

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... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: NATIONAL CONVENIENCE DISTRIBUTORS 401(K) RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/01/1985
2a Plan sponsor's name: NATIONAL CONVENIENCE DISTRIBUTORS, LLC
2b Employer Identification Number (EIN): 47-1128020
2c Plan Sponsor's telephone number: 631-962-2400
2d Business code: 424940

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 COMPASS 360, LLC 118 PORTSMOUTH AVENUE SUITE D201 STRATHAM, NH 03885 | 3b Administrator's EIN 81-1939215 3c Administrator's telephone number 603-778-9920 |
|--|---|

| | |
|--|-----------------------------------|
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
|--|-----------------------------------|

| | | |
|---|----------|------|
| 5 Total number of participants at the beginning of the plan year | 5 | 1349 |
|---|----------|------|

| | | |
|--|--------------|------|
| 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) | 1055 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 993 |
| b Retired or separated participants receiving benefits..... | 6b | 0 |
| c Other retired or separated participants entitled to future benefits | 6c | 281 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d | 1274 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 1274 |
| 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) | 1138 |
| 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) | 1162 |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 167 |

| | | |
|--|----------|--|
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |
|--|----------|--|

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3D 3H

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 checked="" 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 checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 1

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
|---|--|--|
| <p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

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

| | | |
|--|--|-------------------|
| <p>A Name of plan NATIONAL CONVENIENCE DISTRIBUTORS 401(K) RETIREMENT PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>001</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CONVENIENCE DISTRIBUTORS, LLC</p> | <p>D Employer Identification Number (EIN) 47-1128020</p> | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 93-1225432 | 60214 | 590567-01 | 284 | 01/01/2024 | 12/31/2024 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|--------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

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| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

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| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|---------|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 2544869 |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 0 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 2085817

| | | |
|---|--------------|---------|
| c Additions: (1) Contributions deposited during the year | 7c(1) | 224049 |
| | 7c(2) | 0 |
| | 7c(3) | 39282 |
| | 7c(4) | 1017130 |
| | 7c(5) | 164088 |

▶ **LOAN REPAYMENTS, FORFEITURES**

(6) Total additions **7c(6)** 1444549

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3530366

e Deductions:

| | | |
|---|--------------|--------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 506426 |
| (2) Administration charge made by carrier..... | 7e(2) | 16031 |
| (3) Transferred to separate account | 7e(3) | 463040 |
| (4) Other (specify below) | 7e(4) | 0 |

(5) Total deductions **7e(5)** 985497

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2544869

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | | |
|----------|--|-----------------|-----------------|---|
| a | Premiums: (1) Amount received | 9a(1) | | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) | 0 |
| b | Benefit charges (1) Claims paid | 9b(1) | | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) | 0 |
| | (4) Claims charged | | 9b(4) | |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| | (A) Commissions | 9c(1)(A) | | |
| | (B) Administrative service or other fees | 9c(1)(B) | | |
| | (C) Other specific acquisition costs | 9c(1)(C) | | |
| | (D) Other expenses | 9c(1)(D) | | |
| | (E) Taxes | 9c(1)(E) | | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | | |
| | (G) Other retention charges | 9c(1)(G) | | |
| | (H) Total retention | | 9c(1)(H) | 0 |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) | |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) | |
| | (2) Claim reserves | | 9d(2) | |
| | (3) Other reserves | | 9d(3) | |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e | |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--|
| a | Total premiums or subscription charges paid to carrier | 10a | |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | 10b | |

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|--|--|---|
| 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. |
|--|--|---|

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

| | | |
|--|--|------------|
| A Name of plan NATIONAL CONVENIENCE DISTRIBUTORS 401(K) RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CONVENIENCE DISTRIBUTORS, LLC | D Employer Identification Number (EIN) 47-1128020 | |

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)

EMPOWER LIFE & ANNUITY INSURANCE

COMPANY OF NY
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (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? |
|------------------------|---|--|--|--|---|--|
| 64 | RECORDKEEPER | 124117 | 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)

COMPASS 360

118 PORTSMOUTH AVE STE A2
STRATHAM, NH 03885

| (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 | CONTRACT ADMIN | 74505 | 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)

STIFEL NICOLAUS & CO INC.

501 N. BROADWAY
ST LOUIS, MO 63102

| (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? |
|------------------------|---|--|--|--|---|--|
| 27 | INVESTMENT ADVISOR | 71253 | 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"/> |

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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | INVESTMENT MGMT | 62144 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection. |
|---|--|--|

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

| | | |
|---|--|------------|
| A Name of plan <u>NATIONAL CONVENIENCE DISTRIBUTORS 401(K) RETIREMENT PLAN</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CONVENIENCE DISTRIBUTORS, LLC</u> | D Employer Identification Number (EIN) <u>47-1128020</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|---|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX RET INC R6</u> | | |
| b Name of sponsor of entity listed in (a): <u>EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK</u> | | |
| c EIN-PN <u>93-1225432-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1915895</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2025 R6</u> | | |
| b Name of sponsor of entity listed in (a): <u>EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK</u> | | |
| c EIN-PN <u>93-1225432-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>77804</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2030 R6</u> | | |
| b Name of sponsor of entity listed in (a): <u>EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK</u> | | |
| c EIN-PN <u>93-1225432-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>712976</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2035 R6</u> | | |
| b Name of sponsor of entity listed in (a): <u>EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK</u> | | |
| c EIN-PN <u>93-1225432-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2015911</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2040 R6</u> | | |
| b Name of sponsor of entity listed in (a): <u>EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK</u> | | |
| c EIN-PN <u>93-1225432-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2057220</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2045 R6</u> | | |
| b Name of sponsor of entity listed in (a): <u>EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK</u> | | |
| c EIN-PN <u>93-1225432-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3115824</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2050 R6</u> | | |
| b Name of sponsor of entity listed in (a): <u>EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK</u> | | |
| c EIN-PN <u>93-1225432-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1578067</u> |

| | | | |
|--|--|---|-------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2055 R6 | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1207330 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2060 R6 | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 994309 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GR R6 | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 750020 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE R6 | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1624499 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD R6 | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1548059 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD R6 | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 247585 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTERNATIONAL INDEX | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1190128 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS REAL ESTATE SECURITI | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 513967 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR GOLD Z | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 32223 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES ADV | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 95898 |

| | | | |
|--|------------------------|---|--------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCIENCE & TECH I | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 657366 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SMALL CAP INDEX | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 343231 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SMALL CAP GROWTH INDEX | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 310118 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SMALL CAP VALUE INDEX | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 268603 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SMALL CAP VALUE FUND | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 39860 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP VALUE INDEX | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 356103 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP INDEX | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 708802 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP GROWTH INDEX | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 192644 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JHANCOCK DISCIPLINED VALUE MID CAP | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 47163 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH R3 | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 55354 |

| | | | |
|--|------------------------|---|---------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 200098 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL R6 | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 799570 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA DIVIDEND INCOME INSTL | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 699349 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1780294 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY LARGE CAP GROWTH INDEX | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1408784 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2485752 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMERICAN BALANCED R6 | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 989307 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HIGH YIELD BOND PORTFOLIO | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 273490 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK STRATEGIC GLOBAL BOND K | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 966244 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY LONG TERM TREASURY BOND IN | | | |
| b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK | | | |
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 874100 |

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME INSTL

b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1393417 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: EI FIXED ACCOUNT - SERIES CLASS II

b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 93-1225432-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2544869 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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| 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. | OMB No. 1210-0110 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 NATIONAL CONVENIENCE DISTRIBUTORS 401(K) RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CONVENIENCE DISTRIBUTORS, LLC | D Employer Identification Number (EIN) 47-1128020 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 1039791 | 842997 |
| (2) Participant contributions | 1b(2) | 0 | 15132 |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 1101929 | 1252802 |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 30430486 | 34527364 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 2085817 | 2544869 |
| (15) Other..... | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 34658023 | 39183164 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 34658023 | 39183164 |

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) | 844312 | |
| (B) Participants..... | 2a(1)(B) | 3343959 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 0 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 4188271 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 89866 | |
| (F) Other..... | 2b(1)(F) | 39282 | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 129148 |
| (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) | | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 4423379 |
| c Other income | 2c | | 0 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 8740798 |

Expenses

| | | | |
|---|--------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 4721403 | |
| (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) | | 4721403 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 51200 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 139121 | |
| (3) Recordkeeping fees | 2i(3) | 60396 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 71253 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 270770 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 5043373 |

Net Income and Reconciliation

| | | | |
|---|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 3697425 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 827716 |
| (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: MEYERS BROTHERS KALICKA, P.C.

(2) EIN: 04-2713795

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 | | 160193 |
| 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.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>NATIONAL CONVENIENCE DISTRIBUTORS 401(K) RETIREMENT PLAN</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CONVENIENCE DISTRIBUTORS, LLC</u> | D Employer Identification Number (EIN) <u>47-1128020</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): 93-1225432

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|--|
| 3 | |
|---|--|

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

| | | |
|---|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

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

| | | |
|---|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | 16b | |

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

**NATIONAL CONVENIENCE DISTRIBUTORS 401(k)
RETIREMENT PLAN**
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

**NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN
FINANCIAL STATEMENTS**

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Other supplementary schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

* Refers to Form 5500, Annual Return for Employee Benefit Plan Schedule H, Line 4i and 4a



MeyersBrothersKalicka , P.C.

CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS STRATEGISTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
National Convenience Distributors 401(k) Retirement Plan

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

We have performed audits of the accompanying financial statements of National Convenience Distributors 401(k) Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits National Convenience Distributors 401(k) Retirement 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 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 of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of National Convenience Distributors 401(k) Retirement 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 for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about National Convenience Distributors 401(k) Retirement Plan's ability to continue as a going concern for one year after the date 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 of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 National Convenience Distributors 401(k) Retirement 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 National Convenience Distributors 401(k) Retirement 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 and the Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

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

Myrus Brothers Kalicka, P.C.

Holyoke, Massachusetts
September 30, 2025

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024 AND 2023

| | <u>2024</u> | <u>2023</u> |
|---|----------------------|----------------------|
| Investments: | | |
| Investments at fair value | \$ 34,527,364 | \$ 30,430,486 |
| Fully benefit-responsive investment at contract value | <u>2,544,869</u> | <u>2,085,817</u> |
| Total investments | <u>37,072,233</u> | <u>32,516,303</u> |
| Receivables: | | |
| Employer contributions | 842,997 | 1,039,791 |
| Employee contributions | 15,132 | - |
| Notes receivable from participants | <u>1,252,802</u> | <u>1,101,929</u> |
| Total receivables | <u>2,110,931</u> | <u>2,141,720</u> |
| Net assets available for benefits | <u>\$ 39,183,164</u> | <u>\$ 34,658,023</u> |

The accompanying notes are an integral part of these financial statements.

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|--|----------------------|----------------------|
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in the fair value of investments | \$ 3,173,988 | \$ 3,834,456 |
| Dividends | <u>1,288,673</u> | <u>882,863</u> |
| Total investment income | <u>4,462,661</u> | <u>4,717,319</u> |
| Interest income from participant loans | <u>89,866</u> | <u>65,616</u> |
| Contributions: | | |
| Employer | 844,312 | 1,039,791 |
| Employees | 3,343,959 | 3,021,175 |
| Participant rollovers | <u>-</u> | <u>189,601</u> |
| Total contributions | <u>4,188,271</u> | <u>4,250,567</u> |
| Total change | <u>8,740,798</u> | <u>9,033,502</u> |
| Deductions from net assets attributed to: | | |
| Benefits paid directly to participants | 4,772,603 | 3,517,620 |
| Administrative expenses | <u>270,770</u> | <u>225,455</u> |
| Total deductions | <u>5,043,373</u> | <u>3,743,075</u> |
| Net increase in net assets | 3,697,425 | 5,290,427 |
| Transfer of assets from Colonial Wholesale Distributing 401(k) Plan | 827,716 | - |
| Net assets available for benefits | | |
| Beginning of year | <u>34,658,023</u> | <u>29,367,596</u> |
| End of year | <u>\$ 39,183,164</u> | <u>\$ 34,658,023</u> |

The accompanying notes are an integral part of these financial statements.

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN:

The following description of the National Convenience Distributors 401(k) Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all full-time nonunion employees of National Convenience Distributors, LLC (the “Company” and “Employer”) or any affiliate who has adopted the Plan (“Adopting Employer”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Adopting Employers that are part of the Plan consist of the following entities:

- Consumer Product Distributors, LLC d/b/a J. Polep Distribution Services
- Century Distributors, Inc.
- Rachael’s Food, LLC
- Allen Bros. Wholesale Distributors, LLC
- Harold Levinson Associates, LLC
- E&R Realty, LLC
- Wustefeld Candy II, LLC
- Colonial Wholesale Distributing, LLC

Effective January 5, 2024, the Colonial Wholesale Distributing 401(k) Plan was merged with the Plan (see Note 8). Colonial Wholesale Distributing, LLC became a subsidiary of the Company effective July 12, 2023.

Administration

The Company is the administrator of the Plan. The Plan administrator is responsible for approving all hardships and administrative expenses. Compass Retirement Consulting Group, the Plan’s third party administrator, is responsible for the general administration of the Plan. The trustees are Empower Life & Annuity Insurance Company of New York and Empower Trust Company, LLC.

Eligibility

Effective January 1, 2020, employees who are at least eighteen years of age, and have completed 12 months of eligible service, are eligible to participate in the Plan beginning on the first day of each Plan quarter coinciding with becoming eligible. Prior to January 1, 2020, employees who were at least 21 years of age, and had completed 3 months of service, were eligible to participate in the Plan.

Employees participating in plans previously sponsored by Adopting Employers were permitted to continue to benefit under the Plan and were subject to the eligibility requirements above.

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN: (CONTINUED)

Contributions

Participants may contribute up to a maximum of 100% of eligible compensation, as defined by the Plan, or the statutory contribution limit in a calendar year as adjusted by the Secretary of the Treasury of the United States of America. Participants may also contribute amounts representing distributions from other qualified retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan has an automatic enrollment feature, whereby, eligible employees are automatically enrolled in the Plan unless they elect to decline participation. The Plan currently offers a selection of mutual funds and a guaranteed income fund as investment options for participants. Contributions are subject to certain limitations.

Effective January 1, 2020, the Plan provides for automatic participant contributions, whereby an eligible participant will automatically have 3% of their compensation deferred and contributed to the Plan. Until the participant elects otherwise, these automatic participant contributions are invested in a TIAA-CREF Target Fund, which is determined based upon the year in which the participant reaches age 65.

Rollover contributions from other qualifying plans, as determined by the Plan administrator, may be contributed to the Plan. Participants shall be 100% vested in the value of their rollover account at all times.

The Company, at the discretion of management, may contribute to each eligible participant's account a matching discretionary contribution equal to a percentage of each participant's pre-tax contribution equal to 50% of employee deferrals up to the first 6% of eligible compensation with a cap of \$5,000. The Company, at the discretion of management, may also make a discretionary profit sharing contribution to participants who are actively employed at the end of the Plan year.

For the Plan years ended December 31, 2024 and 2023, discretionary matching contributions were made in the amount of \$844,312 (\$1,168,294 less forfeitures used of \$323,982) and \$1,039,791, respectively. For the Plan year ended December 31, 2024, \$1,315 was contributed toward the matching contribution during 2024 and the balance of \$842,997 was deposited in September 2025.

Participant accounts

Each participant's account is credited with the participant's contributions and, for certain periods, the Company's Safe Harbor Contribution of 3% of eligible compensation, as well as allocations of the Company's profit sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Effective January 1, 2020, all nonunion employees are eligible to make elective deferrals on the first day of each Plan quarter coincident with or next following their attaining age 18 and the completion of one year of service. All nonunion employees are eligible to begin receiving discretionary matching and profit sharing contributions on the first day of each Plan quarter coincident with or next following their attaining age 18 and completion of one year of service, unless otherwise waived by the Plan sponsor in accordance with the Plan document.

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN: (CONTINUED)

Vesting (continued)

Prior to January 1, 2020, all nonunion employees were eligible to make elective deferrals on the first day of the calendar month coincident with or next following their attaining age 21 and completion of three months of service. All nonunion employees are eligible to begin receiving profit sharing contributions on the first day of each Plan quarter coincident with or next following their attaining age 21 and completion of one year of service, unless otherwise waived by the Plan sponsor in accordance with the Plan document.

Participants are vested immediately in their contributions and the Safe Harbor contribution of 3% contributed prior to January 1, 2020 plus actual earnings thereon. Effective January 1, 2020 the Plan was amended to eliminate Safe Harbor Qualified Nonelective Contributions.

Vesting in the Company's matching contribution and profit sharing contribution portion of their accounts is based on years of continuous service in accordance with the following schedule:

| <u>Years of Service</u> | <u>Vesting Percentage</u> |
|--------------------------------------|---------------------------|
| Less than two years | 0% |
| Two years but less than three years | 20% |
| Three years but less than four years | 40% |
| Four years but less than five years | 60% |
| Five years but less than six years | 80% |
| Six or more years | 100% |

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 (reduced by the excess (if any) of the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the loan is made) or 50% of their account balance. The loans are secured by the balance in the participant's account. Loans are repaid over a period of not more than 5 years, unless for the purchase of a principal residence, which can be repaid over a longer period, subject to the provisions of the Internal Revenue Code (IRC). The loan interest rate, determined annually, is set at more than 1% above the prime rate, as defined. The interest rates on outstanding loans range from 4.25% to 9.5% at December 31, 2024 and 2023, and mature through March 2033. Principal and interest is paid ratably through monthly payroll deductions.

Benefit payments

Upon termination of service due to death, distributions must be completed by December 31 of the calendar year containing the fifth anniversary of the participant's death unless an election is made by the beneficiary. For termination of service for all other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may make withdrawals prior to termination of employment upon attainment of age 59 ½ and hardship distributions are allowed but must be approved by the Plan administrator.

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN: (CONTINUED)

SECURE 2.0 Act of 2022

The SECURE 2.0 Act of 2022 (the “Act”) was signed into law on December 29, 2022, to increase retirement savings, improve retirement rules, and lower employer costs of setting up a retirement plan. Plan amendments required by the Act generally need not to be made until the end of the first plan year beginning on or after January 1, 2026, however, plans must operate in accordance with effective date of each new provision.

Major provisions of this Act that may affect the Plan include:

- Effective January 1, 2024, the limit for mandatory cash outs was raised from \$5,000 to \$7,000.
- Effective January 1, 2025, further expansion of eligibility to long-term part-time workers, which will allow participation after two consecutive years of 500 or more hours.
- Effective January 1, 2026, catch up contributions for any participants over age 50 who earn over \$145,000 are now required to be made on a Roth basis.

Forfeitures

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$312,987 and \$169,493, respectively. These accounts may be used to reduce future employer contributions or to pay Plan expenses. Forfeitures of \$323,982 were used to reduce the 2024 employer contributions to the Plan, which was paid in September 2025. There were no forfeitures used to reduce the 2023 employer contributions to the Plan.

Plan termination

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment valuation and income recognition

The Plan’s investments are stated 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 (an exit price). All investments are participant directed.

The Plan administrator is responsible for determining the Plan’s valuation policies and analyzing information provided by the record keeper that is used to determine the fair value of the Plan’s investments. See Note 4 and 5 for further discussion of fair value measurements.

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (CONTINUED)

Investment valuation and income recognition (continued)

In accordance with the policy of stating investments at fair value, net unrealized appreciation or (depreciation) for the year is reflected in the statements of changes in net assets available for benefits. The net appreciation (depreciation) in the fair value of its investments consists of realized gains or losses and unrealized appreciation (depreciation) on those investments. Purchases and sales are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Earnings on investments, with the exception of notes receivable from participants, are allocated on a pro rata basis to individual participant accounts based on the type of investment and the ratio of each participant's individual account balance to the aggregate of participant balances. The portion of interest included in each loan payment made by a participant is recognized as interest income in the participant's individual account.

Notes receivable from participants

Participant notes receivable are recorded at their unpaid balance plus any accrued interest. Since the participant's remaining vested investment balance is sufficient to cover the outstanding loan amount, there is no allowance for doubtful accounts at December 31, 2024 and 2023. Interest is calculated and included in the repayment terms of the loan when the loan is initiated and is recognized with the amortization of the loan as each payment is remitted. Loans are monitored for repayment under the original loan terms and defaulted when active participants cease payments past the allowed grace period. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. For terminated participants, once a distribution is requested, the outstanding note balance will be netted against the remaining vested investment balance.

Risks and uncertainties

The Plan provides for various investment fund options in any combination of fixed income securities, mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits.

Payment of benefits

Benefits are recorded when paid.

Use of estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Accordingly, actual results could differ from those estimates.

Administrative expenses

Plan expenses relating to management of investments are paid by the Plan (see Note 7), however, the Company pays other administrative expenses of the Plan, which are excluded from these financial statements. Various fees associated with loan and benefit payments are paid by the participants.

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

3. INFORMATION CERTIFIED BY TRUSTEES:

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, Empower Life & Annuity Insurance Company of New York ("Empower Life") and Empower Trust Company, LLC ("Empower"), the trustees of the Plan's assets, certified to the Plan administrator the fair value and physical custody of investments and notes receivable from participants and investment transactions to be complete and accurate as of December 31, 2024 and 2023 and investments included in the statement of net assets available for benefits and investment income, and net appreciation of investments included in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023 and the information contained in Notes 4 and 5 concerning investments and information included in the supplemental schedule of assets (held at end of year).

4. FAIR VALUE MEASUREMENTS:

The Plan follows established guidelines for a fair value hierarchy that prioritizes the inputs used to measure fair value. An asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. This hierarchy prioritizes the inputs into three broad levels as follows:

- Level 1 Quoted prices (unadjusted) in active markets for identical assets or liabilities. Market price is generally obtained from exchange or dealer markets.
- Level 2 Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Inputs are obtained from various sources including market participants, dealers and brokers.
- Level 3 Unobservable inputs that are supported by little or no market activity as they trade infrequently or not at all and that are significant to the fair value of the assets or liabilities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are valued at the closing price recorded on the active market in which these individual securities are traded.

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

4. FAIR VALUE MEASUREMENTS: (CONTINUED)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

| Fair Value Measurements at December 31, 2024 | | | | |
|---|-------------------------|----------------------|----------------|----------------|
| | Total Fair Value | Level 1 | Level 2 | Level 3 |
| Investments at fair value: | | | | |
| Mutual funds | \$ <u>34,527,364</u> | \$ <u>34,527,364</u> | \$ <u>-</u> | \$ <u>-</u> |

| Fair Value Measurements at December 31, 2023 | | | | |
|---|-------------------------|----------------------|----------------|----------------|
| | Total Fair Value | Level 1 | Level 2 | Level 3 |
| Investments at fair value: | | | | |
| Mutual Funds | \$ <u>30,430,486</u> | \$ <u>30,430,486</u> | \$ <u>-</u> | \$ <u>-</u> |

5. INVESTMENT IN GROUP ANNUITY CONTRACT:

The EI Fixed Account – Series II is a fully benefit-responsive group annuity contract with Empower Life. Empower Life maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan and is not permitted to terminate the agreement prior to the scheduled maturity date.

Because the EI Fixed Account – Series II is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Guaranteed Portfolio Fund. Contract value, as reported to the Plan by Empower Life, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. For 2024 and 2023, the rate credited to participants was 1.80% and 1.59%, respectively. Such interest rates are reviewed on an annual basis for resetting.

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

5. INVESTMENT IN GROUP ANNUITY CONTRACT: (CONTINUED)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

6. TAX STATUS:

The underlying non-standardized prototype plan obtained an opinion letter on June 30, 2020 from the Internal Revenue Service ("IRS") stating that the form of the Plan is qualified under Section 401 of the Internal Revenue Code, and therefore, the related trust is tax exempt once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the opinion letter. However, the Plan administrator and Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code.

During the year ended December 31, 2020, Plan management discovered an operational failure whereby Discrimination Testing was completed using incorrect compensation and contributions amounts for certain employees included in the testing. Plan management also noted that the employer contribution receivable at December 31, 2020 was also calculated incorrectly due to this operational failure. Due to a change in payroll provider, Plan management were unable to obtain accurate payroll information for the period affected. In 2023, Plan management determined that no corrective action was required. Plan management believes the error did not have a material impact on the Plan's financial statements or the Plan's qualified tax status.

During the years ended December 31, 2024 and 2023, the Company failed to remit certain participant contributions to the Plan totaling \$160,193 and \$68,647, respectively, within the time period prescribed by Department of Labor Regulations. Delays in remitting contributions to the Plan were due to procedural errors. The Plan administrator does not believe that the correction of these matters had an adverse impact on the Plan's tax status; therefore, no provision for income taxes has been included in the Plan's financial statements.

During the year ended December 31, 2024, Plan management identified an operational failure in which the Plan improperly included expense reimbursements in the definition of compensation used to calculate participant elective deferrals and employer discretionary matching contributions. This practice was not in accordance with the Plan's governing document. As a result, the Plan Sponsor is in the process of correcting the failure under the IRS Employee Plans Compliance Resolution System (EPCRS). The correction will involve the return of excess employee deferrals and the removal of associated employer contributions. The estimated amount related to this correction for the year ended December 31, 2024, is approximately \$2,450. Since the improper inclusion of expense reimbursements resulted in excess contributions to the Plan rather than a shortfall, no lost earnings are owed to participants. However, investment earnings on excess contributions, if any, will be retained by the Plan or handled in accordance with correction guidance. The impact of the correction, including any associated investment earnings, will not have a material impact on the Plan's financial statements or the Plan's qualified tax status.

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

6. TAX STATUS: (CONTINUED)

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

7. RELATED PARTY TRANSACTIONS:

Empower Life & Annuity Insurance Company of New York and Empower Trust Company, LLC are the trustees of the Plan's investments, therefore, these transactions qualify as party-in-interest transactions. The administrative and investment fees paid by the Plan to these trustees totaled approximately \$125,000 and \$105,000 for the years ended December 31, 2024 and 2023, respectively. Certain other fees paid by the Plan for investment management services were included in net appreciation in the fair value of the investments, as they are paid through revenue sharing rather than a direct payment.

In addition, third party administrative services and investment management fees paid by the Plan were approximately \$146,000 and \$120,000 for the years ended December 31, 2024 and 2023, respectively.

Certain employees and officers of the Company, who may also be participating in the Plan, perform administrative services at no cost to the Plan.

8. TRANSFER:

During July 2023, the Company acquired Colonial Wholesale Distributing, Inc. Following the acquisition, the Company's Board of Directors adopted a resolution by which the Colonial Wholesale Distributing 401(k) Plan would merge into the Plan. With the resolution, the Plan would accept a transfer of assets from the Colonial Wholesale Distributing 401(k) Plan as part of the merger. The transfer of assets took place in January 2024. There is no change in the rights, benefits and features of the Plan as a result of the merger.

Effective January 5, 2024, Colonial Wholesale Distributing, Inc. became an Adopting Employer of the Plan and all future Plan employee payroll deferrals are now deposited into the Plan. The Plan administrator believes that the plan merger was a tax-exempt transaction under the applicable provisions of the Internal Revenue Code and, therefore, is not subject to federal income taxes.

Effective January 5, 2024, the Colonial Wholesale Distributing 401(k) Plan transferred assets totaling \$827,716, including forfeitures of \$41,041 to the Plan.

9. SUBSEQUENT EVENTS:

Management has evaluated subsequent events through September 30, 2025, the date on which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

| (a) | (b) Identity of Issuer Borrower, Lessors or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|-----|--|--|-------------|-------------------------|
| * | American Funds American Balanced | Mutual Funds | ** | \$ 989,307 |
| * | American Funds Europacific | Mutual Funds | ** | 750,020 |
| * | American Funds Fundamental Investors | Mutual Funds | ** | 200,098 |
| * | American Funds New Perspective | Mutual Funds | ** | 1,624,499 |
| * | American Funds New World | Mutual Funds | ** | 1,548,059 |
| * | American Funds Smallcap World | Mutual Funds | ** | 247,585 |
| * | American Funds Washington Mutual | Mutual Funds | ** | 799,570 |
| * | Blackrock High Yield Bond Portfolio | Mutual Funds | ** | 273,490 |
| * | Blackrock Strategic Global Bond | Mutual Funds | ** | 966,244 |
| * | Cohen & Steers Real Estate Securities | Mutual Funds | ** | 513,967 |
| * | Columbia Dividend Income Instl | Mutual Funds | ** | 699,349 |
| * | Fidelity 500 Index | Mutual Funds | ** | 2,485,752 |
| * | Fidelity Advisor Gold | Mutual Funds | ** | 32,223 |
| * | Fidelity Contrafund | Mutual Funds | ** | 1,780,294 |
| * | Fidelity International Index | Mutual Funds | ** | 1,190,128 |
| * | Fidelity Large Cap Growth Index | Mutual Funds | ** | 1,408,784 |
| * | Fidelity Long Term Treasury Bond Index | Mutual Funds | ** | 874,100 |
| * | Fidelity Mid Cap Growth Index | Mutual Funds | ** | 192,644 |
| * | Fidelity Mid Cap Index | Mutual Funds | ** | 708,802 |
| * | Fidelity Mid Cap Value Index | Mutual Funds | ** | 356,103 |
| * | Fidelity Small Cap Growth Index | Mutual Funds | ** | 310,118 |
| * | Fidelity Small Cap Index | Mutual Funds | ** | 343,231 |
| * | Fidelity Small Cap Value Index | Mutual Funds | ** | 268,603 |
| * | Franklin Utilities Adv | Mutual Funds | ** | 95,898 |
| * | JHancock Disciplined Value Mid Cap | Mutual Funds | ** | 47,163 |
| * | MFS Mid Cap Growth | Mutual Funds | ** | 55,354 |
| * | PIMCO Income Instl | Mutual Funds | ** | 1,393,417 |
| * | T. Rowe Price Science & Tech | Mutual Funds | ** | 657,366 |
| * | T. Rowe Price Small-Cap Value Fund | Mutual Funds | ** | 39,860 |
| * | TIAA-CREF Lifecycle Index 2025 Inst | Mutual Funds | ** | 77,804 |
| * | TIAA-CREF Lifecycle Index 2030 Inst | Mutual Funds | ** | 712,976 |
| * | TIAA-CREF Lifecycle Index 2035 Inst | Mutual Funds | ** | 2,015,911 |
| * | TIAA-CREF Lifecycle Index 2040 Inst | Mutual Funds | ** | 2,057,220 |
| * | TIAA-CREF Lifecycle Index 2045 Inst | Mutual Funds | ** | 3,115,824 |
| * | TIAA-CREF Lifecycle Index 2050 Instl | Mutual Funds | ** | 1,578,067 |
| * | TIAA-CREF Lifecycle Index 2055 Inst | Mutual Funds | ** | 1,207,330 |
| * | TIAA-CREF Lifecycle Index 2060 Instl | Mutual Funds | ** | 994,309 |
| * | TIAA-CREF Lifecycle Index Ret Inc Inst | Mutual Funds | ** | 1,915,895 |
| | | | | 34,527,364 |
| * | EI Fixed Account - Series Class II | Fully benefit-responsive investment | ** | 2,544,869 |
| | Total Investments | | | 37,072,233 |
| * | Notes receivable from participants | Rate of Interest 4.25% - 9.50% | -0- | 1,252,802 |
| | | | | <u>\$ 38,325,035</u> |

An "*" in column (a) identifies those "parties in interest" as defined in the Department of Labor regulations.

An "***" in column (d) identifies "cost information omitted" with respect to participant directed funds as defined in the Department of Labor regulations.

Employer Identification Number: 47-1128020

Plan Number: 001

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

| Participant Contributions Transferred Late to Plan | Total That Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51 |
|--|---|--------------------------------------|--|--|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| Check Here <input checked="" type="checkbox"/> X If Late Participant Loan Repayments Are Included | | | | |
| 2024 | \$ 15,637 | \$ 144,556 | \$ - | \$ - |

Employer Identification Number: 47-1128020
Plan Number: 001

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

| Participant Contributions Transferred Late to Plan | Total That Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51 |
|--|---|--------------------------------------|--|--|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| Check Here <input checked="" type="checkbox"/> X If Late Participant Loan Repayments Are Included | | | | |
| 2024 | \$ 15,637 | \$ 144,556 | \$ - | \$ - |

Employer Identification Number: 47-1128020
 Plan Number: 001

NATIONAL CONVENIENCE DISTRIBUTORS 401(k) RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

| (a) | (b) Identity of Issuer Borrower, Lessors or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|-----|--|--|-------------|-------------------------|
| * | American Funds American Balanced | Mutual Funds | ** | \$ 989,307 |
| * | American Funds Europacific | Mutual Funds | ** | 750,020 |
| * | American Funds Fundamental Investors | Mutual Funds | ** | 200,098 |
| * | American Funds New Perspective | Mutual Funds | ** | 1,624,499 |
| * | American Funds New World | Mutual Funds | ** | 1,548,059 |
| * | American Funds Smallcap World | Mutual Funds | ** | 247,585 |
| * | American Funds Washington Mutual | Mutual Funds | ** | 799,570 |
| * | Blackrock High Yield Bond Portfolio | Mutual Funds | ** | 273,490 |
| * | Blackrock Strategic Global Bond | Mutual Funds | ** | 966,244 |
| * | Cohen & Steers Real Estate Securities | Mutual Funds | ** | 513,967 |
| * | Columbia Dividend Income Instl | Mutual Funds | ** | 699,349 |
| * | Fidelity 500 Index | Mutual Funds | ** | 2,485,752 |
| * | Fidelity Advisor Gold | Mutual Funds | ** | 32,223 |
| * | Fidelity Contrafund | Mutual Funds | ** | 1,780,294 |
| * | Fidelity International Index | Mutual Funds | ** | 1,190,128 |
| * | Fidelity Large Cap Growth Index | Mutual Funds | ** | 1,408,784 |
| * | Fidelity Long Term Treasury Bond Index | Mutual Funds | ** | 874,100 |
| * | Fidelity Mid Cap Growth Index | Mutual Funds | ** | 192,644 |
| * | Fidelity Mid Cap Index | Mutual Funds | ** | 708,802 |
| * | Fidelity Mid Cap Value Index | Mutual Funds | ** | 356,103 |
| * | Fidelity Small Cap Growth Index | Mutual Funds | ** | 310,118 |
| * | Fidelity Small Cap Index | Mutual Funds | ** | 343,231 |
| * | Fidelity Small Cap Value Index | Mutual Funds | ** | 268,603 |
| * | Franklin Utilities Adv | Mutual Funds | ** | 95,898 |
| * | JHancock Disciplined Value Mid Cap | Mutual Funds | ** | 47,163 |
| * | MFS Mid Cap Growth | Mutual Funds | ** | 55,354 |
| * | PIMCO Income Instl | Mutual Funds | ** | 1,393,417 |
| * | T. Rowe Price Science & Tech | Mutual Funds | ** | 657,366 |
| * | T. Rowe Price Small-Cap Value Fund | Mutual Funds | ** | 39,860 |
| * | TIAA-CREF Lifecycle Index 2025 Inst | Mutual Funds | ** | 77,804 |
| * | TIAA-CREF Lifecycle Index 2030 Inst | Mutual Funds | ** | 712,976 |
| * | TIAA-CREF Lifecycle Index 2035 Inst | Mutual Funds | ** | 2,015,911 |
| * | TIAA-CREF Lifecycle Index 2040 Inst | Mutual Funds | ** | 2,057,220 |
| * | TIAA-CREF Lifecycle Index 2045 Inst | Mutual Funds | ** | 3,115,824 |
| * | TIAA-CREF Lifecycle Index 2050 Instl | Mutual Funds | ** | 1,578,067 |
| * | TIAA-CREF Lifecycle Index 2055 Inst | Mutual Funds | ** | 1,207,330 |
| * | TIAA-CREF Lifecycle Index 2060 Instl | Mutual Funds | ** | 994,309 |
| * | TIAA-CREF Lifecycle Index Ret Inc Inst | Mutual Funds | ** | 1,915,895 |
| | | | | 34,527,364 |
| * | EI Fixed Account - Series Class II | Fully benefit-responsive investment | ** | 2,544,869 |
| | Total Investments | | | 37,072,233 |
| * | Notes receivable from participants | Rate of Interest 4.25% - 9.50% | -0- | 1,252,802 |
| | | | | <u>\$ 38,325,035</u> |

An "*" in column (a) identifies those "parties in interest" as defined in the Department of Labor regulations.

An "***" in column (d) identifies "cost information omitted" with respect to participant directed funds as defined in the Department of Labor regulations.

Employer Identification Number: 47-1128020

Plan Number: 001