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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><h1 style="text-align: center;">2024</h1><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

|  |   |
|--|---|
| <b>1a</b> Name of plan<br><u>TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN</u>   | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TNL PHARMACY CORPORATION</u><br><br><u>8883 WESTMINSTER AVE</u><br><u>GARDEN GROVE, CA 92844</u> | <b>1c</b> Effective date of plan<br><u>01/01/2012</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>26-1532228</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>714-890-0331</u><br><br><b>2d</b> Business code (see instructions)<br><u>325410</u> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2025 | TYRONE NGUYEN  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |    |
|---|--|----|
| <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:<br><b>a</b> Sponsor's name<br><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>                                   | 16 |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><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>                               | 9  |
|   | <b>6a(2)</b>                               | 7  |
|   | <b>6b</b>                                  | 0  |
|   | <b>6c</b>                                  | 9  |
|   | <b>6d</b>                                  | 16 |
|   | <b>6e</b>                                  | 0  |
|   | <b>6f</b>                                  | 16 |
|   | <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 3D

**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)

|  |  |
|--|--|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>   |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input type="checkbox"/> <b>H</b> (Financial Information)                            |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan)    |
| (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                    | (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input type="checkbox"/> <b>C</b> (Service Provider Information)                     |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)               |
|  | (6) <input type="checkbox"/> <b>G</b> (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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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<br><u>TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION 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<br><u>TNL PHARMACY CORPORATION</u>                               | <b>D</b> Employer Identification Number (EIN)<br><u>26-1532228</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 checked="" type="checkbox"/> 100 or fewer <input 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>831583</u>             |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>831583</u>             |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>0</u>                   | <u>0</u>                  |
|          | <b>b</b> For terminated vested participants .....   | <u>7</u>                   | <u>24586</u>              |
|          | <b>c</b> For active participants .....  | <u>9</u>                   | <u>900217</u>             |
|          | <b>d</b> Total .....  | <u>16</u>                  | <u>924803</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>5.24 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>6118</u>               |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>0</u>                  |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>6118</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>10/10/2025</u><br>Date                                     |
|                  | <u>JAY S. LORENTSON, M.S.E.A.</u><br>Type or print name of actuary    | <u>23-04259</u><br>Most recent enrollment number              |
|                  | <u>PENSION PAPERWORKS</u><br>Firm name                                | <u>775-787-2631</u><br>Telephone number (including area code) |
|                  | <u>P.O. BOX 34090</u><br><u>RENO, NV 89523</u><br>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 V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |                        |                        |   |
| <b>21</b> Discount rate:  |  |                        |                        |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %   | 2nd segment:<br>4.96 % | 3rd segment:<br>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 |                        |                        |   |

|   |   |  |  |           |
|---|---|--|--|-----------|
| <b>Part VI Miscellaneous Items</b>  |   |  |  |           |
| <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 type="checkbox"/> Yes <input checked="" 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> |

|   |  |  |  |             |
|---|--|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |  |             |
| <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 |

|  |                     |                    |               |                 |
|--|---------------------|--------------------|---------------|-----------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                 |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                 |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    |               | <b>31a</b> 6118 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 0    |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                 |
| <b>a</b> Net shortfall amortization installment .....  | 97931               |                    | 10143         |                 |
| <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> 16261 |
|  | Carryover balance   | Prefunding balance | Total balance |                 |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |                 |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    |               | <b>36</b> 16261 |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    |               | <b>37</b> 16276 |
| <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> 15   |
| <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     |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>   |  |  |  |  |
| <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 |  |  |  |  |

|   |   |   |
|---|---|---|
| <b>SCHEDULE I</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information—Small Plan</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|---|---|

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

|  |  |
|--|--|
| <b>A</b> Name of plan<br><b>TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION 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<br><b>TNL PHARMACY CORPORATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>26-1532228</b> |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

|   |              | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| <b>1 Plan Assets and Liabilities:</b>   |              |                       |                 |
| <b>a</b> Total plan assets .....  | <b>1a</b>    | 832179                | 912220          |
| <b>b</b> Total plan liabilities .....   | <b>1b</b>    | 0                     | 0               |
| <b>c</b> Net plan assets (subtract line 1b from line 1a) .....                      | <b>1c</b>    | 832179                | 912220          |
| <b>2 Income, Expenses, and Transfers for this Plan Year:</b>                        |              |                       |                 |
|   |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable:                                      |              |                       |                 |
| (1) Employers .....   | <b>2a(1)</b> | 18433                 |                 |
| (2) Participants .....  | <b>2a(2)</b> | 0                     |                 |
| (3) Others (including rollovers) .....  | <b>2a(3)</b> | 0                     |                 |
| <b>b</b> Noncash contributions .....  | <b>2b</b>    | 0                     |                 |
| <b>c</b> Other income .....   | <b>2c</b>    | 61608                 |                 |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....             | <b>2d</b>    |                       | 80041           |
| <b>e</b> Benefits paid (including direct rollovers) .....                           | <b>2e</b>    | 0                     |                 |
| <b>f</b> Corrective distributions (see instructions) .....                          | <b>2f</b>    | 0                     |                 |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) ..... | <b>2g</b>    | 0                     |                 |
| <b>h</b> Administrative service providers (salaries, fees, and commissions) .....   | <b>2h</b>    | 0                     |                 |
| <b>i</b> Other expenses .....   | <b>2i</b>    | 0                     |                 |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....                    | <b>2j</b>    |                       | 0               |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d) .....                    | <b>2k</b>    |                       | 80041           |
| <b>l</b> Transfers to (from) the plan (see instructions) .....                      | <b>2l</b>    |                       | 0               |

**3 Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

|  |           | Yes | No | Amount |
|--|-----------|-----|----|--------|
| <b>a</b> Partnership/joint venture interests .....             | <b>3a</b> |     | X  |        |
| <b>b</b> Employer real property .....                          | <b>3b</b> |     | X  |        |
| <b>c</b> Real estate (other than employer real property) ..... | <b>3c</b> |     | X  |        |
| <b>d</b> Employer securities .....                             | <b>3d</b> |     | X  |        |
| <b>e</b> Participant loans .....                               | <b>3e</b> |     | X  |        |
| <b>f</b> Loans (other than to participants) .....              | <b>3f</b> | X   |    | 721913 |
| <b>g</b> Tangible personal property .....                      | <b>3g</b> |     | X  |        |

|                |                             |
|----------------|-----------------------------|
| <b>Part II</b> | <b>Compliance Questions</b> |
|----------------|-----------------------------|

|  |           | Yes | No | Amount  |
|--|-----------|-----|----|---------|
| <b>4 During the plan year:</b>   |           |     |    |         |
| <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.) ..... | <b>4a</b> |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....  | <b>4b</b> |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....  | <b>4c</b> |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....  | <b>4d</b> |     | X  |         |
| <b>e</b> Was the plan covered by a fidelity bond? .....  | <b>4e</b> | X   |    | 1000000 |
| <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? .....  | <b>4f</b> |     | 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? .....   | <b>4g</b> | X   |    | 775829  |
| <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? .....   | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....   | <b>4i</b> | X   |    | 721913  |
| <b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  | <b>4j</b> |     | X  |         |
| <b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                 | <b>4k</b> | X   |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....   | <b>4l</b> |     | 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>4m</b> |     |    |         |
| <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 .....   | <b>4n</b> |     |    |         |

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

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

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION 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<br><b>TNL PHARMACY CORPORATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>26-1532228</b> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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.) |
|----------------|---|

**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> |
|-----------------|-------------------|

**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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501783A.

**SCHEDULE SB - PART V**  
**Summary of Actuarial Assumptions/Methods**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

**Valuation Date:** 01/01/2024

**Funding Method:** As prescribed in IRC Section 430  
 Age - Eligibility age at last birthday and other ages at nearest birthday  
 New participants are not included in current year's valuation  
 Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

|                  |  |  |
|------------------|--|--|
| Interest Rates - | Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) | Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) |
|                  | Segment #      Year      Rate %  | Segment #      Year      Rate %  |
|                  | Segment 1      0 - 5      4.37   | Segment 1      0 - 5      4.75   |
|                  | Segment 2      6 - 20      4.96  | Segment 2      6 - 20      4.96  |
|                  | Segment 3      > 20      4.95  | Segment 3      > 20      5.59  |

Pre-Retirement - Mortality Table - None  
 Turnover/Disability - None  
 Salary Scale - None  
 Expense Load - None  
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined  
 Cost of Living - None  
 Lump Sum - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

Assumed Retirement Age - Normal Retirement Age or current age, if later

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

**Form 5500**

**Annual Return/Report of Employee Benefit Plan**

CMB Nos. 1210-01  
1210-00

Department of the Treasury  
Internal Revenue Service

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

**2024**

Department of Labor  
Employee Benefits Security Administration

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

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

**Part I Annual Report Identification Information**

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


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

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/>TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN</p>   | <p><b>1b</b> Three-digit plan number (PN) + <u>00</u></p>  |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><br/>TNL PHARMACY CORPORATION<br/><br/>8863 WESTMINSTER AVE<br/><br/>GARDEN GROVE CA 92844</p> | <p><b>1c</b> Effective date of plan<br/>01/01/2012</p> <p><b>2b</b> Employer Identification Number (EIN)<br/>26-1532228</p> <p><b>2c</b> Plan Sponsor's telephone number<br/>714-890-0331</p> <p><b>2d</b> Business code (see instructions)<br/>325410</p> |

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|              |   |          |  |
|--------------|---|----------|--|
| SIGN<br>HERE |  | 10-13-25 | TYRONE NGUYEN  |
|              | Signature of plan administrator   | Date     | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Signature of employer/plan sponsor  | Date     | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE | Signature of DFE  | Date     | Enter name of individual signing as DFE                      |

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

Form 5500 (2024)  
v. 2403

|  |  |    |
|--|--|----|
| <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:<br><b>a</b> Sponsor's name<br><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>                                   | 16 |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><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) .....<br><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) .....<br><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>                               | 9  |
|  | <b>6a(2)</b>                               | 7  |
|  | <b>6b</b>                                  | 0  |
|  | <b>6c</b>                                  | 9  |
|  | <b>6d</b>                                  | 16 |
|  | <b>6e</b>                                  | 0  |
|  | <b>6f</b>                                  | 16 |
|  | <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 3D

**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.

---

**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 I</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information—Small Plan</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|---|---|

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

|  |   |
|--|---|
| <b>A</b> Name of plan<br>TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN | <b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u> |
|--|---|

|   |   |
|---|---|
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>TNL PHARMACY CORPORATION | <b>D</b> Employer Identification Number (EIN)<br><br>26-1532228 |
|---|---|

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

|   |              | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| <b>1 Plan Assets and Liabilities:</b>   |              |                       |                 |
| <b>a</b> Total plan assets .....  | <b>1a</b>    | 832,179               | 912,220         |
| <b>b</b> Total plan liabilities .....   | <b>1b</b>    | 0                     | 0               |
| <b>c</b> Net plan assets (subtract line 1b from line 1a) .....                      | <b>1c</b>    | 832,179               | 912,220         |
| <b>2 Income, Expenses, and Transfers for this Plan Year:</b>                        |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable:                                      |              |                       |                 |
| <b>(1)</b> Employers .....  | <b>2a(1)</b> | 18,433                |                 |
| <b>(2)</b> Participants .....   | <b>2a(2)</b> | 0                     |                 |
| <b>(3)</b> Others (including rollovers) .....                                       | <b>2a(3)</b> | 0                     |                 |
| <b>b</b> Noncash contributions .....  | <b>2b</b>    | 0                     |                 |
| <b>c</b> Other income .....   | <b>2c</b>    | 61,608                |                 |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....             | <b>2d</b>    |                       | 80,041          |
| <b>e</b> Benefits paid (including direct rollovers) .....                           | <b>2e</b>    | 0                     |                 |
| <b>f</b> Corrective distributions (see instructions) .....                          | <b>2f</b>    | 0                     |                 |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) ..... | <b>2g</b>    | 0                     |                 |
| <b>h</b> Administrative service providers (salaries, fees, and commissions) .....   | <b>2h</b>    | 0                     |                 |
| <b>i</b> Other expenses .....   | <b>2i</b>    | 0                     |                 |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....                    | <b>2j</b>    |                       | 0               |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d) .....                    | <b>2k</b>    |                       | 80,041          |
| <b>l</b> Transfers to (from) the plan (see instructions) .....                      | <b>2l</b>    |                       | 0               |

**3 Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

|  |           | Yes | No | Amount  |
|--|-----------|-----|----|---------|
| <b>a</b> Partnership/joint venture interests .....             | <b>3a</b> |     | X  |         |
| <b>b</b> Employer real property .....                          | <b>3b</b> |     | X  |         |
| <b>c</b> Real estate (other than employer real property) ..... | <b>3c</b> |     | X  |         |
| <b>d</b> Employer securities .....                             | <b>3d</b> |     | X  |         |
| <b>e</b> Participant loans .....                               | <b>3e</b> |     | X  |         |
| <b>f</b> Loans (other than to participants) .....              | <b>3f</b> | X   |    | 721,913 |
| <b>g</b> Tangible personal property .....                      | <b>3g</b> |     | X  |         |

|                |                             |
|----------------|-----------------------------|
| <b>Part II</b> | <b>Compliance Questions</b> |
|----------------|-----------------------------|

|  | Yes | No | Amount    |
|--|-----|----|-----------|
| <b>4</b> During the plan year:   |     |    |           |
| <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.) ..... | 4a  | X  |           |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....  | 4b  | X  |           |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....  | 4c  | X  |           |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....  | 4d  | X  |           |
| <b>e</b> Was the plan covered by a fidelity bond? .....  | 4e  | X  | 1,000,000 |
| <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? .....  | 4f  | 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? .....   | 4g  | X  | 775,829   |
| <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? .....   | 4h  | X  |           |
| <b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?.....  | 4i  | X  | 721,913   |
| <b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  | 4j  | X  |           |
| <b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                 | 4k  | X  |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....   | 4l  | X  |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....   | 4m  |    |           |
| <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 .....   | 4n  |    |           |

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

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

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION 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<br><br>TNL PHARMACY CORPORATION | <b>D</b> Employer Identification Number (EIN)<br><br>26-1532228 |     |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 0

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

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

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

|                |   |
|----------------|---|
| <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.) |
|----------------|---|

**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> |
|-----------------|-------------------|

**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 03/30/2018 (MM/DD/YYYY) and the Opinion Letter serial number J501783a.

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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<br>TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION 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<br>TNL PHARMACY CORPORATION                                      | <b>D</b> Employer Identification Number (EIN)<br>26-1532228   |     |
| <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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>   |                            |                           |                          |
| <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>                  |                           | 831,583                  |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  |                           | 831,583                  |
| <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 .....   | 7                          | 24,586                    | 24,586                   |
| <b>c</b> For active participants .....  | 9                          | 900,217                   | 904,928                  |
| <b>d</b> Total .....  | 16                         | 924,803                   | 929,514                  |
| <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>                   |                           | 5.24%                    |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  |                           | 6,118                    |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  |                           | 0                        |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  |                           | 6,118                    |

**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><br><br>Signature of actuary<br><u>JAY S. LORENTSON, M.S.E.A.</u><br>Type or print name of actuary<br><br><u>PENSION PAPERWORKS</u><br>Firm name<br><br><u>P.O. Box 34090</u><br><br><u>RENO NV 89523</u><br>Address of the firm | <u>10/10/2025</u><br>Date<br><br><u>2304259</u><br>Most recent enrollment number<br><br><u>775-787-2631</u><br>Telephone number (including area code) |
|--|---|

| <b>Part II</b>  | <b>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>7.71%</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) .....   |  | 8                      |
| <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>5.26%</u> ..... |  | 0                      |
| <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 .....   |  | 8                      |
| <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</b>  | <b>Funding Percentages</b> |        |
|--|----------------------------|--------|
| <b>14</b> Funding target attainment percentage .....   | <b>14</b>                  | 89.46% |
| <b>15</b> Adjusted funding target attainment percentage .....  | <b>15</b>                  | 89.46% |
| <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>                  | 85.59% |
| <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</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|---|
|----------------|---|

**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |   |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|
| 09/12/2025               | 18,433                            | 0                               |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 18,433                            | <b>18(c)</b>                    | 0 |

**19** 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> | 16,276 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

|   |  |                        |                       |   |
|---|--|------------------------|-----------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |                        |                       |   |
| <b>21</b> Discount rate:  |  |                        |                       |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %   | 2nd segment:<br>4.96 % | 3rd segment:<br>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 |                        |                       |   |

|   |  |  |  |           |
|---|--|--|--|-----------|
| <b>Part VI Miscellaneous Items</b>  |  |  |  |           |
| <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 type="checkbox"/> Yes <input checked="" 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> |

|   |  |  |  |             |
|---|--|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |  |             |
| <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 |

|  |                     |                    |               |                  |
|--|---------------------|--------------------|---------------|------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                  |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                  |
| <b>a</b> Target normal cost (line 6c).....   |                     |                    |               | <b>31a</b> 6,118 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 0     |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                  |
| <b>a</b> Net shortfall amortization installment .....  | 97,931              |                    | 10,143        |                  |
| <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> 16,261 |
|  | Carryover balance   | Prefunding balance | Total balance |                  |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   |                     |                    |               | <b>36</b> 16,261 |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   |                     |                    |               | <b>37</b> 16,276 |
| <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> 15    |
| <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      |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>   |  |  |  |  |
| <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 |  |  |  |  |

# SCHEDULE SB - PART V

## Summary of Plan Provisions

### TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN

26-1532228 / 001

For the plan year 01/01/2024 through 12/31/2024

**Employer:**

TNL PHARMACY CORPORATION  
Type of Entity - S Corporation  
EIN: 26-1532228 Plan #: 001

**Dates:**

Effective - 01/01/2012 Year end - 12/31/2024  
Top Heavy Years - 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020

**Eligibility:**

Non-Excluded Employees:

Minimum age - 21 Months of service - 12

Hours Required for -

Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry -

First day of 1st or 7th month of plan year on or next following eligibility satisfaction

**Retirement:**

Normal -

First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early -

Not provided

**Average Compensation:**

Regular Benefit -

Highest 3 consecutive years of service

Top Heavy Minimum Benefit -

Highest 5 consecutive top heavy years of participation

**Plan Benefits:**

Retirement -

Derived from the graded benefit formula:

| Employee Classification | Benefit Formula |
|-------------------------|-----------------|
|-------------------------|-----------------|

|     |   |
|-----|---|
| 001 | 0.0% of average compensation per year of credited service limited to 5 years effective 01/01/2017.. |
|-----|---|

|     |   |
|-----|---|
| 002 | 0.5% of average compensation per year of credited service limited to 5 years. |
|-----|---|

Accrued Benefit -

Unit credit based on service

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit -

Present Value of Accrued Benefit

**Top Heavy Minimum:**

None

**IRS Limitations:**

415 Limits - Percent: 100 Dollar: \$215,000

Maximum 401(a)(17) compensation -\$345,000

**Normal Form:**

Life Annuity

**Optional Forms:**

Lump Sum, Life Annuity, Joint & Survivor Annuity, Contingent Annuity, Certain & Life Annuity and term certain payments

**SCHEDULE SB - PART V**  
**Summary of Plan Provisions**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

**Vesting Schedule:**

| Years | Percent |
|-------|---------|
| 0-1   | 0%      |
| 2     | 20%     |
| 3     | 40%     |
| 4     | 60%     |
| 5     | 80%     |
| 6     | 100%    |

Service is calculated using all years of service except years prior to plan effective date

**417(e):**

| Interest Rates - | Segment # | Years  | Rate % |
|------------------|-----------|--------|--------|
|                  | Segment 1 | 0 - 5  | 5.01   |
|                  | Segment 2 | 6 - 20 | 5.13   |
|                  | Segment 3 | > 20   | 5.15   |

Mortality Table - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

**Actuarial Equivalence:**

|                   |                   |   |
|-------------------|-------------------|---|
| Pre-Retirement -  | Interest -        | 5%  |
|                   | Mortality Table - | None  |
| Post-Retirement - | Interest -        | 5.5%  |
|                   | Mortality Table - | 24E - 2024 Applicable Mortality Table for 417(e) (unisex) |

**SCHEDULE SB - PART V**  
**Summary of Actuarial Assumptions/Methods**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

**Valuation Date:** 01/01/2024

**Funding Method:** As prescribed in IRC Section 430  
 Age - Eligibility age at last birthday and other ages at nearest birthday  
 New participants are not included in current year's valuation  
 Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

|                  |  |  |
|------------------|--|--|
| Interest Rates - | Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) | Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) |
|                  | Segment #      Year      Rate %  | Segment #      Year      Rate %  |
|                  | Segment 1      0 - 5      4.37   | Segment 1      0 - 5      4.75   |
|                  | Segment 2      6 - 20      4.96  | Segment 2      6 - 20      4.96  |
|                  | Segment 3      > 20      4.95  | Segment 3      > 20      5.59  |

Pre-Retirement - Mortality Table - None  
 Turnover/Disability - None  
 Salary Scale - None  
 Expense Load - None  
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined  
 Cost of Living - None  
 Lump Sum - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

Assumed Retirement Age - Normal Retirement Age or current age, if later

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

## Schedule SB, line 19 - Discounted Employer Contributions

**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**

26-1532228 / 001

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 01/01/2024

|                                    | Date              | Amount          | Adjusted<br>Contribution | Adjusted<br>Prior Year<br>Contribution | Adjusted<br>Quarterly | Effective<br>Rate | Penalty<br>Rate |
|------------------------------------|-------------------|-----------------|--------------------------|--|-----------------------|-------------------|-----------------|
| <b>Deposited Contribution</b>      | <b>09/12/2025</b> | <b>\$18,433</b> |                          |  |                       |                   |                 |
| Applied to Additional Contribution | 01/01/2024        | 16              | 15                       | 0                                      | 0                     | 5.24              | 0.00            |
| Applied to MRC                     | 01/01/2024        | 3,781           | 3,467                    | 0                                      | 0                     | 5.24              | 0.00            |
| Applied to Quarterly Contribution  | 04/15/2024        | 3,659           | 3,143                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Applied to Quarterly Contribution  | 07/15/2024        | 3,659           | 3,179                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Applied to Quarterly Contribution  | 10/15/2024        | 3,659           | 3,217                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Applied to Quarterly Contribution  | 01/15/2025        | 3,659           | 3,255                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Totals for Deposited Contribution  |                   | \$18,433        | \$16,276                 | \$0                                    | \$14,636              |                   |                 |

**Schedule SB, line 22 -**  
**Description of Weighted Average Retirement Age**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

**Schedule SB, line 32 -  
Schedule of Amortization Bases  
TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN  
26-1532228 / 001  
For the plan year 01/01/2024 through 12/31/2024**

| Date Base Established | Original Base Amount | Type of Base | Present Value of Remaining Installments | Years Remaining Amortization Period | Amortization Installment |
|-----------------------|----------------------|--------------|---|-------------------------------------|--------------------------|
| 01/01/2021            | 46,388               | Shortfall    | 40,401                                  | 12                                  | 4,325                    |
| 01/01/2022            | 42,574               | Shortfall    | 38,949                                  | 13                                  | 3,934                    |
| 01/01/2023            | 43,715               | Shortfall    | 41,766                                  | 14                                  | 4,003                    |
| 01/01/2024            | -23,185              | Shortfall    | -23,185                                 | 15                                  | -2,119                   |
| Totals:               |                      |              | \$97,931                                |                                     | \$10,143                 |

**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.

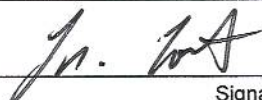
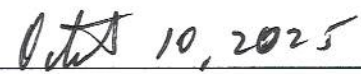
|   |  |   |     |
|---|--|---|-----|
| <b>A</b> Name of plan<br>TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN  |  | <b>B</b> Three-digit plan number (PN) ▶   | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>TNL PHARMACY CORPORATION                                      |  | <b>D</b> Employer Identification Number (EIN)<br>26-1532228   |     |
| <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 checked="" type="checkbox"/> 100 or fewer <input 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>                  | 831,583                   |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | 831,583                   |                          |
| <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 .....   | 7                          | 24,586                    | 24,586                   |
| <b>c</b> For active participants .....  | 9                          | 900,217                   | 904,928                  |
| <b>d</b> Total .....  | 16                         | 924,803                   | 929,514                  |
| <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>                   | 5.24%                     |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 6,118                     |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 0                         |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | 6,118                     |                          |

**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  | Date  |
| JAY S. LORENTSON, M.S.E.A. |   | 2304259   |
|                            | Type or print name of actuary   | Most recent enrollment number   |
| PENSION PAPERWORKS         |   | 775-787-2631  |
|                            | Firm name   | Telephone number (including area code)  |
| P.O. Box 34090             |   |   |
| RENO NV 89523              |   |   |
|                            | Address of the firm   |   |

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



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

**21** Discount rate:

**a** Segment rates:

|                        |                        |                        |   |
|------------------------|------------------------|------------------------|---|
| 1st segment:<br>4.75 % | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|------------------------|---|

**b** Applicable month (enter code)..... **21b** 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**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

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

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

**a** Target normal cost (line 6c)..... **31a** 6,118

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

|  | Outstanding Balance | Installment |
|--|---------------------|-------------|
| <b>a</b> Net shortfall amortization installment..... | 97,931              | 10,143      |
| <b>b</b> Waiver amortization installment.....        | 0                   | 0           |

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

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 16,261

|  | Carryover balance | Prefunding balance | Total balance    |
|--|-------------------|--------------------|------------------|
| <b>35</b> Balances elected for use to offset funding requirement.....  | 0                 | 0                  | 0                |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   |                   |                    | <b>36</b> 16,261 |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... |                   |                    | <b>37</b> 16,276 |

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

**a** Total (excess, if any, of line 37 over line 36)..... **38a** 15

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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

**SCHEDULE SB - PART V**  
**Summary of Plan Provisions**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

**Employer:** TNL PHARMACY CORPORATION  
Type of Entity - S Corporation  
EIN: 26-1532228 Plan #: 001

**Dates:** Effective - 01/01/2012 Year end - 12/31/2024  
Top Heavy Years - 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020

**Eligibility:** Non-Excluded Employees:  
Minimum age - 21 Months of service - 12  
Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000  
Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

**Retirement:**  
Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation  
Early - Not provided

**Average Compensation:**  
Regular Benefit - Highest 3 consecutive years of service  
Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

**Plan Benefits:**  
Retirement - Derived from the graded benefit formula:

| Employee Classification | Benefit Formula   |
|-------------------------|---|
| 001                     | 0.0% of average compensation per year of credited service limited to 5 years effective 01/01/2017.. |
| 002                     | 0.5% of average compensation per year of credited service limited to 5 years.                       |

Accrued Benefit - Unit credit based on service  
Minimum Benefit - None  
Maximum Benefit - None  
Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum Present Value of Accrued Benefit

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** None

**IRS Limitations:** 415 Limits - Percent: 100 Dollar: \$215,000  
Maximum 401(a)(17) compensation -\$345,000

**Normal Form:** Life Annuity

**Optional Forms:** Lump Sum, Life Annuity, Joint & Survivor Annuity, Contingent Annuity, Certain & Life Annuity and term certain payments

**SCHEDULE SB - PART V**  
**Summary of Plan Provisions**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

**Vesting Schedule:**

| Years | Percent |
|-------|---------|
| 0-1   | 0%      |
| 2     | 20%     |
| 3     | 40%     |
| 4     | 60%     |
| 5     | 80%     |
| 6     | 100%    |

Service is calculated using all years of service except years prior to plan effective date

**417(e):**

| Interest Rates - | Segment # | Years  | Rate % |
|------------------|-----------|--------|--------|
|                  | Segment 1 | 0 - 5  | 5.01   |
|                  | Segment 2 | 6 - 20 | 5.13   |
|                  | Segment 3 | > 20   | 5.15   |

Mortality Table - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

**Actuarial Equivalence:**

|                   |                   |   |
|-------------------|-------------------|---|
| Pre-Retirement -  | Interest -        | 5%  |
|                   | Mortality Table - | None  |
| Post-Retirement - | Interest -        | 5.5%  |
|                   | Mortality Table - | 24E - 2024 Applicable Mortality Table for 417(e) (unisex) |

**SCHEDULE SB - PART V**  
**Summary of Actuarial Assumptions/Methods**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

**Valuation Date:** 01/01/2024

**Funding Method:** As prescribed in IRC Section 430  
 Age - Eligibility age at last birthday and other ages at nearest birthday  
 New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

|                  |  |  |
|------------------|--|--|
| Interest Rates - | Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) | Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) |
|                  | Segment #      Year      Rate %  | Segment #      Year      Rate %  |
|                  | Segment 1      0 - 5      4.37   | Segment 1      0 - 5      4.75   |
|                  | Segment 2      6 - 20      4.96  | Segment 2      6 - 20      4.96  |
|                  | Segment 3      > 20      4.95  | Segment 3      > 20      5.59  |

Pre-Retirement - Mortality Table - None  
 Turnover/Disability - None  
 Salary Scale - None  
 Expense Load - None  
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined  
 Cost of Living - None  
 Lump Sum - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

Assumed Retirement Age - Normal Retirement Age or current age, if later

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

**Schedule SB, line 19 -  
Discounted Employer Contributions**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**  
**Valuation Date: 01/01/2024**

|                                    | Date              | Amount          | Adjusted<br>Contribution | Adjusted<br>Prior Year<br>Contribution | Adjusted<br>Quarterly | Effective<br>Rate | Penalty<br>Rate |
|------------------------------------|-------------------|-----------------|--------------------------|--|-----------------------|-------------------|-----------------|
| <b>Deposited Contribution</b>      | <b>09/12/2025</b> | <b>\$18,433</b> |                          |  |                       |                   |                 |
| Applied to Additional Contribution | 01/01/2024        | 16              | 15                       | 0                                      | 0                     | 5.24              | 0.00            |
| Applied to MRC                     | 01/01/2024        | 3,781           | 3,467                    | 0                                      | 0                     | 5.24              | 0.00            |
| Applied to Quarterly Contribution  | 04/15/2024        | 3,659           | 3,143                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Applied to Quarterly Contribution  | 07/15/2024        | 3,659           | 3,179                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Applied to Quarterly Contribution  | 10/15/2024        | 3,659           | 3,217                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Applied to Quarterly Contribution  | 01/15/2025        | 3,659           | 3,255                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Totals for Deposited Contribution  |                   | \$18,433        | \$16,276                 | \$0                                    | \$14,636              |                   |                 |

**Schedule SB, line 22 -**  
**Description of Weighted Average Retirement Age**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

**Schedule SB, line 32 -  
Schedule of Amortization Bases  
TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN  
26-1532228 / 001  
For the plan year 01/01/2024 through 12/31/2024**

| Date Base<br>Established | Original Base<br>Amount | Type of Base | Present Value of<br>Remaining Installments | Years Remaining<br>Amortization Period | Amortization<br>Installment |
|--------------------------|-------------------------|--------------|--|--|-----------------------------|
| 01/01/2021               | 46,388                  | Shortfall    | 40,401                                     | 12                                     | 4,325                       |
| 01/01/2022               | 42,574                  | Shortfall    | 38,949                                     | 13                                     | 3,934                       |
| 01/01/2023               | 43,715                  | Shortfall    | 41,766                                     | 14                                     | 4,003                       |
| 01/01/2024               | -23,185                 | Shortfall    | -23,185                                    | 15                                     | -2,119                      |
| Totals:                  |                         |              | \$97,931                                   |  | \$10,143                    |

**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<br>TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION 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<br>TNL PHARMACY CORPORATION                                      |  | <b>D</b> Employer Identification Number (EIN)<br>26-1532228   |     |
| <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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

**2** Assets:

|                                |           |         |
|--------------------------------|-----------|---------|
| <b>a</b> Market value .....    | <b>2a</b> | 831,583 |
| <b>b</b> Actuarial value ..... | <b>2b</b> | 831,583 |

**3** 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 .....                           | 7                          | 24,586                    | 24,586                   |
| <b>c</b> For active participants .....                                      | 9                          | 900,217                   | 904,928                  |
| <b>d</b> Total .....  | 16                         | 924,803                   | 929,514                  |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b)

|   |           |  |
|---|-----------|--|
| <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> |  |

**5** Effective interest rate .....

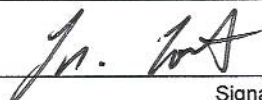
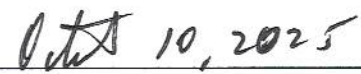
|          |       |
|----------|-------|
| <b>5</b> | 5.24% |
|----------|-------|

**6** Target normal cost

|  |           |       |
|--|-----------|-------|
| <b>a</b> Present value of current plan year accruals ..... | <b>6a</b> | 6,118 |
| <b>b</b> Expected plan-related expenses .....              | <b>6b</b> | 0     |
| <b>c</b> Target normal cost .....                          | <b>6c</b> | 6,118 |

**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  | Date  |
| JAY S. LORENTSON, M.S.E.A. | Type or print name of actuary   | 2304259   |
|                            |   | Most recent enrollment number   |
| PENSION PAPERWORKS         | Firm name   | 775-787-2631  |
|                            |   | Telephone number (including area code)  |
| P.O. Box 34090             |   |   |
| RENO NV 89523              | Address of the firm   |   |

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

**Part II Beginning of Year Carryover and Prefunding Balances**

|   | (a) Carryover balance | (b) Prefunding balance |
|---|-----------------------|------------------------|
| <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>7.71%</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) .....   |                       | 8                      |
| <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>5.26%</u> ..... |                       | 0                      |
| <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 .....   |                       | 8                      |
| <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                      |

**Part III Funding Percentages**

|  |           |        |
|--|-----------|--------|
| <b>14</b> Funding target attainment percentage .....   | <b>14</b> | 89.46% |
| <b>15</b> Adjusted funding target attainment percentage .....  | <b>15</b> | 89.46% |
| <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> | 85.59% |
| <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> | %      |

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09/12/2025               | 18,433                            | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 18,433                            | <b>18(c)</b>                    |
|                          |                                   |                                 |                          |                                   | 0                               |

**19** 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> | 16,276 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

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

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

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

**21** Discount rate:

**a** Segment rates:

|                        |                        |                        |   |
|------------------------|------------------------|------------------------|---|
| 1st segment:<br>4.75 % | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|------------------------|---|

**b** Applicable month (enter code)..... **21b** 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**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

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

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

**a** Target normal cost (line 6c)..... **31a** 6,118

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

|  | Outstanding Balance | Installment |
|--|---------------------|-------------|
| <b>a</b> Net shortfall amortization installment..... | 97,931              | 10,143      |
| <b>b</b> Waiver amortization installment.....        | 0                   | 0           |

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

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 16,261

|  | Carryover balance | Prefunding balance | Total balance    |
|--|-------------------|--------------------|------------------|
| <b>35</b> Balances elected for use to offset funding requirement.....  | 0                 | 0                  | 0                |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   |                   |                    | <b>36</b> 16,261 |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... |                   |                    | <b>37</b> 16,276 |

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

**a** Total (excess, if any, of line 37 over line 36)..... **38a** 15

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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

**SCHEDULE SB - PART V**  
**Summary of Plan Provisions**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

**Employer:** TNL PHARMACY CORPORATION  
Type of Entity - S Corporation  
EIN: 26-1532228 Plan #: 001

**Dates:** Effective - 01/01/2012 Year end - 12/31/2024  
Top Heavy Years - 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020

**Eligibility:** Non-Excluded Employees:  
Minimum age - 21 Months of service - 12  
Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000  
Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

**Retirement:**  
Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation  
Early - Not provided

**Average Compensation:**  
Regular Benefit - Highest 3 consecutive years of service  
Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

**Plan Benefits:**  
Retirement - Derived from the graded benefit formula:

| Employee Classification | Benefit Formula   |
|-------------------------|---|
| 001                     | 0.0% of average compensation per year of credited service limited to 5 years effective 01/01/2017.. |
| 002                     | 0.5% of average compensation per year of credited service limited to 5 years.                       |

Accrued Benefit - Unit credit based on service  
Minimum Benefit - None  
Maximum Benefit - None  
Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum Present Value of Accrued Benefit

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** None

**IRS Limitations:** 415 Limits - Percent: 100 Dollar: \$215,000  
Maximum 401(a)(17) compensation -\$345,000

**Normal Form:** Life Annuity

**Optional Forms:** Lump Sum, Life Annuity, Joint & Survivor Annuity, Contingent Annuity, Certain & Life Annuity and term certain payments

**SCHEDULE SB - PART V**  
**Summary of Plan Provisions**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

**Vesting Schedule:**

| Years | Percent |
|-------|---------|
| 0-1   | 0%      |
| 2     | 20%     |
| 3     | 40%     |
| 4     | 60%     |
| 5     | 80%     |
| 6     | 100%    |

Service is calculated using all years of service except years prior to plan effective date

**417(e):**

| Interest Rates - | Segment # | Years  | Rate % |
|------------------|-----------|--------|--------|
|                  | Segment 1 | 0 - 5  | 5.01   |
|                  | Segment 2 | 6 - 20 | 5.13   |
|                  | Segment 3 | > 20   | 5.15   |

Mortality Table - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

**Actuarial Equivalence:**

|                   |                   |   |
|-------------------|-------------------|---|
| Pre-Retirement -  | Interest -        | 5%  |
|                   | Mortality Table - | None  |
| Post-Retirement - | Interest -        | 5.5%  |
|                   | Mortality Table - | 24E - 2024 Applicable Mortality Table for 417(e) (unisex) |

**SCHEDULE SB - PART V**  
**Summary of Actuarial Assumptions/Methods**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

**Valuation Date:** 01/01/2024

**Funding Method:** As prescribed in IRC Section 430  
 Age - Eligibility age at last birthday and other ages at nearest birthday  
 New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

|                  |  |  |
|------------------|--|--|
| Interest Rates - | Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) | Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) |
|                  | Segment #      Year      Rate %  | Segment #      Year      Rate %  |
|                  | Segment 1      0 - 5      4.37   | Segment 1      0 - 5      4.75   |
|                  | Segment 2      6 - 20      4.96  | Segment 2      6 - 20      4.96  |
|                  | Segment 3      > 20      4.95  | Segment 3      > 20      5.59  |

Pre-Retirement - Mortality Table - None  
 Turnover/Disability - None  
 Salary Scale - None  
 Expense Load - None  
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined  
 Cost of Living - None  
 Lump Sum - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

Assumed Retirement Age - Normal Retirement Age or current age, if later

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

**Schedule SB, line 19 -  
Discounted Employer Contributions**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**  
**Valuation Date: 01/01/2024**

|                                    | Date              | Amount          | Adjusted Contribution | Adjusted Prior Year Contribution | Adjusted Quarterly | Effective Rate | Penalty Rate |
|------------------------------------|-------------------|-----------------|-----------------------|----------------------------------|--------------------|----------------|--------------|
| <b>Deposited Contribution</b>      | <b>09/12/2025</b> | <b>\$18,433</b> |                       |                                  |                    |                |              |
| Applied to Additional Contribution | 01/01/2024        | 16              | 15                    | 0                                | 0                  | 5.24           | 0.00         |
| Applied to MRC                     | 01/01/2024        | 3,781           | 3,467                 | 0                                | 0                  | 5.24           | 0.00         |
| Applied to Quarterly Contribution  | 04/15/2024        | 3,659           | 3,143                 | 0                                | 3,659              | 5.24           | 10.24        |
| Applied to Quarterly Contribution  | 07/15/2024        | 3,659           | 3,179                 | 0                                | 3,659              | 5.24           | 10.24        |
| Applied to Quarterly Contribution  | 10/15/2024        | 3,659           | 3,217                 | 0                                | 3,659              | 5.24           | 10.24        |
| Applied to Quarterly Contribution  | 01/15/2025        | 3,659           | 3,255                 | 0                                | 3,659              | 5.24           | 10.24        |
| Totals for Deposited Contribution  |                   | \$18,433        | \$16,276              | \$0                              | \$14,636           |                |              |

**Schedule SB, line 22 -**  
**Description of Weighted Average Retirement Age**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

**Schedule SB, line 32 -  
Schedule of Amortization Bases  
TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN  
26-1532228 / 001  
For the plan year 01/01/2024 through 12/31/2024**

| Date Base Established | Original Base Amount | Type of Base | Present Value of Remaining Installments | Years Remaining Amortization Period | Amortization Installment |
|-----------------------|----------------------|--------------|---|-------------------------------------|--------------------------|
| 01/01/2021            | 46,388               | Shortfall    | 40,401                                  | 12                                  | 4,325                    |
| 01/01/2022            | 42,574               | Shortfall    | 38,949                                  | 13                                  | 3,934                    |
| 01/01/2023            | 43,715               | Shortfall    | 41,766                                  | 14                                  | 4,003                    |
| 01/01/2024            | -23,185              | Shortfall    | -23,185                                 | 15                                  | -2,119                   |
| Totals:               |                      |              | \$97,931                                |                                     | \$10,143                 |

## Schedule SB, line 19 - Discounted Employer Contributions

**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**

26-1532228 / 001

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 01/01/2024

|                                    | Date              | Amount          | Adjusted<br>Contribution | Adjusted<br>Prior Year<br>Contribution | Adjusted<br>Quarterly | Effective<br>Rate | Penalty<br>Rate |
|------------------------------------|-------------------|-----------------|--------------------------|--|-----------------------|-------------------|-----------------|
| <b>Deposited Contribution</b>      | <b>09/12/2025</b> | <b>\$18,433</b> |                          |  |                       |                   |                 |
| Applied to Additional Contribution | 01/01/2024        | 16              | 15                       | 0                                      | 0                     | 5.24              | 0.00            |
| Applied to MRC                     | 01/01/2024        | 3,781           | 3,467                    | 0                                      | 0                     | 5.24              | 0.00            |
| Applied to Quarterly Contribution  | 04/15/2024        | 3,659           | 3,143                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Applied to Quarterly Contribution  | 07/15/2024        | 3,659           | 3,179                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Applied to Quarterly Contribution  | 10/15/2024        | 3,659           | 3,217                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Applied to Quarterly Contribution  | 01/15/2025        | 3,659           | 3,255                    | 0                                      | 3,659                 | 5.24              | 10.24           |
| Totals for Deposited Contribution  |                   | \$18,433        | \$16,276                 | \$0                                    | \$14,636              |                   |                 |

**Schedule SB, line 22 -**  
**Description of Weighted Average Retirement Age**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# SCHEDULE SB - PART V

## Summary of Plan Provisions

### TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN

26-1532228 / 001

For the plan year 01/01/2024 through 12/31/2024

**Employer:**

TNL PHARMACY CORPORATION  
Type of Entity - S Corporation  
EIN: 26-1532228 Plan #: 001

**Dates:**

Effective - 01/01/2012 Year end - 12/31/2024  
Top Heavy Years - 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020

**Eligibility:**

Non-Excluded Employees:

Minimum age - 21 Months of service - 12

Hours Required for -

Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry -

First day of 1st or 7th month of plan year on or next following eligibility satisfaction

**Retirement:**

Normal -

First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early -

Not provided

**Average Compensation:**

Regular Benefit -

Highest 3 consecutive years of service

Top Heavy Minimum Benefit -

Highest 5 consecutive top heavy years of participation

**Plan Benefits:**

Retirement -

Derived from the graded benefit formula:

| Employee Classification | Benefit Formula |
|-------------------------|-----------------|
|-------------------------|-----------------|

|     |   |
|-----|---|
| 001 | 0.0% of average compensation per year of credited service limited to 5 years effective 01/01/2017.. |
|-----|---|

|     |   |
|-----|---|
| 002 | 0.5% of average compensation per year of credited service limited to 5 years. |
|-----|---|

Accrued Benefit -

Unit credit based on service

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit -

Present Value of Accrued Benefit

**Top Heavy Minimum:**

None

**IRS Limitations:**

415 Limits - Percent: 100 Dollar: \$215,000

Maximum 401(a)(17) compensation -\$345,000

**Normal Form:**

Life Annuity

**Optional Forms:**

Lump Sum, Life Annuity, Joint & Survivor Annuity, Contingent Annuity, Certain & Life Annuity and term certain payments

**SCHEDULE SB - PART V**  
**Summary of Plan Provisions**  
**TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN**  
**26-1532228 / 001**  
**For the plan year 01/01/2024 through 12/31/2024**

**Vesting Schedule:**

| Years | Percent |
|-------|---------|
| 0-1   | 0%      |
| 2     | 20%     |
| 3     | 40%     |
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Service is calculated using all years of service except years prior to plan effective date

**417(e):**

| Interest Rates - | Segment # | Years  | Rate % |
|------------------|-----------|--------|--------|
|                  | Segment 1 | 0 - 5  | 5.01   |
|                  | Segment 2 | 6 - 20 | 5.13   |
|                  | Segment 3 | > 20   | 5.15   |

Mortality Table - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

**Actuarial Equivalence:**

|                   |                   |   |
|-------------------|-------------------|---|
| Pre-Retirement -  | Interest -        | 5%  |
|                   | Mortality Table - | None  |
| Post-Retirement - | Interest -        | 5.5%  |
|                   | Mortality Table - | 24E - 2024 Applicable Mortality Table for 417(e) (unisex) |

**Schedule SB, line 32 -  
Schedule of Amortization Bases  
TNL PHARMACY CORPORATION DEFINED BENEFIT PENSION PLAN  
26-1532228 / 001  
For the plan year 01/01/2024 through 12/31/2024**

| Date Base Established | Original Base Amount | Type of Base | Present Value of Remaining Installments | Years Remaining Amortization Period | Amortization Installment |
|-----------------------|----------------------|--------------|---|-------------------------------------|--------------------------|
| 01/01/2021            | 46,388               | Shortfall    | 40,401                                  | 12                                  | 4,325                    |
| 01/01/2022            | 42,574               | Shortfall    | 38,949                                  | 13                                  | 3,934                    |
| 01/01/2023            | 43,715               | Shortfall    | 41,766                                  | 14                                  | 4,003                    |
| 01/01/2024            | -23,185              | Shortfall    | -23,185                                 | 15                                  | -2,119                   |
| Totals:               |                      |              | \$97,931                                |                                     | \$10,143                 |