

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
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: SAVE ON SP CASH BALANCE PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan): SAVE ON SP LLC
2b Employer Identification Number (EIN): 47-3603390
2c Plan Sponsor's telephone number: 716-800-3061
2d Business code (see instructions): 812990

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	366
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	252
	<b>6a(2)</b>	219
	<b>6b</b>	0
	<b>6c</b>	152
	<b>6d</b>	371
	<b>6e</b>	3
	<b>6f</b>	374
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1C 3B 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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>SAVE ON SP CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SAVE ON SP LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>47-3603390</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>5458450</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>5458450</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>	<u>0</u>
<b>b</b> For terminated vested participants .....	<u>114</u>	<u>101743</u>	<u>101743</u>
<b>c</b> For active participants .....	<u>262</u>	<u>4556328</u>	<u>4639551</u>
<b>d</b> Total .....	<u>376</u>	<u>4658071</u>	<u>4741294</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.13 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>926160</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>926160</u>	

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>09/11/2025</u>	Date
	<u>SEAN M. FITZGERALD</u>	<u>23-09119</u>	Most recent enrollment number
	<u>ACTUARIAL CONSULTING SERVICES, INC.</u>	<u>716-691-2181</u>	Telephone number (including area code)
	<u>30 BRYANT WOODS NORTH AMHERST, NY 14228</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>5.56</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		603375
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11</u> % .....		30832
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		634207
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	115.12 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	115.12 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	112.03 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2025	850000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	850000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 797407
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	926160	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	717156	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	209004	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	209004	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	797407	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	588403	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan SAVE ON SP CASH BALANCE PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 SAVE ON SP LLC	<b>D</b> Employer Identification Number (EIN) 47-3603390	

**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

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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)

MORGAN STANLEY

450 ESSJAY ROAD  
WILLIAMSVILLE, NY 14221

36-3145972

(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	FINANCIAL ADVISOR	14513	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SAVE ON SP CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SAVE ON SP LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>47-3603390</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 0	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 1083000	850000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 603937	650391
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 2405744	3825045
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b> 140101	100922
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 1239479	1271700
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	5472261	6698058
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	5472261	6698058

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	850000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		850000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	19993	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	139064	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	5930	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		164987
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	18991	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	13436	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		32427
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	882459	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	874019	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		8440
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		189427
<b>c</b> Other income .....	<b>2c</b>		-4971
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1240310

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	14513	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		14513
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		14513

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1225797
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **JEFFREY L. OFFHAUS**

(2) EIN: **20-2368569**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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 0.

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 560975.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>SAVE ON SP CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SAVE ON SP LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>47-3603390</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
---	----------	----------

**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): \_\_\_\_\_

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>0</b>
--	----------	----------

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705220A.

## **Save on SP Cash Balance Plan**

*Financial Statements in Liquidation as of December 31, 2024 and 2023  
and for the Years Then Ended, Supplemental Schedules, and  
Independent Auditor's Report*



JEFFREY L. OFFHAUS CPA, LLC

Certified Public Accountant

# Save on SP Cash Balance Plan

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JEFFREY L. OFFHAUS CPA, LLC

Certified Public Accountant

## Independent Auditor's Report

Plan Administrator, Trustees and Participants  
Save on SP Cash Balance Plan

### Opinion on the Financial Statements

I have audited the accompanying financial statements of Save on SP Cash Balance Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets in liquidation available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets in liquidation available for benefits for the years then ended, and the related notes to the financial statements.

In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Save on SP Cash Balance Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion on the Financial Statements

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am required to be independent of the Plan and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

### Emphasis of Matter – Termination of Plan

As further discussed in Notes 1 and 8 to the financial statements, the Trustees of the Plan elected to terminate the Plan, effective December 31, 2024. My opinion is not modified with respect to this matter.

### 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.

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 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**

My 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 my 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with generally accepted auditing standards, I:

- 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 my 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.

I am 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 I identified during the audit.

**Other Matters -**

*2024 Supplemental Schedules Required by ERISA*

My audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions listed in the table of contents 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 has been subjected to the 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 generally accepted auditing standards.

In forming my opinion on the supplemental schedules, I evaluated whether the supplemental schedules, 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 my opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Jeffrey L. Offhaus CPA, LLC". The signature is written in a cursive, flowing style.

Jeffrey L. Offhaus CPA, LLC  
Orchard Park, New York  
October 1, 2025

## Save on SP Cash Balance Plan

### Statements of Net Assets in Liquidation Available for Benefits December 31, 2024 and 2023

	December 31,	
	2024	2023
<i>Assets</i>		
Investments, at fair value -		
Money market funds	\$ 650,391	\$ 603,937
US Government securities	3,825,045	2,405,744
Corporate debt securities	100,922	140,101
Registered investment companies	<u>1,271,700</u>	<u>1,239,479</u>
Total receivables	5,848,058	4,389,261
Employer's contribution receivable	<u>850,000</u>	<u>1,083,000</u>
Net assets available for benefits	<u>\$ 6,698,058</u>	<u>\$ 5,472,261</u>

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

## Save on SP Cash Balance Plan

### Statements of Changes in Net Assets in Liquidation Available for Benefits Years Ended December 31, 2024 and 2023

	2024	2023
<i>Additions:</i>		
Investment income:		
Net appreciation in fair value of investments	\$ 192,896	\$ 161,990
Interest and dividends	<u>197,414</u>	<u>112,550</u>
Total investment income	390,310	274,540
Employer's contribution	<u>850,000</u>	<u>1,083,000</u>
Total additions	<u>1,240,310</u>	<u>1,357,540</u>
<i>Deductions:</i>		
Benefits paid	-	-
Administrative expenses	<u>14,513</u>	<u>14,998</u>
Total deductions	<u>14,513</u>	<u>14,998</u>
Net increase	1,225,797	1,342,542
Net assets available for benefits:		
Beginning of year	<u>5,472,261</u>	<u>4,129,719</u>
End of year	<u>\$ 6,698,058</u>	<u>\$ 5,472,261</u>

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

# Save on SP Cash Balance Plan

## Notes to Financial Statements December 31, 2024 and 2023

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### 1. Description of the Plan

The following description of the Save on SP Cash Balance Plan (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

*General* — The plan is a cash balance defined benefit plan providing retirement benefits to all eligible employees. The Plan sponsor is Save of SP LLC (the “Company”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan includes all employees of the Company and participating employer who are age 21 or older. Employees are eligible to participate in the Plan on the first day of the quarter after completing six consecutive months of employment, or a Year of Service with the Company, as defined. The age and service requirements were waived for any eligible employee employed on November 1, 2018.

The Plan is administered by the Trustees of the Plan. The Trustees have overall responsibility for the operation and administration of the Plan.

*Termination of the Plan* — On September 27, 2024, the Trustees of the Plan elected to terminate the Plan, effective December 31, 2024. The Company submitted a termination notice to the Pension Benefit Guaranty Corporation (“PBGC”) on June 16, 2025. Benefit accruals ceased as of December 31, 2024 and all participants became fully vested in their account balances as of December 31, 2024. Participants will have the option of receiving their vested benefit in the form of a one-time lump sum payment, a direct rollover of a lump sum payment into another qualified plan, including the 401k plan sponsored by the Company, or a monthly annuity payable for their lifetime.

*Liquidation Basis of Accounting* — As a result of the Termination of the Plan, the Plan adopted the liquidation basis of accounting effective December 31, 2024. Under this basis of accounting, assets are stated at their net realizable values and liabilities are stated at their estimated settlement amounts. There was no material impact to the financial statements as a result of the conversion from the going concern basis of accounting to the liquidation basis of accounting.

Unless separately disclosed, the following provides a general description of the Plan prior to the date of termination.

*Participant's Accounts* — Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The hypothetical accounts are allocated Principal Credits, which is a percentage of compensation for the period based on the designated group, as defined, and Interest Credits at the end of every Plan year. The Principal Credits are allocated to each respective group based on a percentage of the participants' compensation as defined in the plan document for that particular year. The applicable percentage ranges from 70% to 75% for the owners' groups and 2.5% for employees other than owners. Participants' hypothetical accounts also receive an Interest Credit at the end of every year. The Interest Credit is a fixed rate of 3.0%.

*Funding Policy* — The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024 and 2023, the Company made contributions of \$850,000 and \$1,083,000, respectively. The Company's contributions for 2024 and 2023 exceeded the minimum funding requirements of ERISA. The

Company's 2024 contribution was received by the Plan in April 2025. All contributions are subject to certain Internal Revenue Code ("IRC") limitations.

*Pension Benefits* — Benefits are determined based on the participant's hypothetical account balance. Plan participants are eligible for their plan benefit after terminating employment with vested rights. Participants become fully vested in the Plan upon completion of 3 or more years of service or attainment of the normal retirement age (65). The Plan provides for a three-year graded vesting schedule of 33-1/3% after one year, 66-2/3% after two years, and 100% after three years. If employees terminate before rendering 3 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions that have not vested. Upon termination of employment, participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or a monthly annuity payable for their lifetime.

*Death Benefits* — Generally, if an active employee dies, a death benefit equal to the actuarial equivalent of the employee's vested accrued benefits is paid to the employee's beneficiary in accordance with Plan provisions.

## **2. Summary of Significant Accounting Policies**

The following are the significant accounting policies followed by the Plan:

*Basis of Accounting* — The accompanying financial statements are prepared on the liquidation basis of accounting under accounting principles accepted in the United States of America ("US GAAP"). Prior to December 31, 2024, the financial statements were prepared on the accrual basis of accounting under US GAAP.

*Use of Estimates* — The preparation of financial statements in accordance 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; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

*Market Risk Factors* — 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 investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

*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 a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

*Payment of Benefits* — Benefit payments to participants are recorded upon distribution.

*Administrative Expenses* — The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain investment related expenses incurred in connection with the administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. As a result of the Trustees' election to terminate the Plan effective December 31, 2024, the Company will pay all expenses related to the termination of the plan with the exception the investment related expenses.

*Subsequent Events* — Plan management has evaluated subsequent events through October 1, 2025, the date the financial statements were available to be issued.

### **3. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service.

The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances — retirement, death, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Actuarial Consulting Services, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

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

- (a) Life expectancy of participants – IRS 2023 Combined Table for post-retirement as Per Notice 2020-22 separately for males and females as permitted under IRC Section 430. Actuarial Equivalence – IRS 2023 applicable mortality for lump sums. No provisions for pre-retirement;
- (b) Retirement age – Age 65;
- (c) The interest rates used to discount the obligation for 2024 and 2023 were 5.13% and 5.11% respectively; and
- (d) No mortality with 4.37% for the benefits expected to be paid in the first five years, 4.96% for benefits expected to be paid in the next 15 years, and 4.95% for benefits expected to be paid thereafter for determining actuarial present value of accumulated plan benefits.

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. As a result of the termination of the Plan effective December 31, 2024, certain actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023 there would be no material differences.

Accumulated plan benefits as of December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:	
Participants currently receiving payments	\$ -
Terminated participants	107,164
Other participants	<u>4,614,218</u>
Total vested benefits	4,721,382
Nonvested benefits	<u>90,469</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 4,811,851</u></u>

Changes in the accumulated plan benefits for the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits at the beginning of year	<u>\$ 4,068,644</u>
Increase during the year attributable to:	
Interest due to the decrease in the discount period	133,858
Benefits paid	-
Change in actuarial assumptions	(349,139)
Benefits accumulated and experience gains and losses	<u>958,488</u>
Net increase	<u>743,207</u>
Actuarial present value of accumulated plan benefits at the end of year	<u><u>\$ 4,811,851</u></u>

#### 4. Investment Valuation and Income Recognition

The framework for measuring fair value 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 are described as follows:

- Level 1 – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date.
- Level 2 – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security.
- Level 3 – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

Following is a description of the valuation methodologies used for investments measured at fair value as of December 31, 2024 and 2023:

*Registered Investment Companies (represents mutual funds and exchange-traded funds)* — Valued at the publicly quoted net asset value (NAV) of shares held by the Plan at year-end.

*Money Market Funds (represents bank deposits and certificates of deposits)* — Valued at cost or face amount, which approximates fair value. Interest is accrued on fixed-percentage investments. There were no uninsured deposits at December 31, 2024.

*Corporate Fixed Income Securities and US Government Securities* —Valued on the basis of closing prices on the last trading day of the reporting period.

The following table sets forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2024 and 2023:

	Hierarchy	December 31,	
		2024	2023
Investments:			
Money market funds/accounts	Level 2	\$ 650,391	\$ 603,937
Registered investment companies	Level 1	1,271,700	1,239,479
US Government securities	Level 2	3,825,045	2,405,744
Corporate fixed income securities	Level 2	100,922	140,101
Totals		<u>\$ 5,848,058</u>	<u>\$ 4,389,261</u>

Certain investments have various maturity dates through November 2025. As of September 24, 2025, there was one certificate of deposit outstanding with a maturity date of October 14, 2025; one corporate fixed income security outstanding with a maturity date of October 21, 2025; and one US Government security outstanding with a maturity date of November 15, 2025. Plan management believes that the Plan’s investments will have sufficient liquidity to satisfy its pension benefit obligations when they become due.

## 5. Plan Termination

As a result of the Trustees’ election to terminate the Plan effective December 31, 2024, the assets of the Plan will be used to provide the benefits under the Plan in accordance with the Plan document. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. After plan assets have been distributed as a result of Plan termination, PBGC’s guarantee of benefits ends.

**6. Tax Status**

The Plan adopted a pre-approved defined benefit plan document sponsored by Actuarial Consulting Services, Inc. Actuarial Consulting Services, Inc. (“ACSI”) received an opinion letter from the Internal Revenue Service, dated July 30, 2021, which states that the plan document satisfies the applicable provisions of the Internal Revenue Code (“IRC”). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan’s financial statements.

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.

**7. Related-Party and Party-In-Interest Transactions**

Certain employees and/or officers of the Company or its affiliates perform administrative services to the Plan at no cost to the Plan. The Plan paid certain investment expenses to Morgan Stanley Smith Barney LLC. These transactions qualify as party-in-interest transactions which are exempt under ERISA.

**8. Subsequent Events**

During 2025, Plan management initiated the process of paying benefits to all participants and believes the Plan will have the necessary funds to fulfill its obligations under the Plan. As of September 30, 2025, the Trustees have distributed approximately \$6.3 million to participants. The Plan will terminate upon making its final distribution which is anticipated to be completed by the end of 2025. The Trustees will then facilitate the final reporting to regulatory authorities, as required.

\* \* \* \* \*

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a) (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Funds/Accounts:			
Bank deposits	Detail attached, page 13	\$ 346,742	\$ 346,742
Certificates of deposit	Detail attached, page 13	300,000	301,584
Accrued income not settled		-	2,065
Total money market funds/account		<u>646,742</u>	<u>650,391</u>
US Government Securities			
US Government Securities	Detail attached, pages 14-15	3,828,870	3,787,298
Accrued income not settled		-	37,747
Total money US Government securities		<u>3,828,870</u>	<u>3,825,045</u>
Corporate Debt Securities			
Corporate Debt Securities	Detail attached, page 16	97,923	99,664
Accrued income not settled		-	1,258
Total corporate debt securities		<u>97,923</u>	<u>100,922</u>
Registered Investment Companies:			
Exchange-traded & closed-end funds	Detail attached, page 16	233,230	296,571
Mutual funds	Detail attached, pages 17-18	766,684	975,129
Total registered investment companies		<u>999,914</u>	<u>1,271,700</u>
<b>TOTAL</b>		<u><u>\$ 5,573,449</u></u>	<u><u>\$ 5,848,058</u></u>

\* Party-in-interest to the Plan.

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**Cash, Deposits, Money Market Funds, and Certificates of Deposit**

**BANK DEPOSITS**

Security Description	Account Number	Market Value
MORGAN STANLEY BANK N.A.		\$97,237.39
MORGAN STANLEY PRIVATE BANK NA		3,484.35
MORGAN STANLEY PRIVATE BANK NA		246,019.82
Total Bank Deposits		<b>\$346,741.56</b>

**CERTIFICATES OF DEPOSIT**

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income	
Synchrony DRAPER UT CD		100,000.00	\$101.262	\$100,000.00	\$101,559.23	\$101,262.00	\$1,262.00	\$1,323.90	\$1,621.13	
Coupon Rate 4.850%; Matures 09/01/2026; CUSIP 87164YZ23 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.056%; Issued 09/01/23; Maturity Value = \$100,000.00; Asset Class: FI & Pref										
UBS BK USA SALT L SALT LAKE CITY UT CD		200,000.00	100.161	200,000.00	198,712.35	200,322.00	322.00	2,054.00	444.35	
Coupon Rate 4.350%; Matures 10/14/2025; CUSIP 90348J6HB Interest Paid Monthly; Yield to Maturity 4.142%; Issued 10/12/22; Maturity Value = \$200,000.00; Asset Class: FI & Pref										
				Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income	
Total Certificates of Deposit				\$300,000.00	\$300,271.58	\$301,584.00	\$1,584.00	\$3,377.90	\$2,065.48	
		Percentage of Assets			Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
Total Cash, Deposits, Money Market Funds and Certificates of Deposit		11.12%			\$300,000.00	\$300,271.58	\$648,325.56	\$1,584.00	\$3,377.90	\$2,065.48

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**US Government Securities**

**TREASURY SECURITIES**

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.625%; Matures 04/30/2029; CUSIP 91282CKP5 Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.364%; Moody AAA; Issued 04/30/24; Asset Class: FI & Pref		220,000.00	\$101.016	\$221,599.69	\$221,923.95	\$222,234.38	\$634.69	\$2,025.00	\$1,714.57
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.625%; Matures 04/30/2031; CUSIP 91282CKN0 Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.460%; Moody AAA; Issued 04/30/24; Asset Class: FI & Pref		220,000.00	100.898	222,108.28	222,432.54	221,976.56	(131.72)	1,258.59	1,714.57
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.125%; Matures 03/31/2029; CUSIP 91282CKG5 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.367%; Moody AAA; Issued 04/01/24; Asset Class: FI & Pref		220,000.00	99.066	220,777.04	223,750.20	217,946.09	(2,830.95)	(3,510.43)	2,293.68
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.125%; Matures 03/31/2031; CUSIP 91282CKF7 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.456%; Moody AAA; Issued 04/01/24; Asset Class: FI & Pref		220,000.00	98.207	220,729.38	223,702.54	216,055.47	(4,673.91)	(5,353.39)	2,293.68
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.625%; Matures 03/15/2026; CUSIP 91282CGR6 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.232%; Moody AAA; Issued 03/15/23; Asset Class: FI & Pref		300,000.00	100.451	302,381.81	306,773.95	301,353.52	(1,028.29)	(1,319.26)	4,101.17
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 2.625%; Matures 05/31/2027; CUSIP 91282CE14 Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.251%; Moody AAA; Issued 05/31/22; Asset Class: FI & Pref		100,000.00	96.301	94,948.43	94,726.88	96,300.78	1,352.35	1,797.46	223.56
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 3.875%; Matures 11/30/2027; CUSIP 91282CE19 Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.271%; Moody AAA; Issued 11/30/22; Asset Class: FI & Pref		125,000.00	98.922	125,527.34	123,110.24	123,652.34	(1,875.00)	954.62	412.52
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.125%; Matures 09/30/2027; CUSIP 91282CM8 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.260%; Moody AAA; Issued 09/30/22; Asset Class: FI & Pref		340,000.00	99.648	348,125.90	345,823.07	338,804.69	(9,321.21)	(3,473.60)	3,544.78
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 3.625%; Matures 03/31/2028; CUSIP 91282CGT2 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.302%; Moody AAA; Issued 03/31/23; Asset Class: FI & Pref		440,000.00	97.961	442,287.66	439,890.74	431,028.13	(11,259.52)	(4,831.29)	4,031.32
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.125%; Matures 08/31/2030; CUSIP 91282CHW4 Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.428%; Moody AAA; Issued 08/31/23; Asset Class: FI & Pref		440,000.00	98.492	436,438.44	441,953.39	433,365.63	(3,072.80)	(2,438.58)	6,149.18
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.000%; Matures 02/15/2026; CUSIP 91282CGL9 Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.216%; Moody AAA; Issued 02/15/23; Asset Class: FI & Pref		325,000.00	99.762	325,714.61	325,887.65	324,225.59	(1,489.02)	3,212.94	4,875.00

**CONTINUED**

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**TREASURY SECURITIES (CONTINUED)**

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
<b>UNITED STATES TREASURY NOTE</b>		100,000.00	93.094	98,106.25	98,296.47	93,093.75	(5,012.50)	(3,890.22)	1,312.50
Coupon Rate 3.500%; Matures 02/15/2033; CUSIP 91282CGM7 Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.525%; Moody AAA; Issued 02/15/23; Asset Class: FI & Pref									
<b>UNITED STATES TREASURY NOTE</b>		100,000.00	99.369	97,928.13	98,328.71	99,369.14	1,441.01	2,418.15	1,377.72
Coupon Rate 3.000%; Matures 07/15/2025; CUSIP 91282CEY3 Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.184%; Moody AAA; Issued 07/15/22; Asset Class: FI & Pref									
<b>UNITED STATES TREASURY NOTE</b>		125,000.00	100.209	126,409.34	126,374.65	125,261.23	(1,148.11)	(398.64)	714.78
Coupon Rate 4.500%; Matures 11/15/2025; CUSIP 91282CFW6 Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.256%; Issued 11/15/22; Asset Class: FI & Pref									
<b>UNITED STATES TREASURY NOTE</b>		400,000.00	97.594	393,898.44	399,320.26	390,375.00	(3,523.44)	(6,848.58)	2,096.68
Coupon Rate 4.125%; Matures 11/15/2032; CUSIP 91282CFV8 Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.491%; Moody AAA; Issued 11/15/22; Asset Class: FI & Pref									
<b>UNITED STATES TREASURY NOTE</b>		52,000.00	99.984	52,136.65	52,579.00	51,991.88	(144.77)	304.69	891.81
Coupon Rate 4.125%; Matures 01/31/2025; CUSIP 91282CGG0 Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.313%; Moody AAA; Issued 01/31/23; Asset Class: FI & Pref									
<b>UNITED STATES TREASURY NOTE</b>		100,000.00	100.264	99,752.68	102,539.31	100,263.67	510.99	(2,275.64)	
Coupon Rate 4.625%; Matures 06/30/2025; CUSIP 91282CHL8 Interest Paid Semi-Annually Jun/Dec; Yield to Maturity 4.088%; Moody AAA; Issued 06/30/23; Asset Class: FI & Pref									
<b>Total Treasury Securities</b>				<b>\$3,828,870.07</b>	<b>\$3,847,413.55</b>	<b>\$3,787,297.85</b>	<b>\$(41,572.20)</b>	<b>\$(22,368.18)</b>	<b>\$37,747.52</b>
		<b>Percentage of Assets</b>		<b>Original Total Cost</b>	<b>Carrying Value</b>	<b>Market Value</b>	<b>Unrealized Gain/(Loss)</b>	<b>5500 Unrealized Gain/(Loss)</b>	<b>Accrued Income</b>
<b>Total Government Securities</b>		<b>65.41%</b>		<b>\$3,828,870.07</b>	<b>\$3,847,413.55</b>	<b>\$3,787,297.85</b>	<b>\$(41,572.20)</b>	<b>\$(22,368.18)</b>	<b>\$37,747.52</b>

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**Corporate Fixed Income**

**CORPORATE BONDS**

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
<b>GOLDMAN SACHS GROUP INC/THE</b>		50,000.00	\$99.560	\$48,692.50	\$49,542.94	\$49,779.75	\$1,087.25	\$650.00	\$413.19
Coupon Rate 4.250%; Matures 10/21/2025; CUSIP 38141GVR2 Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.806%; Moody BAA2 S&P BBB; Issued 10/21/15; Asset Class: FI & Pref									
<b>SHERWIN-WILLIAMS CO/THE</b>		50,000.00	99.769	49,230.00	50,340.35	49,884.50	654.50	388.25	844.10
Coupon Rate 4.250%; Matures 08/08/2025; CUSIP 824348BR6 Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.636%; Moody BAA2 S&P BBB; Issued 08/10/22; Asset Class: FI & Pref									
<b>Total Corporate Bonds</b>				<b>\$97,922.50</b>	<b>\$99,883.29</b>	<b>\$99,664.25</b>	<b>\$1,741.75</b>	<b>\$1,038.25</b>	<b>\$1,257.29</b>
		<b>Percentage of Assets</b>		<b>Original Total Cost</b>	<b>Carrying Value</b>	<b>Market Value</b>	<b>Unrealized Gain/(Loss)</b>	<b>5500 Unrealized Gain/(Loss)</b>	<b>Accrued Income</b>
<b>Total Fixed Income</b>		<b>1.73%</b>		<b>\$97,922.50</b>	<b>\$99,883.29</b>	<b>\$99,664.25</b>	<b>\$1,741.75</b>	<b>\$1,038.25</b>	<b>\$1,257.29</b>

**Exchange-Traded & Closed-End Funds**

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	
<b>FIRST TRUST RISING DIV ACHIEV (RDVY)</b>		1,700.000	\$59.140	\$78,006.54	\$87,839.00	\$100,538.00	\$22,531.46	\$12,699.00	
Next Dividend Payable 03/2025; Asset Class: Equities									
<b>INVESCO S&amp;P 500 EQUAL WEIGHT E (RSP)</b>		350.000	175.230	59,482.26	59,482.26	61,330.50	1,848.24	1,848.24	
Next Dividend Payable 03/2025; Asset Class: Equities									
<b>VANGUARD S&amp;P 500 ETF (VOO)</b>		250.000	538.810	95,741.43	109,200.00	134,702.50	38,961.07	25,502.50	
Next Dividend Payable 03/2025; Asset Class: Equities									
		<b>Percentage of Assets</b>		<b>Original Total Cost</b>	<b>Carrying Value</b>	<b>Market Value</b>	<b>Unrealized Gain/(Loss)</b>	<b>5500 Unrealized Gain/(Loss)</b>	
<b>Total Exchange-Traded &amp; Closed-End Funds</b>		<b>5.07%</b>		<b>\$233,230.23</b>	<b>\$256,521.26</b>	<b>\$296,571.00</b>	<b>\$63,340.77</b>	<b>\$40,049.74</b>	

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**Mutual Funds**

**Open-End Non-Sweep Money Market Funds**

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
FEDERATED HERMES GOVT OBL AVR (GOVXX)		58,000.000	\$1.0000	N/A	\$58,000.00	\$58,000.00	N/A	\$0.00
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash</i>								
FEDERATED HRMS PRIME CS OBL WS (PCOXX)		31,920.560	\$1.0000	N/A	31,920.56	31,920.56	N/A	0.00
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash</i>								

**Open-End Mutual Funds**

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
JPMORGAN EQUITY INCOME I (HLIEX)		11,853.575	\$23.940	\$278,685.53	\$272,428.39	\$283,774.58	\$5,089.05	\$11,346.19
<i>Purchases</i>								
		11,853.575		278,685.53	272,428.39	283,774.58	5,089.05	11,346.19
Long Term Reinvestments		773.905		17,429.01	17,786.51	18,527.29	1,098.28	740.78
Short Term Reinvestments		59.143		1,394.68	1,359.27	1,415.88	21.20	56.61
<b>Total</b>		<b>12,686.623</b>		<b>297,509.22</b>	<b>291,574.17</b>	<b>303,717.75</b>	<b>6,208.53</b>	<b>12,143.58</b>
Total Purchases vs Market Value				278,685.53		303,717.75		
Cumulative Cash Distributions						23,366.08		
Net Value Increase/(Decrease)						48,398.30		
<i>Dividend Cash; Capital Gains Cash; Asset Class: Equities</i>								
MACQUARIE SMALL CAP CORE INST (DCCIX)		2,739.207	30.390	77,607.63	76,341.70	83,244.50	5,636.87	6,902.80
<i>Purchases</i>								
		2,739.207		77,607.63	76,341.70	83,244.50	5,636.87	6,902.80
Long Term Reinvestments		172.296		4,574.68	4,801.89	5,236.08	661.40	434.19
<b>Total</b>		<b>2,911.503</b>		<b>82,182.31</b>	<b>81,143.59</b>	<b>88,480.58</b>	<b>6,298.27</b>	<b>7,336.99</b>
Total Purchases vs Market Value				77,607.63		88,480.58		
Cumulative Cash Distributions						1,039.96		
Net Value Increase/(Decrease)						11,912.91		
<i>Dividend Cash; Capital Gains Cash; Asset Class: Equities</i>								
PRINCIPAL MIDCAP INSTL (PCBIX)		2,311.274	44.570	86,460.62	88,521.80	103,013.48	16,552.86	14,491.68
<i>Purchases</i>								
		2,311.274		86,460.62	88,521.80	103,013.48	16,552.86	14,491.68
Long Term Reinvestments		112.651		3,993.33	4,314.53	5,020.86	1,027.53	706.33
<b>Total</b>		<b>2,423.925</b>		<b>90,453.95</b>	<b>92,836.33</b>	<b>108,034.34</b>	<b>17,580.39</b>	<b>15,198.01</b>
Total Purchases vs Market Value				86,460.62		108,034.34		
Cumulative Cash Distributions						3,525.36		
Net Value Increase/(Decrease)						25,099.08		
<i>Dividend Cash; Capital Gains Cash; Asset Class: Equities</i>								

CONTINUED

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**Mutual Funds (CONTINUED)**

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
<b>T ROWE PRICE BLUE CHIP GR (TRBCX)</b>		1,911.026	186.260	276,662.92	285,392.62	355,947.71	79,284.79	70,555.09
	<b>Purchases</b>	1,911.026		276,662.92	285,392.62	355,947.71	79,284.79	70,555.09
Long Term Reinvestments		155.846		19,875.25	23,274.04	29,027.88	9,152.63	5,753.84
	<b>Total</b>	<b>2,066.872</b>		<b>296,538.17</b>	<b>308,666.66</b>	<b>384,975.58</b>	<b>88,437.42</b>	<b>76,308.92</b>
Total Purchases vs Market Value				276,662.92		384,975.58		
Cumulative Cash Distributions						34,948.53		
Net Value Increase/(Decrease)						143,261.19		
<i>Dividend Cash; Capital Gains Cash; Asset Class: Equities</i>								
		Percentage of Assets		Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
<b>Total Mutual Funds</b>		<b>16.67%</b>		<b>\$766,683.65</b>	<b>\$864,141.31</b>	<b>\$975,128.81</b>	<b>\$118,524.61</b>	<b>\$110,987.50</b>

## Save on SP Cash Balance Plan

EIN 47-3603390, Plan No. 001

### Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	Number of transactions <sup>1</sup>	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
FEDERATED HRMS PRIME CS OBL WS	Money Market Fund	1	\$ 1,083,000	--	N/A	N/A	\$ 1,083,000	\$ 1,083,000	--
FEDERATED HRMS PRIME CS OBL WS	Money Market Fund	2	--	\$ 1,027,024	N/A	N/A	\$ 1,027,024	\$ 1,027,024	\$ -
UNITED STATES TREASURY NOTE 4.125% DUE2030-08-31	US Gov't Securities	2	\$ 400,194	--	N/A	N/A	\$ 400,194	\$ 400,194	--
UNITED STATES TREASURY NOTE 4.125% DUE2032-15-15	US Gov't Securities	2	\$ 399,320	--	N/A	N/A	\$ 399,320	\$ 399,320	--

<sup>(1)</sup> Represents a series of transactions of the same issue in excess of 5% of the plan assets.

<sup>(2)</sup> Party-in-interest to the Plan.

EIN: 47-3603390

PIN: 001

Schedule SB, Part V – Summary of Plan Provisions

## SAVE ON SP CASH BALANCE PLAN

### SUMMARY OF PLAN PROVISIONS

**Effective Date:** January 1, 2018.

**Plan Year:** January 1 to December 31.

**Participation:** An eligible employee shall participate on the January 1, April 1, July 1, or October 1 coinciding with or next following attainment of age 21 and 6 months of service. There was immediate participation as of 11/1/18 if you were employed then.

**Year of Service for Vesting:** 1000 hours of service during a plan year.

**Year of Service for Benefit Computation:** 1000 hours of service during a plan year. You did not need 1000 hours for the 2018 plan year.

**Compensation:** W-2 compensation that is actually paid in gross income during a plan year while a participant. If a participant enters plan mid-year, their entire compensation for that plan year is used.

**Eligible Employee:** An employee of the employer with the exclusion of leased employees.

**Normal Retirement Date:** Exact date on which participant attains age 65.

**Early Retirement Date:** The plan does not provide for retirement prior to the normal retirement date.

**Normal Form of Benefit:** Life annuity payable monthly for single employees or actuarially equivalent qualified joint and 50% survivor annuity payable monthly for married employees.

**Accrued Benefit:** Actuarial equivalent, using non lump sum assumptions, of participant's cash balance account at determination date projected with interest credits to Normal Retirement.

**Vesting:** Shall be 33 1/3% vested with 1 year of vesting service, 66 2/3% with 2 years, and 100% with 3 or more years.

**Pre-Retirement Death Benefit:** The participant's accrued benefit.

**Principal Credits:** 70% of compensation for owner Claudia Dunbar, 75% of compensation for owners Jody Miller and Ron Krawczyk, and 2.5% of compensation for all other non-owners. Note that prior to the 2021 plan year, owner Ron Krawczyk's principal credit was 99% of compensation. Only participants that work at least 1,000 hours during a plan year shall receive principal credits. This requirement was waived for the 2018 plan year. Note that to allow the plan to meet IRC 401(a)(26), participants Kristen Bonnet, Terra Ellis, and Tatiana Mercedes received principal credits of 2.75% for 2021, in place of the normal 2.5%. As of 12/31/24, the plan froze and no benefits accrue thereafter.

**Interest Credits:** Interest accumulated to prior cash balance account and principal credits. Shall cease accumulating at time participant's full benefits have commenced.

**Cash Balance Account:** Sum of accumulated principal and interest credits.

**Top Heavy:** Minimum benefits shall be governed under defined contribution plan.

EIN: 47-3603390

PIN: 001

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

### **SAVE ON SP CASH BALANCE PLAN**

The weighted average retirement age is the expected normal retirement age per the plan document, of age 65.

EIN: 47-3603390

PIN: 001

Schedule SB, line 19 - Discounted Employer Contributions

**Save on SP Cash Balance Plan**

<u>Date</u>	<u>Amount</u>	<u>Contribution Applied</u>	<u>Applicable Effective Interest Rate</u>	<u>Interest Adjusted Contribution</u>
4/11/2025	<u>850,000</u>	2024 General	5.13%	<u>797,407</u>
Totals	850,000			797,407

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

▶ **Round off amounts to nearest dollar.**

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

<b>A</b> Name of plan Save on SP Cash Balance Plan	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Save on SP LLC	<b>D</b> Employer Identification Number (EIN) 47-3603390	


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

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	5,458,450	
<b>b</b> Actuarial value .....	<b>2b</b>	5,458,450	
<b>3</b> Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment ....	0	0	0
<b>b</b> For terminated vested participants .....	114	101,743	101,743
<b>c</b> For active participants .....	262	4,556,328	4,639,551
<b>d</b> Total .....	376	4,658,071	4,741,294
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.13 %	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	926,160	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0	
<b>c</b> Target normal cost .....	<b>6c</b>	926,160	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		<u>09/11/2025</u>
	Signature of actuary	Date
	Sean M. Fitzgerald	23-09119
	Type or print name of actuary	Most recent enrollment number
Actuarial Consulting Services, Inc.	(716) 691-2181	
Firm name	Telephone number (including area code)	
30 Bryant Woods North		
US Amherst	NY 14228	
Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>5.56%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		603,375
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.11%</u> ...		30,832
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance		634,207
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) ....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	115.12 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	115.12 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	112.03 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	850,000				
<b>Totals ▶</b>			<b>18(b)</b>	850,000	<b>18(c)</b>
					0

<b>19</b>	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0	
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0	
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 797,407	
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0

**22** Weighted average retirement age ..... **22** 62

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

**Part VI Miscellaneous items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	926,160
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	717,156

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....		
<b>b</b> Waiver amortization installment .....		

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

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	209,004
	Carryover balance	Prefunding Balance
<b>35</b> Balances elected for use to offset funding requirement .....		Total balance

<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	209,004
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	797,407

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

<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	588,403
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

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

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

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

EIN: 47-3603390

PIN: 001

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

## SAVE ON SP CASH BALANCE PLAN

### ACTUARIAL ASSUMPTIONS

**Asset Valuation Method:** Market Value.

**Valuation Date:** 1/1/24.

#### **Interest**

**Target Normal Cost and Funding Target @:** Post ARPA – 4.75% for the benefits expected to be paid in the first five years, 4.96% for benefits expected to be paid in the next 15 years, and 5.59% for benefits expected to be paid thereafter. Pre ARPA – 4.37% for the benefits expected to be paid in the first five years, 4.96% for benefits expected to be paid in the next 15 years, and 4.95% for benefits expected to be paid thereafter.

**Interest Credits:** 3%.

**Actuarial Equivalence:** For non lump sum purposes – 5.0%.

For lump sum purposes – applicable interest rates as per IRC 417(e) with plan year stability and lookback period of 2<sup>nd</sup> month preceding first day of stability period. For the 2024 plan year will use 5.50% for the benefits expected to be paid in the first five years, 5.76% for the benefits expected to be paid in the next 15 years, and 5.83% for benefits expected to be paid thereafter.

**Premium Funding Target for PBGC Variable Premium @:** 5.01% for the benefits expected to be paid in the first five years, 5.13% for benefits expected to be paid in the next 15 years and 5.15% for benefits expected to be paid thereafter.

**Effective Interest Rate:** 5.13%.

#### **Mortality**

**Funding and PBGC @:** Pre-Retirement – none, and post retirement – IRS 2024 Combined Table as Per Notice 2023-73 separately for males and females as permitted under IRC Section 430.

**Actuarial Equivalence:** For non lump sum and lump sum purposes – Pre Retirement – none, and Post Retirement – IRS 2024 applicable mortality for lump sums.

**Principal Credits ^:** It is assumed that subsequent principal credits will be the same as for the current year.

**Retirement Age ^:** Age 65.

**Salary Scale ^:** None.

**Administrative Expenses ^:** Based on actual amount from previous year.

**Form of Distribution ^:** We have assumed that participants will take the lump sum form at retirement.

@ These assumptions are as necessitated by statute.

^ These assumptions are those that were deemed reasonable at the time the plan was effective. I deem them still to be reasonable as they are ultimately based on the demographics of the plan population along with the plan provisions. They are not expected to be changed in the future, barring major provisional changes.



## Save on SP Cash Balance Plan

EIN 47-3603390, Plan No. 001

### Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	Number of transactions <sup>1</sup>	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
FEDERATED HRMS PRIME CS OBL WS	Money Market Fund	1	\$ 1,083,000	--	N/A	N/A	\$ 1,083,000	\$ 1,083,000	--
FEDERATED HRMS PRIME CS OBL WS	Money Market Fund	2	--	\$ 1,027,024	N/A	N/A	\$ 1,027,024	\$ 1,027,024	\$ -
UNITED STATES TREASURY NOTE 4.125% DUE2030-08-31	US Gov't Securities	2	\$ 400,194	--	N/A	N/A	\$ 400,194	\$ 400,194	--
UNITED STATES TREASURY NOTE 4.125% DUE2032-15-15	US Gov't Securities	2	\$ 399,320	--	N/A	N/A	\$ 399,320	\$ 399,320	--

<sup>(1)</sup> Represents a series of transactions of the same issue in excess of 5% of the plan assets.

<sup>(2)</sup> Party-in-interest to the Plan.

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a) (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Funds/Accounts:			
Bank deposits	Detail attached, page 13	\$ 346,742	\$ 346,742
Certificates of deposit	Detail attached, page 13	300,000	301,584
Accrued income not settled		-	2,065
Total money market funds/account		<u>646,742</u>	<u>650,391</u>
US Government Securities			
US Government Securities	Detail attached, pages 14-15	3,828,870	3,787,298
Accrued income not settled		-	37,747
Total money US Government securities		<u>3,828,870</u>	<u>3,825,045</u>
Corporate Debt Securities			
Corporate Debt Securities	Detail attached, page 16	97,923	99,664
Accrued income not settled		-	1,258
Total corporate debt securities		<u>97,923</u>	<u>100,922</u>
Registered Investment Companies:			
Exchange-traded & closed-end funds	Detail attached, page 16	233,230	296,571
Mutual funds	Detail attached, pages 17-18	766,684	975,129
Total registered investment companies		<u>999,914</u>	<u>1,271,700</u>
<b>TOTAL</b>		<u><u>\$ 5,573,449</u></u>	<u><u>\$ 5,848,058</u></u>

\* Party-in-interest to the Plan.

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**Cash, Deposits, Money Market Funds, and Certificates of Deposit**

**BANK DEPOSITS**

Security Description	Account Number	Market Value
MORGAN STANLEY BANK N.A.		\$97,237.39
MORGAN STANLEY PRIVATE BANK NA		3,484.35
MORGAN STANLEY PRIVATE BANK NA		246,019.82
Total Bank Deposits		<b>\$346,741.56</b>

**CERTIFICATES OF DEPOSIT**

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income	
Synchrony DRAPER UT CD		100,000.00	\$101.262	\$100,000.00	\$101,559.23	\$101,262.00	\$1,262.00	\$1,323.90	\$1,621.13	
Coupon Rate 4.850%; Matures 09/01/2026; CUSIP 87164YZ23 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.056%; Issued 09/01/23; Maturity Value = \$100,000.00; Asset Class: FI & Pref										
UBS BK USA SALT L SALT LAKE CITY UT CD		200,000.00	100.161	200,000.00	198,712.35	200,322.00	322.00	2,054.00	444.35	
Coupon Rate 4.350%; Matures 10/14/2025; CUSIP 90348J6HB Interest Paid Monthly; Yield to Maturity 4.142%; Issued 10/12/22; Maturity Value = \$200,000.00; Asset Class: FI & Pref										
				Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income	
Total Certificates of Deposit				\$300,000.00	\$300,271.58	\$301,584.00	\$1,584.00	\$3,377.90	\$2,065.48	
		Percentage of Assets			Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
Total Cash, Deposits, Money Market Funds and Certificates of Deposit		11.12%			\$300,000.00	\$300,271.58	\$648,325.56	\$1,584.00	\$3,377.90	\$2,065.48

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**US Government Securities**

**TREASURY SECURITIES**

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.625%; Matures 04/30/2029; CUSIP 91282CKP5 Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.364%; Moody AAA; Issued 04/30/24; Asset Class: FI & Pref		220,000.00	\$101.016	\$221,599.69	\$221,923.95	\$222,234.38	\$634.69	\$2,025.00	\$1,714.57
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.625%; Matures 04/30/2031; CUSIP 91282CKN0 Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.460%; Moody AAA; Issued 04/30/24; Asset Class: FI & Pref		220,000.00	100.898	222,108.28	222,432.54	221,976.56	(131.72)	1,258.59	1,714.57
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.125%; Matures 03/31/2029; CUSIP 91282CKG5 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.367%; Moody AAA; Issued 04/01/24; Asset Class: FI & Pref		220,000.00	99.066	220,777.04	223,750.20	217,946.09	(2,830.95)	(3,510.43)	2,293.68
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.125%; Matures 03/31/2031; CUSIP 91282CKF7 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.456%; Moody AAA; Issued 04/01/24; Asset Class: FI & Pref		220,000.00	98.207	220,729.38	223,702.54	216,055.47	(4,673.91)	(5,353.39)	2,293.68
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.625%; Matures 03/15/2026; CUSIP 91282CGR6 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.232%; Moody AAA; Issued 03/15/23; Asset Class: FI & Pref		300,000.00	100.451	302,381.81	306,773.95	301,353.52	(1,028.29)	(1,319.26)	4,101.17
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 2.625%; Matures 05/31/2027; CUSIP 91282CE14 Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.251%; Moody AAA; Issued 05/31/22; Asset Class: FI & Pref		100,000.00	96.301	94,948.43	94,726.88	96,300.78	1,352.35	1,797.46	223.56
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 3.875%; Matures 11/30/2027; CUSIP 91282CE19 Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.271%; Moody AAA; Issued 11/30/22; Asset Class: FI & Pref		125,000.00	98.922	125,527.34	123,110.24	123,652.34	(1,875.00)	954.62	412.52
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.125%; Matures 09/30/2027; CUSIP 91282CM8 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.260%; Moody AAA; Issued 09/30/22; Asset Class: FI & Pref		340,000.00	99.648	348,125.90	345,823.07	338,804.69	(9,321.21)	(3,473.60)	3,544.78
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 3.625%; Matures 03/31/2028; CUSIP 91282CGT2 Interest Paid Semi-Annually Mar/Sep; Yield to Maturity 4.302%; Moody AAA; Issued 03/31/23; Asset Class: FI & Pref		440,000.00	97.961	442,287.66	439,890.74	431,028.13	(11,259.52)	(4,831.29)	4,031.32
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.125%; Matures 08/31/2030; CUSIP 91282CHW4 Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.428%; Moody AAA; Issued 08/31/23; Asset Class: FI & Pref		440,000.00	98.492	436,438.44	441,953.39	433,365.63	(3,072.80)	(2,438.58)	6,149.18
<b>UNITED STATES TREASURY NOTE</b> Coupon Rate 4.000%; Matures 02/15/2026; CUSIP 91282CGL9 Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.216%; Moody AAA; Issued 02/15/23; Asset Class: FI & Pref		325,000.00	99.762	325,714.61	325,887.65	324,225.59	(1,489.02)	3,212.94	4,875.00

CONTINUED

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**TREASURY SECURITIES (CONTINUED)**

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
<b>UNITED STATES TREASURY NOTE</b>		100,000.00	93.094	98,106.25	98,296.47	93,093.75	(5,012.50)	(3,890.22)	1,312.50
Coupon Rate 3.500%; Matures 02/15/2033; CUSIP 91282CGM7 Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.525%; Moody AAA; Issued 02/15/23; Asset Class: FI & Pref									
<b>UNITED STATES TREASURY NOTE</b>		100,000.00	99.369	97,928.13	98,328.71	99,369.14	1,441.01	2,418.15	1,377.72
Coupon Rate 3.000%; Matures 07/15/2025; CUSIP 91282CEY3 Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.184%; Moody AAA; Issued 07/15/22; Asset Class: FI & Pref									
<b>UNITED STATES TREASURY NOTE</b>		125,000.00	100.209	126,409.34	126,374.65	125,261.23	(1,148.11)	(398.64)	714.78
Coupon Rate 4.500%; Matures 11/15/2025; CUSIP 91282CFW6 Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.256%; Issued 11/15/22; Asset Class: FI & Pref									
<b>UNITED STATES TREASURY NOTE</b>		400,000.00	97.594	393,898.44	399,320.26	390,375.00	(3,523.44)	(6,848.58)	2,096.68
Coupon Rate 4.125%; Matures 11/15/2032; CUSIP 91282CFV8 Interest Paid Semi-Annually May/Nov; Yield to Maturity 4.491%; Moody AAA; Issued 11/15/22; Asset Class: FI & Pref									
<b>UNITED STATES TREASURY NOTE</b>		52,000.00	99.984	52,136.65	52,579.00	51,991.88	(144.77)	304.69	891.81
Coupon Rate 4.125%; Matures 01/31/2025; CUSIP 91282CGG0 Interest Paid Semi-Annually Jan/Jul; Yield to Maturity 4.313%; Moody AAA; Issued 01/31/23; Asset Class: FI & Pref									
<b>UNITED STATES TREASURY NOTE</b>		100,000.00	100.264	99,752.68	102,539.31	100,263.67	510.99	(2,275.64)	
Coupon Rate 4.625%; Matures 06/30/2025; CUSIP 91282CHL8 Interest Paid Semi-Annually Jun/Dec; Yield to Maturity 4.088%; Moody AAA; Issued 06/30/23; Asset Class: FI & Pref									
<b>Total Treasury Securities</b>				<b>\$3,828,870.07</b>	<b>\$3,847,413.55</b>	<b>\$3,787,297.85</b>	<b>\$(41,572.20)</b>	<b>\$(22,368.18)</b>	<b>\$37,747.52</b>
		<b>Percentage of Assets</b>		<b>Original Total Cost</b>	<b>Carrying Value</b>	<b>Market Value</b>	<b>Unrealized Gain/(Loss)</b>	<b>5500 Unrealized Gain/(Loss)</b>	<b>Accrued Income</b>
<b>Total Government Securities</b>		<b>65.41%</b>		<b>\$3,828,870.07</b>	<b>\$3,847,413.55</b>	<b>\$3,787,297.85</b>	<b>\$(41,572.20)</b>	<b>\$(22,368.18)</b>	<b>\$37,747.52</b>

**Save on SP Cash Balance Plan**  
**EIN / Plan No.: 47-3603390 / 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**Corporate Fixed Income**

**CORPORATE BONDS**

Security Description	Account Number	Face Value	Unit Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
<b>GOLDMAN SACHS GROUP INC/THE</b>		50,000.00	\$99.560	\$48,692.50	\$49,542.94	\$49,779.75	\$1,087.25	\$650.00	\$413.19
Coupon Rate 4.250%; Matures 10/21/2025; CUSIP 38141GVR2 Interest Paid Semi-Annually Apr/Oct; Yield to Maturity 4.806%; Moody BAA2 S&P BBB; Issued 10/21/15; Asset Class: FI & Pref									
<b>SHERWIN-WILLIAMS CO/THE</b>		50,000.00	99.769	49,230.00	50,340.35	49,884.50	654.50	388.25	844.10
Coupon Rate 4.250%; Matures 08/08/2025; CUSIP 824348BR6 Interest Paid Semi-Annually Feb/Aug; Yield to Maturity 4.636%; Moody BAA2 S&P BBB; Issued 08/10/22; Asset Class: FI & Pref									
<b>Total Corporate Bonds</b>				<b>\$97,922.50</b>	<b>\$99,883.29</b>	<b>\$99,664.25</b>	<b>\$1,741.75</b>	<b>\$1,038.25</b>	<b>\$1,257.29</b>
		<b>Percentage of Assets</b>		<b>Original Total Cost</b>	<b>Carrying Value</b>	<b>Market Value</b>	<b>Unrealized Gain/(Loss)</b>	<b>5500 Unrealized Gain/(Loss)</b>	<b>Accrued Income</b>
<b>Total Fixed Income</b>		<b>1.73%</b>		<b>\$97,922.50</b>	<b>\$99,883.29</b>	<b>\$99,664.25</b>	<b>\$1,741.75</b>	<b>\$1,038.25</b>	<b>\$1,257.29</b>

**Exchange-Traded & Closed-End Funds**

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	
<b>FIRST TRUST RISING DIV ACHIEV (RDVY)</b>		1,700.000	\$59.140	\$78,006.54	\$87,839.00	\$100,538.00	\$22,531.46	\$12,699.00	
Next Dividend Payable 03/2025; Asset Class: Equities									
<b>INVESCO S&amp;P 500 EQUAL WEIGHT E (RSP)</b>		350.000	175.230	59,482.26	59,482.26	61,330.50	1,848.24	1,848.24	
Next Dividend Payable 03/2025; Asset Class: Equities									
<b>VANGUARD S&amp;P 500 ETF (VOO)</b>		250.000	538.810	95,741.43	109,200.00	134,702.50	38,961.07	25,502.50	
Next Dividend Payable 03/2025; Asset Class: Equities									
		<b>Percentage of Assets</b>		<b>Original Total Cost</b>	<b>Carrying Value</b>	<b>Market Value</b>	<b>Unrealized Gain/(Loss)</b>	<b>5500 Unrealized Gain/(Loss)</b>	
<b>Total Exchange-Traded &amp; Closed-End Funds</b>		<b>5.07%</b>		<b>\$233,230.23</b>	<b>\$256,521.26</b>	<b>\$296,571.00</b>	<b>\$63,340.77</b>	<b>\$40,049.74</b>	

**Save on SP Cash Balance Plan**  
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**Mutual Funds**

**Open-End Non-Sweep Money Market Funds**

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
FEDERATED HERMES GOVT OBL AVR (GOVXX)		58,000.000	\$1.0000	N/A	\$58,000.00	\$58,000.00	N/A	\$0.00
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash</i>								
FEDERATED HRMS PRIME CS OBL WS (PCOXX)		31,920.560	\$1.0000	N/A	31,920.56	31,920.56	N/A	0.00
<i>Enrolled In Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash</i>								

**Open-End Mutual Funds**

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
JPMORGAN EQUITY INCOME I (HLIEX)		11,853.575	\$23.940	\$278,685.53	\$272,428.39	\$283,774.58	\$5,089.05	\$11,346.19
<i>Purchases</i>								
		11,853.575		278,685.53	272,428.39	283,774.58	5,089.05	11,346.19
Long Term Reinvestments		773.905		17,429.01	17,786.51	18,527.29	1,098.28	740.78
Short Term Reinvestments		59.143		1,394.68	1,359.27	1,415.88	21.20	56.61
<b>Total</b>		<b>12,686.623</b>		<b>297,509.22</b>	<b>291,574.17</b>	<b>303,717.75</b>	<b>6,208.53</b>	<b>12,143.58</b>
Total Purchases vs Market Value				278,685.53		303,717.75		
Cumulative Cash Distributions						23,366.08		
Net Value Increase/(Decrease)						48,398.30		
<i>Dividend Cash; Capital Gains Cash; Asset Class: Equities</i>								
MACQUARIE SMALL CAP CORE INST (DCCIX)		2,739.207	30.390	77,607.63	76,341.70	83,244.50	5,636.87	6,902.80
<i>Purchases</i>								
		2,739.207		77,607.63	76,341.70	83,244.50	5,636.87	6,902.80
Long Term Reinvestments		172.296		4,574.68	4,801.89	5,236.08	661.40	434.19
<b>Total</b>		<b>2,911.503</b>		<b>82,182.31</b>	<b>81,143.59</b>	<b>88,480.58</b>	<b>6,298.27</b>	<b>7,336.99</b>
Total Purchases vs Market Value				77,607.63		88,480.58		
Cumulative Cash Distributions						1,039.96		
Net Value Increase/(Decrease)						11,912.91		
<i>Dividend Cash; Capital Gains Cash; Asset Class: Equities</i>								
PRINCIPAL MIDCAP INSTL (PCBIX)		2,311.274	44.570	86,460.62	88,521.80	103,013.48	16,552.86	14,491.68
<i>Purchases</i>								
		2,311.274		86,460.62	88,521.80	103,013.48	16,552.86	14,491.68
Long Term Reinvestments		112.651		3,993.33	4,314.53	5,020.86	1,027.53	706.33
<b>Total</b>		<b>2,423.925</b>		<b>90,453.95</b>	<b>92,836.33</b>	<b>108,034.34</b>	<b>17,580.39</b>	<b>15,198.01</b>
Total Purchases vs Market Value				86,460.62		108,034.34		
Cumulative Cash Distributions						3,525.36		
Net Value Increase/(Decrease)						25,099.08		
<i>Dividend Cash; Capital Gains Cash; Asset Class: Equities</i>								

**CONTINUED**

**Save on SP Cash Balance Plan**  
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**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
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**Mutual Funds (CONTINUED)**

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
<b>T ROWE PRICE BLUE CHIP GR (TRBCX)</b>		1,911.026	186.260	276,662.92	285,392.62	355,947.71	79,284.79	70,555.09
	<b>Purchases</b>	1,911.026		276,662.92	285,392.62	355,947.71	79,284.79	70,555.09
Long Term Reinvestments		155.846		19,875.25	23,274.04	29,027.88	9,152.63	5,753.84
	<b>Total</b>	<b>2,066.872</b>		<b>296,538.17</b>	<b>308,666.66</b>	<b>384,975.58</b>	<b>88,437.42</b>	<b>76,308.92</b>
Total Purchases vs Market Value				276,662.92		384,975.58		
Cumulative Cash Distributions						34,948.53		
Net Value Increase/(Decrease)						143,261.19		
<i>Dividend Cash; Capital Gains Cash; Asset Class: Equities</i>								
		Percentage of Assets		Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
<b>Total Mutual Funds</b>		<b>16.67%</b>		<b>\$766,683.65</b>	<b>\$864,141.31</b>	<b>\$975,128.81</b>	<b>\$118,524.61</b>	<b>\$110,987.50</b>