

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: SPRING ACQUISITION HOLDCO, LLC 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2023
2a Plan sponsor's name (employer, if for a single-employer plan): SPRING ACQUISITION HOLDCO LLC
2b Employer Identification Number (EIN): 92-0793667
2c Sponsor's telephone number: 214-862-0501
2d Business code (see instructions): 332210
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 19
5b Total number of participants at the end of the plan year: 15
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 19
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 15
5d(1) Total number of active participants at the beginning of the plan year: 19
5d(2) Total number of active participants at the end of the plan year: 15
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 09/23/2025, BRYON NORRIS. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- 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? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	368594	1173867
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	368594	1173867
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	3189	
<b>(2)</b> Participants .....	<b>8a(2)</b>	82168	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	622426	
<b>b</b> Other income (loss) .....	<b>8b</b>	128294	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		836077
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	29676	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>	1128	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		30804
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		805273
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2F 2G 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</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>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>		X	
<b>d</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>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>	X		1960
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>	X		2838
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the 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>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 01 / 25 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q704448A.

**EMAIL MEMO**  
**NATIONAL BENEFIT SERVICES, INC.**  
**155 North Wacker Drive, Suite 4250**  
**Chicago, IL 60606**  
**Telephone: (312) 419-9080**  
**Facsimile: (312) 419-9099**

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**IMPORTANT COMPLIANCE INFORMATION**

September 23, 2025

To: Bryon Norris

From: Nanetta Williams, Client Services Manager

Subject: SPRING ACQUISITION HOLDCO, LLC 401(K) PLAN Filing Instructions  
Form 5500 for Plan Year Ending December 31, 2024

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This memo will provide you with information on how we will be filing Form 5500 using the new electronic filing procedure mandated by the Department of Labor (“DOL”).

**Background**

Until recently plan sponsors could use the DOL's current filing system, EFAST (ERISA Filing Acceptance System), which was designed to accept approved machine-print and hand-print paper tax returns.

Now, for plan year beginning on and after January 1, 2009 plan sponsors required to submit Form 5500 must do so electronically. The new electronic system called EFAST2 will be used to receive, the more than one million Form 5500 reports that are filed each year.

The original DOL rules for EFAST 2 required each plan sponsor go through a cumbersome process of obtaining the necessary EFAST2 filing credentials on their own; and service providers like our firm were not allowed to assist in the process without violating security protocols.

In February 2010, our industry groups filed a petition requesting that the DOL permit the sharing of signer credentials under the EFAST2 system. The DOL responded favorably recently. Under a new procedure, service providers like our firm with proper authorization from the plan sponsor will be able to file the Form 5500 using the service provider's signing credentials.

**The New E-Signature Filing Option**

Our firm will be streamlining the filing process for our clients by alleviating the need for them to navigate the EFAST2 system to obtain credentials of their own. We have obtained our own signing credentials to submit the electronic form 5500 for the plan.

Form 5500 Filing Instructions  
Page Two

Following is how you can take advantage of this new E-Signature Option:

1. Please sign the enclosed Form 5500 and maintain the original in your files. Do not file it with the DOL.
2. Please return a signed copy of only the signature page to us with a signed copy of the enclosed *Authorization to Electronically Sign and File Form 5500*. You can use either fax (312) 419-9099 or email to [nanetta@nationalbenefit.com](mailto:nanetta@nationalbenefit.com). We will then file the Form 5500 on your behalf with the DOL under the EFAST 2 system.

\* \* \*

Please do not hesitate to contact us if you have any questions.

Enclosures: Form 5500  
Electronic Authorization

**AUTHORIZATION TO ELECTRONICALLY SIGN AND FILE FORM 5500**

To: National Benefit Services, Inc.

From: Plan Administrator, SPRING ACQUISITION HOLDCO, LLC 401(K) PLAN

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I hereby authorize National Benefit Services, Inc. to electronically sign and file Form 5500 on behalf of the SPRING ACQUISITION HOLDCO, LLC 401(K) PLAN for the Plan Year ending December 31, 2024.

In connection with this authorization, I understand that:

1. I must sign a paper copy of the completed 5500 form manually and retain it in our files.
2. I must return a signed copy of the signature page of Form 5500 to National Benefit Services, Inc.
3. By electing to use this option, the image of the Plan Administrator's manual signature will be included with the rest of the annual return/report posted by the Department of Labor on the Internet for public disclosure.
4. National Benefit Services, Inc. must attach a PDF copy of the manually signed Form 5500 as an attachment to the electronic filing submitted to EFAST2.
5. National Benefit Services, Inc. must communicate to you any inquiries received from EFAST2, the Department of Labor, the Internal Revenue Service, or the Pension Benefit Guaranty Corp. regarding the filing.

I also understand that National Benefit Services, Inc. prepared this return based on information provided by or on behalf of the Plan Sponsor and is responsible solely for the correctness of the reporting format.

By: Byron Norris  
Print Name

Byron Norris  
Signature

Date: 9/24/25

Enclosure: Copy of Signed Signature Page of Form 5500