITIES RISK

The Plan maintains its balances in a brokerage institution, which at times may exceed the Securities Investor Protection Corporation limits up to \$500,000 for balances (with a limit of \$250,000 for cash). The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and securities.

NOTE I - PLAN TAX STATUS

The Plan obtained its latest determination letter on October 29, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable sections of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan is no longer subject to federal and state income tax examinations by tax authorities for years before 2021.

NOTE J - TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain plan investments are managed by SEI Investments Management Corporation (SEI Investments), an affiliate of SEI Private Trust Company, the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Transactions resulting in plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption exists. SEI Investments is a party-in-interest as defined by ERISA as a result of investing plan assets in its funds and accounts and providing administrative services. However, such transactions are exempt under Section 408(b)(8) and are not prohibited by ERISA.

Expenses of administering the Plan are paid from plan assets pursuant to provisions of the plan document. These expenses include actuarial fees, PBGC fees, accounting fees, and investment management service fees.

NOTE K - SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 26, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

CROWN CENTRAL RETIREMENT PLAN

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

E.I.N. 52-1659249

Plan #003

December 31, 2024

(a)	(b) Identity of party	(c) Description of investment	(d) Cost	(e) Current value
*	SEI Intermediate DUR Credit-A	Registered investment company	\$ 113,037,921	\$ 111,028,636
*	SEI Long DUR Credit Fund A	Registered investment company	24,081,457	22,411,616
*	SEI Hedge Fund	Collective investment trust	50,145	99,298
*	SEI Structured Credit Collective Fund	Collective investment trust	31,543	31,543
*	SEI Core Property Collective Fund	Collective investment trust	1,252,005	3,383,490
	U.S. Treasury Strips	U.S. Government securities	23,392,298	22,259,040
*	SEI Government Fund	Money market fund	<u>320,836</u>	<u>320,836</u>
		Total investments	<u>\$ 162,166,205</u>	<u>\$ 159,534,459</u>

* party-in-interest as defined by ERISA

CROWN CENTRAL RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 52-1659249

Plan #003

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Investment	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series Transactions						
SEI Intermediate DUR Credit	Registered investment company	\$ 5,162,583	\$ -	\$ 5,162,583	\$ 5,162,583	\$ -
SEI Intermediate DUR Credit	Registered investment company	-	9,996,076	10,020,468	9,996,076	(24,392)

Crown Central Retirement Plan
 EIN: 52-1659249 PN: 003
 Attachment to the 2024 Form 5500 Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

The Unit Credit Cost Method was used to determine liabilities and Normal Cost for funding purposes. Under this method, an accrued benefit is calculated as of the beginning of the year and as of the end of the year. This accrued benefit is based on the benefit accrual formula and service, final average compensation, social security benefits, etc. as of the beginning or end of the year. For benefits not based on an accrual formula, benefits are assumed to accrue on a straight-line basis over the period during which credited service is earned. The actuarial accrued liability is the present value of these accrued benefits as of the beginning of the year. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for each individual participant in the Plan are summed to determine the normal cost and actuarial accrued liability of the Plan in total.

The Asset Valuation Method for funding purposes is the 24 month smoothed value of assets as permitted described in IRS regulation.

The Market Related Value of Assets for purposes of determining the Net Periodic Pension Cost under FAS 87 is the market value of assets.

Interest Rates	Target Liability	Segment rates with 4-month lookback, subject to a minimum of the applicable rates for the 2024 plan year under ARPA: 4.75% / 4.87% / 5.59%
Cost of Living Increases	N/A	
Inflation for limits	N/A	
Mortality	2024 Tables as set forth in IRS guidance	
Retirement	Active: Age based (see table) Terminated: Age 60 if have 15 years of service, others age 65	
Termination	Age based (see table)	
Form of Payment	Life Annuity with 5 Years Certain	
Expenses	\$220,000	
Marriage	80% of Participants are assumed to be married with the wife 4 years younger than the husband.	
Changes Since Last Valuation	The mortality for Funding Target calculations was updated by 1 year from the prior valuation. Expenses were changed from \$210,000 to \$220,000.	

Crown Central Retirement Plan
EIN: 52-1659249 PN: 003
Attachment to the 2024 Form 5500 Schedule SB

Retirement Rates

Age	Rate
57	10%
58	5%
59	5%
60	10%
61	10%
62	20%
63	10%
64	10%
65	100%

Withdrawal Rates

Service	Age 25	Age 35	Age 45	Age 55
0-2 years	.2296	.1926	.1722	.1500
2-5 years	.1796	.1426	.1222	.1000
5-7 years	.1296	.0926	.0722	.0500
7-10 years	.0996	.0626	.0422	.0200
Over 10 years	.0000	.0000	.0000	.0000

CROWN CENTRAL RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 52-1659249

Plan #003

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Investment	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series Transactions						
SEI Intermediate DUR Credit	Registered investment company	\$ 5,162,583	\$ -	\$ 5,162,583	\$ 5,162,583	\$ -
SEI Intermediate DUR Credit	Registered investment company	-	9,996,076	10,020,468	9,996,076	(24,392)

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2024 <hr/> 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 CROWN CENTRAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ROSEMORE, INC.	D Employer Identification Number (EIN) 52-1659249	
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	173,233,399	
b Actuarial value	2b	182,522,295	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,258	138,111,615	138,111,615
b For terminated vested participants	438	28,251,957	28,251,957
c For active participants	0	0	0
d Total	1,696	166,363,572	166,363,572
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.02%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	220,000	
c Target normal cost	6c	220,000	

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	 Signature of actuary JONATHAN B. WAITE, F.S.A., M.A.A.A. Type or print name of actuary	<u>9/30/2025</u> Date 2304806 Most recent enrollment number 610-676-3493 Telephone number (including area code)
	SEI Firm name 1 FREEDOM VALLEY DRIVE OAKS PA 19456 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** 62

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	220,000
b Excess assets, if applicable, but not greater than line 31a	31b	220,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0

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

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

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

Crown Central Retirement Plan
EIN # 52-1659249 Plan 003
Attachment to the 2024 Form 5500 Schedule SB

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Age	qx	lx	dx	age * dx
57	0.10	10,000	1,000	57,000
58	0.05	9,000	450	26,100
59	0.05	8,550	428	25,223
60	0.10	8,123	812	48,735
61	0.10	7,310	731	44,593
62	0.20	6,579	1,316	81,582
63	0.10	5,263	526	33,159
64	0.10	4,737	474	30,317
65	1.00	4,263	4,263	277,117
Totals:			10,000	623,826
Weighted Average Retirement Age				<u><u>62.38</u></u>

Crown Central Retirement Plan
EIN # 52-1659249 Plan 003
Attachment to the 2024 Form 5500 Schedule SB

Schedule SB, line 24 – Change in Actuarial Assumptions

The administrative expense load on the target normal cost was increased from \$210,000 to \$220,000 to better estimate administrative expenses to be paid from plan assets during the year.

Crown Central Retirement Plan
EIN # 52-1659249 Plan 003
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Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Vested Term Participants	Retired Participants	Total
2024	0	513,172	13,586,570	14,099,741
2025	0	772,139	13,156,016	13,928,154
2026	0	1,079,536	12,816,352	13,895,888
2027	0	1,305,107	12,461,627	13,766,734
2028	0	1,547,284	12,078,324	13,625,608
2029	0	1,740,151	11,658,824	13,398,974
2030	0	1,881,485	11,222,894	13,104,379
2031	0	2,074,303	10,749,803	12,824,106
2032	0	2,206,669	10,274,414	12,481,083
2033	0	2,321,864	9,786,690	12,108,554
2034	0	2,368,911	9,284,099	11,653,010
2035	0	2,441,732	8,768,780	11,210,512
2036	0	2,433,428	8,247,226	10,680,654
2037	0	2,408,834	7,718,936	10,127,770
2038	0	2,370,634	7,187,420	9,558,054
2039	0	2,343,489	6,656,052	8,999,541
2040	0	2,301,887	6,127,195	8,429,082
2041	0	2,237,781	5,604,707	7,842,488
2042	0	2,167,722	5,092,538	7,260,259
2043	0	2,088,534	4,594,608	6,683,142
2044	0	2,001,384	4,114,677	6,116,061
2045	0	1,908,834	3,656,273	5,565,107
2046	0	1,811,823	3,222,607	5,034,429
2047	0	1,709,073	2,816,421	4,525,494
2048	0	1,601,816	2,439,934	4,041,750
2049	0	1,490,674	2,094,768	3,585,441
2050	0	1,376,496	1,781,863	3,158,359
2051	0	1,260,423	1,501,460	2,761,884
2052	0	1,143,786	1,253,115	2,396,901
2053	0	1,028,048	1,035,752	2,063,800
2054	0	914,741	847,753	1,762,494
2055	0	805,356	687,080	1,492,435
2056	0	701,264	551,390	1,252,654
2057	0	603,660	438,150	1,041,810
2058	0	513,515	344,750	858,265
2059	0	431,537	268,600	700,137
2060	0	358,147	207,223	565,369
2061	0	293,482	158,317	451,799
2062	0	237,409	119,790	357,199
2063	0	189,553	89,776	279,330
2064	0	149,353	66,652	216,004
2065	0	116,111	49,026	165,136
2066	0	89,054	35,733	124,787
2067	0	67,373	25,815	93,188
2068	0	50,273	18,492	68,765
2069	0	36,999	13,139	50,138
2070	0	26,855	9,263	36,118
2071	0	19,222	6,482	25,704
2072	0	13,567	4,502	18,070
2073	0	9,442	3,104	12,546

Crown Central Retirement Plan
 EIN: 52-1659249 PN: 003
 Attachment to the 2024 Form 5500 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions

Plan Name	Crown Central Retirement Plan
Plan Year	January 1
EIN/PN	52-1659249/003
Most Recent Amendment	January 25, 2005
Eligibility Requirements	Are 21 and 1 year of service. Closed to new entrants as of June 30, 2003
Pension Service	1,000 hours in a Plan Year
Vesting Service	1,000 hours in a Plan Year
Compensation	W-2 pay; including 401(k) and 125 deferrals. No compensation after 1/25/2005 is considered.
Final Average Compensation	N/A
Benefit Formula	Accrued Benefit as of 6/30/1993 plus (for service on and after 7/1/93) 2.4% for the first 20 years and 3.0% for years over 20 of total compensation. Minimum benefit of \$12 per month times years of service. Frozen 6/30/03 for non-Pasadena employees and 1/25/05 for Pasadena employees.
Normal Retirement Age	Age 65 with 5 years of service
Normal Retirement Benefit	Accrued Benefit at Normal Retirement Age
Early Retirement Age	Age 55 with 15 years of service
Early Retirement Benefit	Accrued Benefit at Normal Retirement Age. Alternatively, Accrued Benefit at any age after Early Retirement Age reduced by 5% per year prior to Age 60.
Late Retirement Age	Any date after Normal Retirement
Late Retirement Benefit	Benefit accrued to Late Retirement Date
Vesting Requirement	5 years of service
Termination Benefit	Accrued Benefit at Normal Retirement Age. With 15 years, a benefit is payable as early as 55 based on the same reduction as for Early Retirement
Death Benefit Eligibility	5 years of service
Death Benefit	If a participant dies prior to annuity starting date, his surviving spouse shall be entitled to a lump sum equal to the REA benefit.
Normal Form of Payment	5 year Certain & Life if single, reduced 50% Joint & Survivor if married
Optional Forms of Payment	Life Annuity; reduced 50%, 75% or 100% Joint & Survivor Annuity; 5 or 10 Year Certain and Life Annuity, Lump sum (if less than \$5,000)
Changes Since Last Valuation	The Maximum Compensation Limit under IRC§401(a)(17) and the Maximum Benefit Limitation under IRC §415(b)(1) have increased as permitted

Crown Central Retirement Plan
EIN: 52-1659249 PN: 003
Attachment to the 2024 Form 5500 Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

The Unit Credit Cost Method was used to determine liabilities and Normal Cost for funding purposes. Under this method, an accrued benefit is calculated as of the beginning of the year and as of the end of the year. This accrued benefit is based on the benefit accrual formula and service, final average compensation, social security benefits, etc. as of the beginning or end of the year. For benefits not based on an accrual formula, benefits are assumed to accrue on a straight-line basis over the period during which credited service is earned. The actuarial accrued liability is the present value of these accrued benefits as of the beginning of the year. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for each individual participant in the Plan are summed to determine the normal cost and actuarial accrued liability of the Plan in total.

The Asset Valuation Method for funding purposes is the 24 month smoothed value of assets as permitted described in IRS regulation.

The Market Related Value of Assets for purposes of determining the Net Periodic Pension Cost under FAS 87 is the market value of assets.

Interest Rates	Target Liability	Segment rates with 4-month lookback, subject to a minimum of the applicable rates for the 2023 plan year under ARPA: 4.75% / 4.87% / 5.59%
Cost of Living Increases	N/A	
Inflation for limits	N/A	
Mortality	2024 Tables as set forth in IRS guidance	
Retirement	Active: Age based (see table) Terminated: Age 60 if have 15 years of service, others age 65	
Termination	Age based (see table)	
Form of Payment	Life Annuity with 5 Years Certain	
Expenses	\$220,000	
Marriage	80% of Participants are assumed to be married with the wife 4 years younger than the husband.	
Changes Since Last Valuation	The mortality for Funding Target calculations was updated by 1 year from the prior valuation. Expenses were changed from \$1,270,000 to \$220,000.	

Crown Central Retirement Plan
EIN: 52-1659249 PN: 003
Attachment to the 2024 Form 5500 Schedule SB

Retirement Rates

Age	Rate
57	10%
58	5%
59	5%
60	10%
61	10%
62	20%
63	10%
64	10%
65	100%

Withdrawal Rates

Service	Age 25	Age 35	Age 45	Age 55
0-2 years	.2296	.1926	.1722	.1500
2-5 years	.1796	.1426	.1222	.1000
5-7 years	.1296	.0926	.0722	.0500
7-10 years	.0996	.0626	.0422	.0200
Over 10 years	.0000	.0000	.0000	.0000

Crown Central Retirement Plan
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Changes Since Last Valuation	The Maximum Compensation Limit under IRC§401(a)(17) and the Maximum Benefit Limitation under IRC §415(b)(1) have increased as permitted

CROWN CENTRAL RETIREMENT PLAN

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

E.I.N. 52-1659249

Plan #003

December 31, 2024

(a)	(b) Identity of party	(c) Description of investment	(d) Cost	(e) Current value
*	SEI Intermediate DUR Credit-A	Registered investment company	\$ 113,037,921	\$ 111,028,636
*	SEI Long DUR Credit Fund A	Registered investment company	24,081,457	22,411,616
*	SEI Hedge Fund	Collective investment trust	50,145	99,298
*	SEI Structured Credit Collective Fund	Collective investment trust	31,543	31,543
*	SEI Core Property Collective Fund	Collective investment trust	1,252,005	3,383,490
	U.S. Treasury Strips	U.S. Government securities	23,392,298	22,259,040
*	SEI Government Fund	Money market fund	<u>320,836</u>	<u>320,836</u>
		Total investments	<u>\$ 162,166,205</u>	<u>\$ 159,534,459</u>

* party-in-interest as defined by ERISA

Crown Central Retirement Plan
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Schedule SB, line 24 – Change in Actuarial Assumptions

The administrative expense load on the target normal cost was increased from \$210,000 to \$220,000 to better estimate administrative expenses to be paid from plan assets during the year.