

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan ALPHAUSA HOLDINGS 401(K) RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 02/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALPHAUSA HOLDINGS INC. 9155 SW BOECKMAN ROAD WILSONVILLE, OR 97070
2b Employer Identification Number (EIN) 35-2622801
2c Plan Sponsor's telephone number 503-582-9040
2d Business code (see instructions) 441110

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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	248
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	177
	6a(2)	238
	6b	0
	6c	76
	6d	314
	6e	0
	6f	314
	6g(1)	232
	6g(2)	261
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:
 3H 2E 2F 2G 2J 2K 2S 2T 3D

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ALPHAUSA HOLDINGS 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALPHAUSA HOLDINGS INC.	D Employer Identification Number (EIN) 35-2622801	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	63384	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)

CAMBRIDGE INVESTMENT RESEARCH

42-1445429

(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	ADVISOR	12425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
JPM MIDCAP VALUE L - J.P. MORGAN I 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MFS INTL DIVRSN R4 - MFS SERVICE C 04-2865649	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
SPROTT GOLD INV - U.S. BANK GLOBAL 615 EAST MICHIGAN STREET MILWAUKEE, WI 53202	0.40%	

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ALPHAUSA HOLDINGS 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALPHAUSA HOLDINGS INC.	D Employer Identification Number (EIN) 35-2622801

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	69820	66367
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	92949	169352
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4332933	5425035
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	4495702	5660754
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	4495702	5660754

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)	111988	
(B) Participants.....	2a(1)(B)	952052	
(C) Others (including rollovers).....	2a(1)(C)	9081	
(2) Noncash contributions.....	2a(2)	0	1073121
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3447	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	11524	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14971
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	111791	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		111791
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	566475
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	1766358

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	519391
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	519391
f Corrective distributions (see instructions)	2f	6106
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	63384
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	12425
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	75809
j Total expenses. Add all expense amounts in column (b) and enter total	2j	601306

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	1165052
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

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: PENSION ASSURANCE

(2) EIN: 30-0840934

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	52538
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ALPHAUSA HOLDINGS 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>ALPHAUSA HOLDINGS INC.</u>	D Employer Identification Number (EIN) <u>35-2622801</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	
---	--

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): 04-6568107

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 Q702438A.

AlphaUSA Holdings 401(k) Retirement Plan

Financial Statements with Auditor's Report
As of December 31, 2024 and 2023

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Note: Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable or is not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



INDEPENDENT AUDITOR'S REPORT

To the plan administrator and participants of
AlphaUSA Holdings 401(k) Retirement Plan:

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

We have performed audits of the financial statements of AlphaUSA Holdings 401(k) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, the related Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, line 4a—Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 benefits provided under the plan and certified to by a qualified institution or 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).

PENSION ASSURANCE LLP

Agoura Hills, California
September 25, 2025

**AlphaUSA Holdings 401(k) Retirement Plan
Statements of Net Assets Available for Benefits
As of December 31, 2024 and 2023**

Assets:	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Mutual funds	\$ 5,491,402	\$ 4,402,753
Receivables:		
Company contributions	128,882	110,066
Notes receivable from participants	169,352	92,949
	<u>298,234</u>	<u>203,015</u>
Total assets	<u>5,789,636</u>	<u>4,605,768</u>
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 5,789,636</u>	<u>\$ 4,605,768</u>

See accompanying notes.

AlphaUSA Holdings 401(k) Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

Additions to net assets attributable to:	
Contributions:	
Participant	\$ 952,052
Company	128,882
Rollover	9,081
Company corrective (see Note 1b)	2,030
	1,092,045
Investment income:	
Net realized and unrealized appreciation in fair value of investments	566,468
Interest and dividends	115,137
	681,605
Interest income on notes receivable from participants	11,524
Total additions	1,785,174
Deductions from net assets attributable to:	
Benefits paid to participants	525,497
Plan expenses	75,809
Total deductions	601,306
Net increase	1,183,868
Net assets available for benefits:	
Beginning of period	4,605,768
End of period	\$ 5,789,636

See accompanying notes.

AlphaUSA Holdings 401(k) Retirement Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

1. Plan Description

The following description of AlphaUSA Holdings 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

a. General

The Plan, originally effective February 1, 2019, and restated June 25, 2021, is a defined contribution plan covering all employees of AlphaUSA Holdings Inc. (the Company) and related participating employers who have attained 21 years of age and completed three months of service, excluding certain classes of employee as set forth in the plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions

Participants may contribute up to 75 percent of annual compensation in pre-tax or Roth deferrals, as defined in the plan document and allowed by law. Participants may also roll over amounts representing distributions from other qualified plans. The Plan permits catch-up contributions for participants who have attained age 50 by the end of the plan year. The Plan provides for automatic election of deferrals at a rate of 3 percent of compensation for all new participants. Participants may affirmatively elect a different deferral percentage or elect not to defer into the Plan. Unless affirmatively elected otherwise, the deferral elections of automatically enrolled participants will be increased by 1 percent of compensation annually, not to exceed 10 percent of compensation. The plan document provides for matching contributions equal to 100 percent of participant deferrals up to 1 percent of compensation. Participants must be employed on the last day of the plan year to be eligible for company matching contributions. For 2024, company contributions allocated to participants' accounts totaled \$146,965, of which \$128,882 was contributed by the Company and \$18,083 was allocated from forfeitures.

As a result of self-corrective measures, the Company made qualified nonelective contributions to certain participants. These are reflected as company corrective contributions in the financial statements.

c. Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of the Company's contribution, if applicable, and the Plan's earnings and losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

AlphaUSA Holdings 401(k) Retirement Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

d. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the company contribution portion of their accounts plus actual earnings thereon is based on years of credited service as follows:

Credited Service	Percent Vested
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

e. Distribution of Benefits

Upon termination of employment due to termination of service, death, disability, or retirement, participants may elect to receive the value of their vested account balance in a lump-sum distribution. In-service withdrawal options are available to participants under certain circumstances.

f. Notes Receivable from Participants

Participants may borrow the lesser of \$50,000 (reduced by the participant's highest outstanding loan balance during the 12-month period ending on the date of the loan) or 50 percent of their vested account balance. Loan terms range up to five years but may be extended if the proceeds are to be used for the purchase of a primary residence. Loans are secured by the balance in participants' accounts and bear interest at rates ranging from 4.25 to 9.50 percent. Principal and interest are paid ratably through payroll deductions.

h. Forfeited Accounts and Unallocated Funds

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$7,661 and \$13,438, respectively. These accounts will be used to pay plan expenses and reduce future company contributions. During 2024, forfeited non-vested accounts were used to pay for \$190 of plan expenses. In addition, excess revenue-sharing amounts from the Plan's investment options have been deposited into unallocated excess revenue-sharing accounts. At December 31, 2024 and 2023, unallocated revenue-sharing accounts totaled \$3,377 and \$1,987, respectively. These accounts may be used to pay expenses.

AlphaUSA Holdings 401(k) Retirement Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

2. Summary of Significant Accounting Policies

a. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

b. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are generally recorded on a trade-date basis. As permitted by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962-325, *Plan Accounting—Defined Contribution Plans: Investments—Other*, settlement-date basis may be used when (a) the settlement date is after the financial statement date, (b) the fair value of the securities purchased or sold did not change significantly from the trade date to the financial statement date, and (c) the purchases or sales do not significantly affect the composition of the plan's net assets available for benefits.

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

d. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. These are referred to as participant loans in the Form 5500 and related supplemental schedules. Delinquent loans are treated as distributions based upon the terms of the plan document.

e. Payment of Benefits

Benefits are recorded when paid.

AlphaUSA Holdings 401(k) Retirement Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

f. Plan Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Plan expenses include fees for certain participant-initiated transactions that are charged directly to the account of the participant who incurred them. Investment-related expenses are included in net realized and unrealized appreciation in fair value of investments.

g. Subsequent Events

The Plan has evaluated the subsequent events through September 25, 2025, the date the financial statements were available to be issued.

3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, 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 participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

4. Fair Value Measurement

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

AlphaUSA Holdings 401(k) Retirement Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

4. Fair Value Measurement (Continued)

The asset's 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.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

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 United States Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding method 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 method is 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, 2024 and 2023.

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 5,491,402	\$ -	\$ -	\$ 5,491,402
Investments, at fair value	\$ 5,491,402	\$ -	\$ -	\$ 5,491,402

Assets at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 4,402,753	\$ -	\$ -	\$ 4,402,753
Investments, at fair value	\$ 4,402,753	\$ -	\$ -	\$ 4,402,753

5. Tax Exempt Status

The Company has adopted a pre-approved plan document that received a favorable opinion letter dated June 30, 2020, from the Internal Revenue Service (IRS). The plan administrator believes the Plan has been operated in accordance with the applicable provisions of the Internal Revenue Code (IRC). The Company routinely self-reviews the administration of the Plan and self-corrects any compliance issues in accordance with the Employee Plan Compliance Resolution System. Accordingly, the plan administrator believes that the Plan is designed in accordance with applicable sections of the IRC and, accordingly, is exempt from income taxes.

AlphaUSA Holdings 401(k) Retirement Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

5. Tax Exempt Status (Continued)

Accounting principles generally accepted in the United States of America require plan management 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 or other applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Certified Investment Information

Management has elected to have the audits of the Plan 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. Accordingly, Fidelity Management Trust Company, the Trustee of the Plan, has certified that the following investment information is complete and accurate:

- Fair value of investments and the carrying amount of notes receivable from participants as reflected in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023.
- Investment income and interest income on notes receivable from participants as reflected in the Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024.
- Investment information as reflected in Note 4 to these financial statements.
- Investment information reflected in the Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024.

As permitted by ERISA Section 103(a)(3)(C), the audit need not extend to any statements or information related to the certified investment information.

AlphaUSA Holdings 401(k) Retirement Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

7. Party-in-Interest Transactions

The following table presents exempt transactions with parties-in-interest, as defined by ERISA.

Party-in-interest	Relationship	ERISA Sec. 408(a) exemption
Fidelity Management Trust Company	Trustee	Deposits, investment transactions, distributions in accordance with plan provisions, reasonable compensation for necessary services
Fidelity Workplace Services LLC	Recordkeeper	Reasonable compensation for necessary services
Plan Sponsor employees and their beneficiaries	Plan participants and beneficiaries	Loans in accordance with plan provisions

In addition, the plan compensates investment advisors for such qualified services as fiduciary advice and support, plan design, compliance support, and investment selection.

8. Plan Termination

The Company has the right under the plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will immediately become 100 percent vested in their accounts.

9. Reconciliation to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2024 and 2023.

	2024	2023
Net assets available for benefits per the financial statements	\$ 5,789,636	\$ 4,605,768
Company contributions receivable	(128,882)	(110,066)
Net assets available for benefits per the Form 5500	<u>\$ 5,660,754</u>	<u>\$ 4,495,702</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024.

Net increase per the financial statements	\$ 1,183,868
Company contributions receivable accrued in current year	(128,882)
Receipt of company contributions accrued in prior year	110,066
Net increase per the Form 5500	<u>\$ 1,165,052</u>

AlphaUSA Holdings 401(k) Retirement Plan

Notes to Financial Statements
For the Year Ended December 31, 2024

10. Non-Exempt Transactions

Certain participant contributions were not remitted within the maximum period of time permitted by the Department of Labor's Rules and Regulations and, therefore, constitute the lending of monies from the Plan to the Company. These non-exempt transactions are detailed in the attached supplemental schedule, Schedule H, line 4a—Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2024.

AlphaUSA Holdings 401(k) Retirement Plan
EIN: 35-2622801 PLAN: 001
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
	MFS International Diversification Fund Class R4	Mutual Fund	**	\$ 45,627
	PIMCO Total Return Fund Institutional Class	Mutual Fund	**	47,215
	BlackRock Emerging Markets Fund Class K	Mutual Fund	**	550
	Vanguard 500 Index Fund Admiral Shares	Mutual Fund	**	365,637
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund	**	11,331
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund	**	27,273
	Vanguard Real Estate Index Fund Admiral Shares	Mutual Fund	**	2,162
	JPMorgan Mid Cap Value Fund Class L	Mutual Fund	**	8,945
	JPMorgan Small Cap Growth Fund Class R6	Mutual Fund	**	22,789
	JPMorgan Large Cap Growth Fund Class R6	Mutual Fund	**	249,764
	PIMCO Commodity Real Return Strategy Fund Institutional Class	Mutual Fund	**	998
	American Funds American Mutual R6	Mutual Fund	**	115,337
	Sprott Gold Equity Fund Investor Class	Mutual Fund	**	638
*	Fidelity Mid Cap Index Fund	Mutual Fund	**	68,399
*	Fidelity International Index Fund	Mutual Fund	**	12,738
*	Fidelity Treasury Money Market Fund	Mutual Fund	**	66,367
*	Fidelity Freedom Index Income Fund Institutional Premium Class	Mutual Fund	**	9,111
*	Fidelity Freedom Index 2015 Institutional Premium Class	Mutual Fund	**	857
*	Fidelity Freedom Index 2020 Institutional Premium Class	Mutual Fund	**	409
*	Fidelity Freedom Index 2025 Institutional Premium Class	Mutual Fund	**	10,707
*	Fidelity Freedom Index 2030 Institutional Premium Class	Mutual Fund	**	145,761
*	Fidelity Freedom Index 2035 Institutional Premium Class	Mutual Fund	**	113,587
*	Fidelity Freedom Index 2040 Institutional Premium Class	Mutual Fund	**	122,197
*	Fidelity Freedom Index 2045 Institutional Premium Class	Mutual Fund	**	880,482
*	Fidelity Freedom Index 2050 Institutional Premium Class	Mutual Fund	**	1,063,142
*	Fidelity Freedom Index 2055 Institutional Premium Class	Mutual Fund	**	900,068
*	Fidelity Freedom Index 2060 Institutional Premium Class	Mutual Fund	**	756,188
*	Fidelity Freedom Index 2065 Institutional Premium Class	Mutual Fund	**	442,331
*	Fidelity Freedom Index 2070 Institutional Premium Class	Mutual Fund	**	792
*	Participant Loans	Loans to participants, bearing interest from 4.25% to 9.50%	**	169,352
				<u>\$ 5,660,754</u>

* Represents a party-in-interest as defined by ERISA

** Not applicable for participant-directed plans

See independent auditor's report and accompanying notes.

AlphaUSA Holdings 401(k) Retirement Plan
EIN: 35-2622801 PLAN: 001
Schedule H, line 4a—Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2024

<u>Participant Contributions Transferred Late to the Plan</u>		<u>Total that Constitute Non-Exempt Prohibited Transactions</u>				
<u>Plan Year</u>	<u>Amount Transferred Late</u>	<u>Check Here if Late Participant Loan Repayments are Included</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
2024	\$ 52,538	✓	\$ 52,538	\$ -	\$ -	\$ -

* See Note 10 to the financial statements.

See independent auditor's report and accompanying notes.

SSN	SRC	AMOUNT	ERROR_DATE	SELF_CORRECTION_DATE	FISCAL_YEAR	LOAN_ID	POST_SRC
602-36-103	01	4000	1/22/2024	2/6/2024	2024		01
608-42-829	01	900	1/22/2024	2/6/2024	2024		01
616-44-023	01	3215.69	1/22/2024	2/6/2024	2024		01
617-37-587	01	84.73	1/22/2024	2/6/2024	2024		01
675-78-301	01	188.51	1/22/2024	2/6/2024	2024		01
640-06-896	01	45	1/22/2024	2/6/2024	2024		01
644-15-718	01	63.34	1/22/2024	2/6/2024	2024		01
640-61-233	01	100	1/22/2024	2/6/2024	2024		01
642-49-698	01	119.32	1/22/2024	2/6/2024	2024		01
658-89-578	01	185.38	1/22/2024	2/6/2024	2024		01
635-21-909	01	798.62	1/22/2024	2/6/2024	2024		01
634-37-635	01	106.5	1/22/2024	2/6/2024	2024		01
633-96-620	01	36.49	1/22/2024	2/6/2024	2024		01
608-92-169	01	65.43	1/22/2024	2/6/2024	2024		01
634-14-693	01	254.27	1/22/2024	2/6/2024	2024		01
640-15-730	01	259.13	1/22/2024	2/6/2024	2024		01
624-65-303	01	68.55	1/22/2024	2/6/2024	2024		01
698-31-016	01	1276.87	1/22/2024	2/6/2024	2024		01
603-83-387	01	206.14	1/22/2024	2/6/2024	2024		01
626-34-501	01	148.98	1/22/2024	2/6/2024	2024		01
640-55-850	01	78.03	1/22/2024	2/6/2024	2024		01
640-37-669	01	40.67	1/22/2024	2/6/2024	2024		01
622-90-332	01	64.57	1/22/2024	2/6/2024	2024		01
643-55-685	01	109.63	1/22/2024	2/6/2024	2024		01
640-49-867	01	610.95	1/22/2024	2/6/2024	2024		01
601-13-375	01	293.18	1/22/2024	2/6/2024	2024		01
632-80-683	01	150	1/22/2024	2/6/2024	2024		01
641-27-426	01	2094.12	1/22/2024	2/6/2024	2024		01
639-78-354	01	3381.16	1/22/2024	2/6/2024	2024		01
641-39-030	01	3134.34	1/22/2024	2/6/2024	2024		01
640-27-857	01	1287.52	1/22/2024	2/6/2024	2024		01
624-13-847	01	100.9	1/22/2024	2/6/2024	2024		01
604-25-908	01	63.13	1/22/2024	2/6/2024	2024		01
641-61-156	01	67.77	1/22/2024	2/6/2024	2024		01
644-59-529	01	117.59	1/22/2024	2/6/2024	2024		01
644-61-915	01	40.18	1/22/2024	2/6/2024	2024		01
644-55-403	01	152.42	1/22/2024	2/6/2024	2024		01
640-55-842	01	47.24	1/22/2024	2/6/2024	2024		01
644-55-257	01	63.02	1/22/2024	2/6/2024	2024		01
619-17-839	01	75.75	1/22/2024	2/6/2024	2024		01
614-88-484	01	428.78	1/22/2024	2/6/2024	2024		01
643-31-439	01	178.87	1/22/2024	2/6/2024	2024		01
640-63-070	01	64.37	1/22/2024	2/6/2024	2024		01

558-03-699	01	112.47	1/22/2024	2/6/2024	2024	01
541-19-089	01	78.69	1/22/2024	2/6/2024	2024	01
541-43-692	01	55.2	1/22/2024	2/6/2024	2024	01
542-49-923	01	39.2	1/22/2024	2/6/2024	2024	01
543-37-990	01	109.64	1/22/2024	2/6/2024	2024	01
518-28-752	01	858.69	1/22/2024	2/6/2024	2024	01
563-69-658	01	97.86	1/22/2024	2/6/2024	2024	01
561-65-191	01	388.61	1/22/2024	2/6/2024	2024	01
542-51-949	01	395.5	1/22/2024	2/6/2024	2024	01
594-08-824	01	196.29	1/22/2024	2/6/2024	2024	01
541-23-008	01	228.04	1/22/2024	2/6/2024	2024	01
537-43-375	01	33.32	1/22/2024	2/6/2024	2024	01
505-13-495	01	70.21	1/22/2024	2/6/2024	2024	01
541-57-831	01	225.04	1/22/2024	2/6/2024	2024	01
521-72-344	01	85.6	1/22/2024	2/6/2024	2024	01
544-55-961	01	98.17	1/22/2024	2/6/2024	2024	01
544-59-337	01	94.6	1/22/2024	2/6/2024	2024	01
540-59-046	01	60.96	1/22/2024	2/6/2024	2024	01
544-57-229	01	53.52	1/22/2024	2/6/2024	2024	01
544-49-811	01	191.5	1/22/2024	2/6/2024	2024	01
439-47-046	01	91.78	1/22/2024	2/6/2024	2024	01
567-53-512	01	72.98	1/22/2024	2/6/2024	2024	01
549-95-829	01	224.38	1/22/2024	2/6/2024	2024	01
540-35-027	01	128.68	1/22/2024	2/6/2024	2024	01
510-60-905	01	60.2	1/22/2024	2/6/2024	2024	01
544-55-348	01	108.61	1/22/2024	2/6/2024	2024	01
590-58-501	01	107.1	1/22/2024	2/6/2024	2024	01
518-27-372	01	153.45	1/22/2024	2/6/2024	2024	01
502-88-430	01	113	1/22/2024	2/6/2024	2024	01
523-15-120	01	369.87	1/22/2024	2/6/2024	2024	01
531-76-589	01	156.03	1/22/2024	2/6/2024	2024	01
542-61-319	01	531.3	1/22/2024	2/6/2024	2024	01
540-55-841	01	173.4	1/22/2024	2/6/2024	2024	01
544-59-174	01	52.54	1/22/2024	2/6/2024	2024	01
572-73-727	01	61.43	1/22/2024	2/6/2024	2024	01
516-33-098	01	168.69	1/22/2024	2/6/2024	2024	01
544-59-798	01	85.8	1/22/2024	2/6/2024	2024	01
544-51-556	01	51.41	1/22/2024	2/6/2024	2024	01
520-06-597	01	48.77	1/22/2024	2/6/2024	2024	01
533-51-198	01	59.95	1/22/2024	2/6/2024	2024	01
518-65-695	01	42.24	1/22/2024	2/6/2024	2024	01
540-59-908	01	58.32	1/22/2024	2/6/2024	2024	01
542-59-365	01	62.27	1/22/2024	2/6/2024	2024	01
541-63-839	01	49.33	1/22/2024	2/6/2024	2024	01

542-63-405	01	47.55	1/22/2024	2/6/2024	2024	01
541-43-238	01	135.44	1/22/2024	2/6/2024	2024	01
542-61-166	01	76.91	1/22/2024	2/6/2024	2024	01
515-02-894	01	69.32	1/22/2024	2/6/2024	2024	01
542-51-261	01	273.73	1/22/2024	2/6/2024	2024	01
544-49-240	01	87.17	1/22/2024	2/6/2024	2024	01
544-29-773	01	237.69	1/22/2024	2/6/2024	2024	01
540-65-286	01	137.12	1/22/2024	2/6/2024	2024	01
543-35-621	01	135.34	1/22/2024	2/6/2024	2024	01
543-49-864	01	70.13	1/22/2024	2/6/2024	2024	01
559-11-584	01	188.5	1/22/2024	2/6/2024	2024	01
557-83-283	01	609.05	1/22/2024	2/6/2024	2024	01
549-57-765	01	72.9	1/22/2024	2/6/2024	2024	01
541-29-308	01	221.37	1/22/2024	2/6/2024	2024	01
543-37-920	01	128.34	1/22/2024	2/6/2024	2024	01
540-49-011	01	51.75	1/22/2024	2/6/2024	2024	01
543-23-276	01	2133.61	1/22/2024	2/6/2024	2024	01
541-37-299	01	92.33	1/22/2024	2/6/2024	2024	01
542-29-739	01	356.08	1/22/2024	2/6/2024	2024	01
534-45-037	01	34.63	1/22/2024	2/6/2024	2024	01
725-57-491	01	451.12	1/22/2024	2/6/2024	2024	01
226-61-959	01	37.69	1/22/2024	2/6/2024	2024	01
544-55-066	01	114.58	1/22/2024	2/6/2024	2024	01
516-33-343	01	71.05	1/22/2024	2/6/2024	2024	01
506-78-627	01	864.19	1/22/2024	2/6/2024	2024	01
589-51-610	01	382.43	1/22/2024	2/6/2024	2024	01
543-63-317	01	167	1/22/2024	2/6/2024	2024	01
540-59-561	01	75.71	1/22/2024	2/6/2024	2024	01
541-84-386	01	434.94	1/22/2024	2/6/2024	2024	01
521-80-679	01	91.55	1/22/2024	2/6/2024	2024	01
525-62-955	01	2625.55	1/22/2024	2/6/2024	2024	01
219-15-706	01	2739.3	1/22/2024	2/6/2024	2024	01
543-39-242	01	324.72	1/22/2024	2/6/2024	2024	01
544-45-350	01	69.39	1/22/2024	2/6/2024	2024	01
543-45-121	01	67.5	1/22/2024	2/6/2024	2024	01
544-41-132	01	147.18	1/22/2024	2/6/2024	2024	01
538-37-769	01	189.99	1/22/2024	2/6/2024	2024	01
570-42-133	01	83.95	1/22/2024	2/6/2024	2024	01
569-12-814	01	107.08	1/22/2024	2/6/2024	2024	01
492-19-429	01	57.03	1/22/2024	2/6/2024	2024	01
541-41-306	01	274.07	1/22/2024	2/6/2024	2024	01
543-49-956	01	200.33	1/22/2024	2/6/2024	2024	01
543-23-948	01	270	1/22/2024	2/6/2024	2024	01
522-08-223	01	220.11	1/22/2024	2/6/2024	2024	01

616-04-060	01	251.08	1/22/2024	2/6/2024	2024		01
694-22-420	01	358.69	1/22/2024	2/6/2024	2024		01
644-47-119	01	207.37	1/22/2024	2/6/2024	2024		01
650-26-971	01	55.2	1/22/2024	2/6/2024	2024		01
672-05-291	01	818.48	1/22/2024	2/6/2024	2024		01
642-61-530	01	58.08	1/22/2024	2/6/2024	2024		01
644-47-402	01	294.57	1/22/2024	2/6/2024	2024		01
644-51-910	01	121.73	1/22/2024	2/6/2024	2024		01
674-11-748	01	79.78	1/22/2024	2/6/2024	2024		01
607-92-750	01	81.86	1/22/2024	2/6/2024	2024		01
660-45-238	01	90.97	1/22/2024	2/6/2024	2024		01
602-28-305	01	230.44	1/22/2024	2/6/2024	2024		01
641-17-661	01	147.95	1/22/2024	2/6/2024	2024		01
601-85-782	01	59.35	1/22/2024	2/6/2024	2024		01
644-59-513	01	72.86	1/22/2024	2/6/2024	2024		01
640-53-423	01	272.11	1/22/2024	2/6/2024	2024		01
642-27-999	01	29.36	1/22/2024	2/6/2024	2024		01
642-21-627	01	155.77	1/22/2024	2/6/2024	2024		01
620-50-359	01	70.25	1/22/2024	2/6/2024	2024		01
643-59-882	01	95.97	1/22/2024	2/6/2024	2024		01
638-66-712	01	42.89	1/22/2024	2/6/2024	2024		01
641-63-789	01	37.4	1/22/2024	2/6/2024	2024		01
643-13-087	01	227.22	1/22/2024	2/6/2024	2024		01
644-49-586	01	68.75	1/22/2024	2/6/2024	2024		01
643-33-437	01	91.58	1/22/2024	2/6/2024	2024		01
602-36-1034		488.6	1/22/2024	2/6/2024	2024	1	01
634-14-6936		65.93	1/22/2024	2/6/2024	2024	1	01
624-65-3034		10.18	1/22/2024	2/6/2024	2024	1	01
601-13-3755		121.73	1/22/2024	2/6/2024	2024	1	01
641-39-0308		616.98	1/22/2024	2/6/2024	2024	1	01
618-28-7521		191.88	1/22/2024	2/6/2024	2024	1	01
621-72-3442		20.97	1/22/2024	2/6/2024	2024	1	01
644-49-8115		41.94	1/22/2024	2/6/2024	2024	1	01
610-60-9057		79.27	1/22/2024	2/6/2024	2024	1	01
616-33-0986		31.75	1/22/2024	2/6/2024	2024	1	01
644-59-7981		28.56	1/22/2024	2/6/2024	2024	1	01
640-65-2866		18.86	1/22/2024	2/6/2024	2024	1	01
659-11-5848		31.09	1/22/2024	2/6/2024	2024	1	01
606-78-6275		117.81	1/22/2024	2/6/2024	2024	1	01
643-39-2424		29.85	1/22/2024	2/6/2024	2024	1	01

TOTAL EARNINGS
14.65
3.3
11.78
0.31
0.69
0.16
0.23
0.37
0.44
0.68
2.93
0.39
0.13
0.24
0.93
0.95
0.25
4.68
0.76
0.55
0.29
0.15
0.24
0.4
2.24
1.07
0.55
7.67
12.39
11.48
4.72
0.37
0.23
0.25
0.43
0.15
0.56
0.17
0.23
0.28
1.57
0.66
0.24

0.41
0.29
0.2
0.14
0.4
3.15
0.36
1.42
1.45
0.72
0.84
0.12
0.26
0.82
0.31
0.36
0.35
0.22
0.2
0.7
0.34
0.27
0.82
0.47
0.22
0.4
0.39
0.56
0.41
1.36
0.57
1.95
0.64
0.19
0.23
0.62
0.31
0.19
0.18
0.22
0.15
0.21
0.23
0.18

0.17
0.5
0.28
0.25
1
0.32
0.87
0.5
0.5
0.26
0.69
2.23
0.27
0.81
0.47
0.19
7.82
0.34
1.3
0.13
1.65
0.14
0.42
0.26
3.17
1.4
0.61
0.28
1.59
0.34
9.62
10.04
1.19
0.25
0.25
0.54
0.7
0.31
0.39
0.21
1
0.73
0.99
0.81

0.92
1.31
0.76
0.2
3
0.21
1.08
0.45
0.29
0.3
0.33
0.84
0.54
0.22
0.27
1
0.11
0.57
0.26
0.35
0.16
0.14
0.83
0.25
0.34
1.79
0.24
0.04
0.45
2.26
0.7
0.08
0.15
0.29
0.12
0.1
0.07
0.11
0.43
0.11

AlphaUSA Holdings 401(k) Retirement Plan
EIN: 35-2622801 PLAN: 001
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
	MFS International Diversification Fund Class R4	**	\$ 45,627	
	PIMCO Total Return Fund Institutional Class	**	47,215	
	BlackRock Emerging Markets Fund Class K	**	550	
	Vanguard 500 Index Fund Admiral Shares	**	365,637	
	Vanguard Total Bond Market Index Fund Admiral Shares	**	11,331	
	Vanguard Small-Cap Index Fund Admiral Shares	**	27,273	
	Vanguard Real Estate Index Fund Admiral Shares	**	2,162	
	JPMorgan Mid Cap Value Fund Class L	**	8,945	
	JPMorgan Small Cap Growth Fund Class R6	**	22,789	
	JPMorgan Large Cap Growth Fund Class R6	**	249,764	
	PIMCO Commodity Real Return Strategy Fund Institutional Class	**	998	
	American Funds American Mutual R6	**	115,337	
	Sprott Gold Equity Fund Investor Class	**	638	
*	Fidelity Mid Cap Index Fund	**	68,399	
*	Fidelity International Index Fund	**	12,738	
*	Fidelity Treasury Money Market Fund	**	66,367	
*	Fidelity Freedom Index Income Fund Institutional Premium Class	**	9,111	
*	Fidelity Freedom Index 2015 Institutional Premium Class	**	857	
*	Fidelity Freedom Index 2020 Institutional Premium Class	**	409	
*	Fidelity Freedom Index 2025 Institutional Premium Class	**	10,707	
*	Fidelity Freedom Index 2030 Institutional Premium Class	**	145,761	
*	Fidelity Freedom Index 2035 Institutional Premium Class	**	113,587	
*	Fidelity Freedom Index 2040 Institutional Premium Class	**	122,197	
*	Fidelity Freedom Index 2045 Institutional Premium Class	**	880,482	
*	Fidelity Freedom Index 2050 Institutional Premium Class	**	1,063,142	
*	Fidelity Freedom Index 2055 Institutional Premium Class	**	900,068	
*	Fidelity Freedom Index 2060 Institutional Premium Class	**	756,188	
*	Fidelity Freedom Index 2065 Institutional Premium Class	**	442,331	
*	Fidelity Freedom Index 2070 Institutional Premium Class	**	792	
*	Participant Loans	**	169,352	
	Loans to participants, bearing interest from 4.25% to 9.50%	**	169,352	
			<u>\$ 5,660,754</u>	

* Represents a party-in-interest as defined by ERISA

** Not applicable for participant-directed plans

See independent auditor's report and accompanying notes.