

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 12/14/2023 and ending 12/13/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: SWARTZ CAMPBELL LLC RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/14/1989
2a Plan sponsor's name (employer, if for a single-employer plan): SWARTZ CAMPBELL LLC
2b Employer Identification Number (EIN): 23-1141190
2c Plan Sponsor's telephone number: 215-299-4376
2d Business code (see instructions): 541110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	236
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	19
	6a(2)	18
	6b	75
	6c	131
	6d	224
	6e	11
	6f	235
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/14/2023 and ending 12/13/2024

▶ **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.

A Name of plan <u>SWARTZ CAMPBELL LLC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SWARTZ CAMPBELL LLC</u>	D Employer Identification Number (EIN) <u>23-1141190</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>12</u> Day <u>14</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>15827478</u>
	b Actuarial value	2b	<u>16582074</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>82</u>	<u>9226732</u>
	b For terminated vested participants	<u>135</u>	<u>6275298</u>
	c For active participants	<u>19</u>	<u>3323782</u>
	d Total	<u>236</u>	<u>18825812</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	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	4b	
5	Effective interest rate	5	<u>5.19 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</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.

SIGN HERE Signature of actuary <u>CURT EVANS</u> Type or print name of actuary <u>BROWN & BROWN INS. SERVICES, INC.</u> Firm name <u>300 CONSHOHOCKEN STATE ROAD</u> <u>SUITE 650</u> <u>WEST CONSHOHOCKEN, PA 19428</u> Address of the firm	<u>10/13/2025</u> Date <u>23-05239</u> Most recent enrollment number <u>215-561-1143</u> Telephone number (including area code)
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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
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1050761
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		17303
9	Amount remaining (line 7 minus line 8)	0	1033458
10	Interest on line 9 using prior year's actual return of <u>11.11</u> %	0	114817
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) 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>5.36</u> %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1148275

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.98 %
15	Adjusted funding target attainment percentage	15	81.98 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.95 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/20/2023	369560						
12/27/2024	410790						
			Totals ▶	18(b)	780350	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 759074	
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 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
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b 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
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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	0	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3392013	369253	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	369253	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	369253	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	759074	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	389821	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **12/14/2023** and ending **12/13/2024**

A Name of plan SWARTZ CAMPBELL LLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SWARTZ CAMPBELL LLC	D Employer Identification Number (EIN) 23-1141190	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

ALLIANCEBERNSTEIN, L.P.

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADV.	96591	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/14/2023 and ending 12/13/2024	
A Name of plan SWARTZ CAMPBELL LLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SWARTZ CAMPBELL LLC	D Employer Identification Number (EIN) 23-1141190

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	16313	2091
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		410790
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	18007	64970
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	245108	380757
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6510935	8180695
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9034167	9534500
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15824530	18573803
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15824530	18573803

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	780350	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		780350
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6365	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6365
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	461856	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		461856
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2568669	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3817240

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	971376	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		971376
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	96591	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		96591
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1067967

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2749273
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MARION & BLACK, LLC**

(2) EIN: **14-1853408**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585525.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 12/14/2023 and ending 12/13/2024

A Name of plan <u>SWARTZ CAMPBELL LLC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SWARTZ CAMPBELL LLC</u>	D Employer Identification Number (EIN) <u>23-1141190</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Marion & Black, LLC

SWARTZ CAMPBELL LLC
RETIREMENT PLAN
(Philadelphia, Pennsylvania)

FINANCIAL STATEMENTS
For the Years Ended
December 13, 2024 and 2023

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Marion & Black, LLC

INDEPENDENT AUDITOR'S REPORT

MARION & BLACK, LLC
Certified Public Accountants

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1200 E. High Street
Pottstown, PA 19464

MICHAEL J. BLACK, CPA
RYAN M. BLACK, CPA
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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Swartz Campbell LLC Retirement Plan
Philadelphia, Pennsylvania

Opinion

We have audited the accompanying financial statements of Swartz Campbell LLC Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 13, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Swartz Campbell LLC Retirement Plan as of December 13, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Swartz Campbell LLC Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Swartz Campbell LLC Retirement Plan's ability to continue as a going concern for a reasonable period of time.

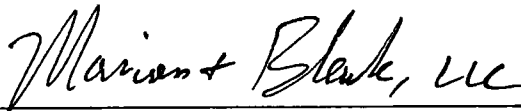
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year as of December 13, 2024 is presented for the purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



Pottstown, Pennsylvania

September 29, 2025

Marion & Black, LLC

STATEMENTS

Marion & Black, LLC

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 13, 2024 and 2023

	<u>December 13,</u>	
<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments at fair value	\$18,095,952	\$15,790,210
Receivables:		
Employer contribution	410,790	-
Accrued dividends and interest	64,970	18,007
Cash, non-interest bearing	<u>2,091</u>	<u>16,313</u>
Total Assets	<u>\$18,573,803</u>	<u>\$15,824,530</u>
 <u>LIABILITIES</u>		
Total Liabilities	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$18,573,803</u>	<u>\$15,824,530</u>

See accompanying notes to the financial statements.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 13, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investment income:		
Net appreciation in fair value of investments	\$ 2,568,669	\$ 1,213,039
Dividends	461,856	405,867
Interest	<u>6,365</u>	<u>7,293</u>
	3,036,890	1,626,199
Less investment expenses	<u>96,591</u>	<u>81,976</u>
Total investment income	2,940,299	1,544,223
Employer contributions	<u>780,350</u>	<u>334,583</u>
Total Additions	<u>3,720,649</u>	<u>1,878,806</u>
Benefits paid directly to participants	<u>971,376</u>	<u>919,083</u>
Total Benefits Paid	<u>971,376</u>	<u>919,083</u>
Administrative expenses	<u>-</u>	<u>-</u>
Total Deductions	<u>971,376</u>	<u>919,083</u>
Net Increase	2,749,273	959,723
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>15,824,530</u>	<u>14,864,807</u>
End of year	<u>\$18,573,803</u>	<u>\$15,824,530</u>

See accompanying notes to the financial statements.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

NOTES TO FINANCIAL STATEMENTS

NOTE A. DESCRIPTION OF PLAN

The following description of the Swartz Campbell LLC Retirement Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering substantially all members and employees of Swartz Campbell LLC (Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended (ERISA).

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. For the years ended December 13, 2024 and 2023, the Company made contributions of \$780,350 and \$334,583, respectively. The Company's contributions for the plan years beginning December 14, 2023 and 2022 exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Members and employees who are partially or fully vested are entitled to annual pension benefits equal to .65% of the participant's average annual earnings up to covered compensation, plus 1.3% of the portion of his/her average annual earnings in excess of covered compensation multiplied by the number of his/her years of credited service up to a maximum of 35 years. The Plan permits early retirement at ages 55 - 64 with 15 years of credited service. To receive their plan benefits, participants may choose various payment options according to the Plan document. If a participant terminates before rendering 6 years of service, he/she would not receive 100 percent of his/her accumulated plan benefits. Terminated participants will be paid a lump sum payment in lieu of future retirement benefits if the present value of the participant's vested retirement income is \$5,000 or less at the time of termination.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

NOTES TO FINANCIAL STATEMENTS

Death and Disability Benefits

If a participant dies on or after his/her retirement date and has a spouse as of his/her date of death, (based on the participant's election) 50%-100% of the retirement income payable to the participant will be paid to such spouse for the balance of the spouse's life. Active participants who become disabled and are eligible for, or receiving disability benefits under any employer funded nongovernmental benefit program, will be credited with service as long as he/she continues to be eligible for or is collecting disability benefits.

NOTE B. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and custodian. See Note E for a discussion of fair value measurements.

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

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

NOTES TO FINANCIAL STATEMENTS

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

For the years ended December 13, 2024 and 2023, \$96,591 and \$81,976, respectively, of investment fees were paid by the Plan. All other administrative expenses associated with providing benefits are paid by the Company. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanied statement of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through September 29, 2025, which is the date the financial statements were available to be issued.

NOTE C. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. retired or terminated employees or their beneficiaries,
- b. beneficiaries of employees who have died, and,
- c. present employees or their beneficiaries.

The accumulated plan benefits for active employees are based on their highest average earnings in any five consecutive full calendar years during the last ten years before retirement date. If less than five full year earnings are available, the average will be determined using the full year earnings that are available. Benefits payable under all circumstances (retirement, death and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

NOTES TO FINANCIAL STATEMENTS

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, termination or retirement) between the valuation date and the expected date of payment. The actuarial assumptions used in the valuations as of December 14, 2024 and 2023 were:

a. Mortality

The sex-distinct PRI-2012 White Collar Mortality Tables with the applicable MP-2021 projection scale.

b. Retirement Age

Staff: Age 65 or the completion of 5 years of service, if later. Members and Associates: Age 70 or the completion of 5 years of service, if later. Participants of all groups at or beyond this age are assumed to retire immediately.

c. Investment Return

7.00% per annum, for the Plan years ended 2024 and 2023, compounded annually.

d. Estimated Expenses

None.

e. Disability Benefit

No decrement assumed.

f. Survivor's Benefit

It is assumed that husbands are 3 years older than wives and that 90% of the male Participants and 60% of the female Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible Survivor.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Had the valuations been performed as of December 13, 2024 and 2023, there would be no material differences.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

NOTES TO FINANCIAL STATEMENTS

NOTE D. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024 and 2023, that ceiling was \$7,108 and \$6,750, respectively, per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

NOTES TO FINANCIAL STATEMENTS

Whether all participants receive their benefits should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE E. FAIR VALUE MEASUREMENTS

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

NOTES TO FINANCIAL STATEMENTS

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 13, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 13, 2024 and 2023.

Assets at Fair Value as of December 13, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 9,534,500	\$ -	\$ -	\$ 9,534,500
Common stocks	8,180,695	-	-	8,180,695
Cash, interest bearing	<u>380,757</u>	<u>-</u>	<u>-</u>	<u>380,757</u>
Total assets at fair value	<u>\$18,095,952</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$18,095,952</u>

Assets at Fair Value as of December 13, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 9,034,167	\$ -	\$ -	\$ 9,034,167
Common stocks	6,510,935	-	-	6,510,935
Cash, interest bearing	<u>245,108</u>	<u>-</u>	<u>-</u>	<u>245,108</u>
Total assets at fair value	<u>\$15,790,210</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$15,790,210</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 13, 2024 are reported in net appreciation in fair value of investments.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

NOTES TO FINANCIAL STATEMENTS

NOTE F. ACCUMULATED PLAN BENEFITS

	<u>December 13,</u>	
	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 9,179,833	\$ 8,215,644
Other participants	7,524,011	8,155,307
Nonvested benefits	<u>-</u>	<u>-</u>
Total actuarial value of accumulated plan benefits	<u>\$16,703,844</u>	<u>\$16,370,951</u>

NOTE G. CHANGES IN ACCUMULATED PLAN BENEFITS

	<u>Year Ended</u> <u>December 13, 2024</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$16,370,951</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	195,134
Change in average discount period	1,109,135
Benefits paid with weighted interest	<u>(971,376)</u>
Net decrease	<u>332,893</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$16,703,844</u>

The Plan's actuary changed the mortality tables, which increased the actuarial present value of accumulated plan benefits as of December 13, 2024. For Plan accounting requirements, the Mortality assumption projection scale used was MP-2021 to reflect the most recent applicable mortality tables and projection scales published by the Society of Actuaries.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

NOTES TO FINANCIAL STATEMENTS

NOTE H. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

NOTE I. TAX STATUS

The plan obtained its latest determination letter on June 29, 2012, in which the Internal Revenue Service states that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE J. PLAN FREEZE

On August 1, 2007, the Company decided, effective December 13, 2007 to freeze all accrued benefits under the Plan. On or after December 13, 2007, no future participants or employees will become active participants, no future accrual service will be credited, and no future changes in compensation will be taken into account in the determination of a participant's accrued benefit.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
(Philadelphia, Pennsylvania)

NOTES TO FINANCIAL STATEMENTS

NOTE K. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments and shares of common stocks and mutual funds are managed by Alliance Bernstein L.P. (Bernstein). Bernstein is the investment custodian of the plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the plan for the investment management services amounted to \$96,591 and \$81,976 for the years ended December 13, 2024 and 2023, respectively. Also, the plan's investments at December 13, 2024 and 2023 included \$9,534,500 and \$9,034,167, respectively, of Bernstein mutual funds.

SUPPLEMENTAL INFORMATION

SWARTZ CAMPBELL LLC RETIREMENT PLAN
 EIN: 23-1141190 PLAN NO: 001
 SUPPLEMENTAL INFORMATION
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 13, 2024

<u>(a) Party-in-interest</u>	<u>(b) Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	ADOBE INC	Equities	\$ 91,847	\$ 95,466
	ALPHABET INC-CL-C	Equities	\$ 134,022	\$ 428,500
	AMAZON.COM INC	Equities	\$ 220,368	\$ 388,047
	AMEREN CORPORATION	Equities	\$ 43,604	\$ 43,213
	AMERICAN ELECTRIC POWER	Equities	\$ 50,054	\$ 62,116
	AMERICAN TOWER CORP	Equities	\$ 54,842	\$ 48,107
	APPLE INC	Equities	\$ 64,143	\$ 398,249
	AUTOZONE INC	Equities	\$ 17,151	\$ 57,295
	BAKER HUGHES CO	Equities	\$ 83,327	\$ 101,076
	BANK OF AMERICA CORP	Equities	\$ 52,817	\$ 111,480
	BOOZ ALLEN HAMILTON HOLDINGS	Equities	\$ 13,951	\$ 22,858
	BROADCOM INC	Equities	\$ 105,921	\$ 240,086
	CAMECO CORP	Equities	\$ 37,773	\$ 52,498
	CDW CORP/DE	Equities	\$ 15,436	\$ 32,747
	CHEVRON CORP	Equities	\$ 18,447	\$ 24,619
	COCA-COLA CO	Equities	\$ 68,100	\$ 77,827
	COMCAST CORP-CL A	Equities	\$ 89,021	\$ 92,574
	CONSTELLATION BRANDS INC	Equities	\$ 56,292	\$ 59,436
	CORTEVA INC	Equities	\$ 63,607	\$ 70,793
	COSTCO WHOLESALE CORP	Equities	\$ 15,267	\$ 66,286
	CSX CORP	Equities	\$ 98,926	\$ 113,448
	DEERE & CO	Equities	\$ 57,459	\$ 62,542
	EATON CORP PLC	Equities	\$ 30,300	\$ 126,740
	EDWARDS LIFESCIENCES	Equities	\$ 40,010	\$ 37,173
	EOG RESOURCES INC	Equities	\$ 82,643	\$ 114,093
	FISERV INC	Equities	\$ 71,974	\$ 78,794
	GE VERNOVA INC	Equities	\$ 40,127	\$ 80,014
	GEN DIGITAL INC	Equities	\$ 7,504	\$ 9,615
	GOLDMAN SACHS GROUP INC	Equities	\$ 69,212	\$ 153,981
	HOME DEPOT INC	Equities	\$ 39,416	\$ 122,592
	HONEYWELL INTERNATIONAL INC	Equities	\$ 46,637	\$ 49,621
	HUBSPOT INC	Equities	\$ 32,365	\$ 43,312
	HYATT HOTELS CORP - CL A	Equities	\$ 22,207	\$ 31,162
	IQVIA HOLDINGS INC	Equities	\$ 105,158	\$ 101,720

SWARTZ CAMPBELL LLC RETIREMENT PLAN
 EIN: 23-1141190 PLAN NO: 001
 SUPPLEMENTAL INFORMATION
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 13, 2024

<u>(a) Party-in-interest</u>	<u>(b) Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	KLA CORP	Equities	\$ 32,162	\$ 54,262
	LABCORP HOLDINGS INC	Equities	\$ 55,542	\$ 54,522
	LINDE PLC	Equities	\$ 49,554	\$ 74,001
	LYONDELLBASELL INDU-CL A	Equities	\$ 79,561	\$ 71,660
	MEDTRONIC PLC	Equities	\$ 130,184	\$ 101,698
	MERCK & CO INC	Equities	\$ 77,829	\$ 63,444
	META PLATFORMS INC CL A	Equities	\$ 98,365	\$ 303,351
	MICROSOFT CORP	Equities	\$ 166,162	\$ 663,301
	NIKE INC - CL B	Equities	\$ 48,101	\$ 51,526
	NVIDIA CORP	Equities	\$ 41,988	\$ 577,946
	NXP SEMICONDUCTORS NV	Equities	\$ 63,720	\$ 94,542
	ORACLE CORP	Equities	\$ 71,086	\$ 161,253
	OTIS WORLDWIDE CORP	Equities	\$ 43,845	\$ 56,523
	PACCAR INC	Equities	\$ 52,421	\$ 79,220
	PENTAIR PLC	Equities	\$ 25,842	\$ 34,720
	PROCTER & GAMBLE CO	Equities	\$ 66,042	\$ 79,885
	PROGRESSIVE CORP	Equities	\$ 45,896	\$ 113,814
	PROLOGIS INC	Equities	\$ 76,290	\$ 78,680
	QUALCOMM INC	Equities	\$ 20,130	\$ 29,170
	REGENERON PHARMACEUTICALS	Equities	\$ 47,943	\$ 46,803
	ROCHE HLDG LTD	Equities	\$ 71,997	\$ 61,154
	SCHWAB (CHARLES) CORP	Equities	\$ 126,699	\$ 142,138
	SERVICENOW INC	Equities	\$ 13,292	\$ 33,633
	STARBUCKS CORP	Equities	\$ 50,164	\$ 51,827
	TAIWAN SEMICONDUCTOR-SP ADR	Equities	\$ 57,433	\$ 64,920
	THERMO FISHER SCIENTIFIC INC	Equities	\$ 67,588	\$ 71,657
	T-MOBILE US INC	Equities	\$ 62,126	\$ 111,331
	UNITEDHEALTH GROUP INC	Equities	\$ 110,007	\$ 216,520
	VERTEX PHARMACEUTICALS INC	Equities	\$ 43,996	\$ 88,109
	VISA INC - CLASS A	Equities	\$ 130,121	\$ 303,095
	WALMART INC	Equities	\$ 89,469	\$ 207,538
	WALT DISNEY CO	Equities	\$ 94,083	\$ 106,200
	WATERS CORP	Equities	\$ 53,744	\$ 70,356
	WELLS FARGO & COMPANY	Equities	\$ 98,150	\$ 143,557
	WESTERN DIGITAL CORP	Equities	\$ 23,609	\$ 22,141
	WILLIS TOWERS WATSON PLC	Equities	\$ 30,255	\$ 43,595
	ZOETIS INC	Equities	\$ 46,501	\$ 54,523

SWARTZ CAMPBELL LLC RETIREMENT PLAN
 EIN: 23-1141190 PLAN NO: 001
 SUPPLEMENTAL INFORMATION
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 13, 2024

<u>(a) Party-in-interest</u>	<u>(b) Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
*	AB INTERNATIONAL STRATEGIC EQUITIES - ADV CL	Mutual Funds	\$ 2,655,760	\$ 2,820,744
*	AB DISCOVERY GROWTH FND CL ADV	Mutual Funds	\$ 282,089	\$ 330,031
*	AB DISCOVERY VALUE FUND CL ADV	Mutual Funds	\$ 319,286	\$ 372,201
*	AB SMALL CAP CORE PORTFOLIO ADV CL	Mutual Funds	\$ 258,807	\$ 290,302
*	AB INTL SMALL CAP CORE PORTFOLIO ADV CL	Mutual Funds	\$ 706,876	\$ 703,639
*	AB CARVAL CREDIT OPPORTUNITIES FUND ADV CL	Mutual Funds	\$ 1,000,128	\$ 1,001,128
*	BERNSTEIN INTER DURATION INSTITUTIONAL PORTFOLIO	Mutual Funds	\$ 4,355,823	\$ 3,602,764
*	AB EMERGING MARKETS PORTFOLIO	Mutual Funds	\$ 444,708	\$ 413,691
	CASH		\$ 380,757	\$ 380,757
	TOTAL		\$ 14,906,059	\$ 18,095,952
*	Party-in-interest			

SWARTZ CAMPBELL LLC RETIREMENT PLAN

EIN: 23-1141190 PN: 001

2023 Schedule SB Attachment, Line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 40	40 & up
Under 25										
25 to 29										
30 to 34										
35 to 39		1								
40 to 44										
45 to 49			1							
50 to 54		1	1							
55 to 59			1							
60 to 64		1	2		3	2				
65 to 69		1	1		1	1	1			
70 & up			1							
Total	0	4	7	0	4	3	1	0	0	0

SWARTZ CAMPBELL LLC RETIREMENT PLAN
EIN: 23-1141190 PN: 001
2023 SCHEDULE SB ATTACHMENT, LINE 32 – SCHEDULE OF AMORTIZATION
BASES

Shortfall Amortization Charge

The shortfall amortization charge is the sum of the shortfall amortization installments. The shortfall amortization installment is the level annual payment of the shortfall amortization base amortized over 15 years based on interest rates in effect for the first 14 years. The shortfall amortization charge as of the valuation date for the current plan year is shown below.

Original Shortfall Amortization <u>Base</u>	Inception <u>Date</u>	Shortfall Amortization Balance on <u>12/14/2023</u>	Remaining <u>Years</u>	Shortfall Amortization <u>Installment</u>
\$ 3,488,510	12/14/2019	\$ 2,819,782	11	\$ 322,540
(401,155)	12/14/2020	(351,287)	12	(37,663)
(720,852)	12/14/2021	(664,329)	13	(67,213)
1,444,174	12/14/2022	1,389,867	14	133,458
197,980	12/14/2023	197,980	15	18,131
		3,392,013		369,253

SWARTZ CAMPBELL LLC RETIREMENT PLAN
EIN: 23-1141190 PN: 001
2023 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS

Actuarial Methods

Actuarial Cost Method

The actuarial cost method used to determine the Plan's funding requirements is the Unit Credit method. Under this method, the funding target is the actuarial present value of accrued benefits as of the valuation date for all participants. The target normal cost is the actuarial present value of benefits expected to accrue in the current Plan year for each active participant under the assumed retirement age.

Asset Valuation Method

Plan assets used to determine the Plan's funding requirements are equal to a 3-year averaged fair market value of assets. Under this asset valuation method, Plan assets are equal to the average of (1) the adjusted fair market value of assets based on the December 13, 2021 market value of assets modified to reflect 2021 and 2022 distributions, contributions and expected investment income, (2) the adjusted fair market value of assets based on the December 13, 2022 market value of assets modified to reflect 2022 distributions, contributions and expected investment income and (3) the fair market value of assets as of the current Plan year. Expected investment income for the 2023 Plan year is based on a 7% return, net of investment expenses, limited to 5.74%, and for the 2022 Plan year was based on a 6.0% return, net of investment expenses, limited to 5.92%, and for the 2021 Plan year was based on a 6.0% return, net of investment expenses, limited to 6.11%. The resulting value cannot be less than 90%, nor greater than 110%, of the fair market value of assets.

SWARTZ CAMPBELL LLC RETIREMENT PLAN
EIN: 23-1141190 PN: 001
2023 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS

Actuarial Assumptions

<u>Discount Rate</u>	MAP-21 segment rates with 0-month lookback (4.75%, 5% and 5.74%, which produce an effective interest rate of 5.19%) for determining Plan's minimum funding requirements. Pre-MAP-21 segment rates with 0-month lookback (4.02%, 4.73% and 4.75%, which produce an effective interest rate of 4.69%) for determining Plan's maximum funding requirements.
<u>Increases in Maximum Benefit and Annual Compensation Limitations</u>	0% per year.
<u>Mortality</u>	2023 Annuitant and Non-Annuitant Mortality Tables as set forth in Treasury Regulation Section 1.430(h)(3)-1(e).
<u>Termination</u>	None.
<u>Retirement</u>	Active and inactive participants not yet in pay status are assumed to retire at age 65.
<u>Disability</u>	None.
<u>Form of Payment</u>	Life annuity for actives and deferred vested participants not yet in pay status.
<u>Preretirement Spouse's Death Benefit</u>	80% married, with wives three years younger than husbands.
<u>Expenses</u>	None.

SWARTZ CAMPBELL LLC RETIREMENT PLAN

EIN: 23-1141190 PN: 001

2023 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

(1) Eligibility for Participation

Employees of Swartz Campbell LLC are eligible to participate on the earlier of December 14 or June 14 following the completion of one year of service and attainment of age 21. Effective December 13, 2007, participation was closed to new entrants.

(2) Average Annual Earnings

A Participant's highest average annual Earnings received for any 5 consecutive Earnings Computation Periods during the 10 consecutive Earnings Computation Periods immediately preceding the date the Participant's employment terminates.

(3) Accrued Benefit

Benefits under the Plan were frozen effective December 13, 2007. No further benefits shall accrue after that date. As of December 13, 2007, a participant's accrued benefit equals the sum of (a) and (b) and multiplied by (c) as follows:

(a) 0.65% of the participant's average annual earnings not exceeding covered compensation multiplied by his number of years of credited service (limited to 35 years) assuming he continues to earn credited service to his normal retirement; plus

(b) 1.30% of the participant's average annual earnings in excess of covered compensation multiplied by his number of years of credited service (limited to 35 years) assuming he continues to earn credited service to his normal retirement.

(c) a fraction (i) the numerator of which is the number of years of credited service as of the determination date and (ii) the denominator of which is the lesser of 35 or the number of years of credited service the participant would have had if he continued to earn credited service from the determination date to his Normal Retirement Date.

(d) the maximum annual Accrued Benefit payable as a Normal Form of Retirement Benefit at a Participant's Normal Retirement Date shall be \$40,000.

(4) Normal Retirement Benefit

(a) Eligibility: The later of age 65 or the fifth anniversary of Plan participation.

(b) Benefit: Accrued Benefit as of the date of normal retirement.

(5) Early Retirement Benefit

(a) Eligibility: Age 55 and 15 years of service.

(b) Benefit: Accrued Benefit as of the date of Early Retirement, actuarially reduced for early commencement.

SWARTZ CAMPBELL LLC RETIREMENT PLAN

EIN: 23-1141190 PN: 001

2023 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

(6) Postponed Retirement Benefit

(a) Eligibility: After Normal Retirement.

(b) Benefit: The greater of (1) the Accrued Benefit as of the date of postponed retirement, or (2) the Accrued Benefit as of the participant's Normal Retirement date, actuarially increased each year until his Postponed Retirement date.

(7) Termination Benefit

(a) Eligibility: Vesting according to the following schedule:

1 Year of Service	0% Vested Interest
2 Years of Service	20% Vested Interest
3 Years of Service	40% Vested Interest
4 Years of Service	60% Vested Interest
5 Years of Service	80% Vested Interest
6 Years of Service	100% Vested Interest

A Participant's vested interest in his Accrued Benefit shall be 100% vested if he is employed by the Employer or an Affiliated Employer on his Normal Retirement Date.

(b) Benefit: Accrued Benefit determined at termination, payable at Early or Normal Retirement, as described above.

(8) Preretirement Spouse's Death Benefit

(a) Eligibility: Spouses of vested participants who die prior to retirement.

(b) Benefit: 50% of the Accrued Benefit on an actuarially-reduced 50% joint and survivor basis, payable at the participant's earliest possible retirement age had he not died, reduced for early commencement of benefits.

(9) Disability Benefit

(a) Eligibility: Permanent and total disability.

(b) Benefit: Accrued Benefit determined at termination, payable immediately, reduced for commencement prior to Normal Retirement based on the Plan's definition of actuarial equivalence.

SWARTZ CAMPBELL LLC RETIREMENT PLAN

EIN: 23-1141190 PN: 001

2023 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

(10) Forms of Payment

- (a) Normal Form: Life annuity if single; actuarially-reduced 50% joint and survivor annuity if married.
- (b) Optional Forms: 5, 10, 15 or 20-year certain and life annuity; actuarially-reduced 50%, 66 2/3%, 75% or 100% joint and survivor annuity.
- (c) Actuarial Equivalence: 8.0% interest and the UP-1984 Mortality Table (setback 1 year).

SWARTZ CAMPBELL LLC RETIREMENT PLAN
 EIN: 23-1141190 PLAN NO: 001
 SUPPLEMENTAL INFORMATION
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 13, 2024

<u>(a) Party-in-interest</u>	<u>(b) Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	ADOBE INC	Equities	\$ 91,847	\$ 95,466
	ALPHABET INC-CL-C	Equities	\$ 134,022	\$ 428,500
	AMAZON.COM INC	Equities	\$ 220,368	\$ 388,047
	AMEREN CORPORATION	Equities	\$ 43,604	\$ 43,213
	AMERICAN ELECTRIC POWER	Equities	\$ 50,054	\$ 62,116
	AMERICAN TOWER CORP	Equities	\$ 54,842	\$ 48,107
	APPLE INC	Equities	\$ 64,143	\$ 398,249
	AUTOZONE INC	Equities	\$ 17,151	\$ 57,295
	BAKER HUGHES CO	Equities	\$ 83,327	\$ 101,076
	BANK OF AMERICA CORP	Equities	\$ 52,817	\$ 111,480
	BOOZ ALLEN HAMILTON HOLDINGS	Equities	\$ 13,951	\$ 22,858
	BROADCOM INC	Equities	\$ 105,921	\$ 240,086
	CAMECO CORP	Equities	\$ 37,773	\$ 52,498
	CDW CORP/DE	Equities	\$ 15,436	\$ 32,747
	CHEVRON CORP	Equities	\$ 18,447	\$ 24,619
	COCA-COLA CO	Equities	\$ 68,100	\$ 77,827
	COMCAST CORP-CL A	Equities	\$ 89,021	\$ 92,574
	CONSTELLATION BRANDS INC	Equities	\$ 56,292	\$ 59,436
	CORTEVA INC	Equities	\$ 63,607	\$ 70,793
	COSTCO WHOLESALE CORP	Equities	\$ 15,267	\$ 66,286
	CSX CORP	Equities	\$ 98,926	\$ 113,448
	DEERE & CO	Equities	\$ 57,459	\$ 62,542
	EATON CORP PLC	Equities	\$ 30,300	\$ 126,740
	EDWARDS LIFESCIENCES	Equities	\$ 40,010	\$ 37,173
	EOG RESOURCES INC	Equities	\$ 82,643	\$ 114,093
	FISERV INC	Equities	\$ 71,974	\$ 78,794
	GE VERNOVA INC	Equities	\$ 40,127	\$ 80,014
	GEN DIGITAL INC	Equities	\$ 7,504	\$ 9,615
	GOLDMAN SACHS GROUP INC	Equities	\$ 69,212	\$ 153,981
	HOME DEPOT INC	Equities	\$ 39,416	\$ 122,592
	HONEYWELL INTERNATIONAL INC	Equities	\$ 46,637	\$ 49,621
	HUBSPOT INC	Equities	\$ 32,365	\$ 43,312
	HYATT HOTELS CORP - CL A	Equities	\$ 22,207	\$ 31,162
	IQVIA HOLDINGS INC	Equities	\$ 105,158	\$ 101,720

SWARTZ CAMPBELL LLC RETIREMENT PLAN
 EIN: 23-1141190 PLAN NO: 001
 SUPPLEMENTAL INFORMATION
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 13, 2024

<u>(a) Party-in-interest</u>	<u>(b) Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	KLA CORP	Equities	\$ 32,162	\$ 54,262
	LABCORP HOLDINGS INC	Equities	\$ 55,542	\$ 54,522
	LINDE PLC	Equities	\$ 49,554	\$ 74,001
	LYONDELLBASELL INDU-CL A	Equities	\$ 79,561	\$ 71,660
	MEDTRONIC PLC	Equities	\$ 130,184	\$ 101,698
	MERCK & CO INC	Equities	\$ 77,829	\$ 63,444
	META PLATFORMS INC CL A	Equities	\$ 98,365	\$ 303,351
	MICROSOFT CORP	Equities	\$ 166,162	\$ 663,301
	NIKE INC - CL B	Equities	\$ 48,101	\$ 51,526
	NVIDIA CORP	Equities	\$ 41,988	\$ 577,946
	NXP SEMICONDUCTORS NV	Equities	\$ 63,720	\$ 94,542
	ORACLE CORP	Equities	\$ 71,086	\$ 161,253
	OTIS WORLDWIDE CORP	Equities	\$ 43,845	\$ 56,523
	PACCAR INC	Equities	\$ 52,421	\$ 79,220
	PENTAIR PLC	Equities	\$ 25,842	\$ 34,720
	PROCTER & GAMBLE CO	Equities	\$ 66,042	\$ 79,885
	PROGRESSIVE CORP	Equities	\$ 45,896	\$ 113,814
	PROLOGIS INC	Equities	\$ 76,290	\$ 78,680
	QUALCOMM INC	Equities	\$ 20,130	\$ 29,170
	REGENERON PHARMACEUTICALS	Equities	\$ 47,943	\$ 46,803
	ROCHE HLDG LTD	Equities	\$ 71,997	\$ 61,154
	SCHWAB (CHARLES) CORP	Equities	\$ 126,699	\$ 142,138
	SERVICENOW INC	Equities	\$ 13,292	\$ 33,633
	STARBUCKS CORP	Equities	\$ 50,164	\$ 51,827
	TAIWAN SEMICONDUCTOR-SP ADR	Equities	\$ 57,433	\$ 64,920
	THERMO FISHER SCIENTIFIC INC	Equities	\$ 67,588	\$ 71,657
	T-MOBILE US INC	Equities	\$ 62,126	\$ 111,331
	UNITEDHEALTH GROUP INC	Equities	\$ 110,007	\$ 216,520
	VERTEX PHARMACEUTICALS INC	Equities	\$ 43,996	\$ 88,109
	VISA INC - CLASS A	Equities	\$ 130,121	\$ 303,095
	WALMART INC	Equities	\$ 89,469	\$ 207,538
	WALT DISNEY CO	Equities	\$ 94,083	\$ 106,200
	WATERS CORP	Equities	\$ 53,744	\$ 70,356
	WELLS FARGO & COMPANY	Equities	\$ 98,150	\$ 143,557
	WESTERN DIGITAL CORP	Equities	\$ 23,609	\$ 22,141
	WILLIS TOWERS WATSON PLC	Equities	\$ 30,255	\$ 43,595
	ZOETIS INC	Equities	\$ 46,501	\$ 54,523

SWARTZ CAMPBELL LLC RETIREMENT PLAN
 EIN: 23-1141190 PLAN NO: 001
 SUPPLEMENTAL INFORMATION
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 13, 2024

<u>(a) Party-in-interest</u>	<u>(b) Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
*	AB INTERNATIONAL STRATEGIC EQUITIES - ADV CL	Mutual Funds	\$ 2,655,760	\$ 2,820,744
*	AB DISCOVERY GROWTH FND CL ADV	Mutual Funds	\$ 282,089	\$ 330,031
*	AB DISCOVERY VALUE FUND CL ADV	Mutual Funds	\$ 319,286	\$ 372,201
*	AB SMALL CAP CORE PORTFOLIO ADV CL	Mutual Funds	\$ 258,807	\$ 290,302
*	AB INTL SMALL CAP CORE PORTFOLIO ADV CL	Mutual Funds	\$ 706,876	\$ 703,639
*	AB CARVAL CREDIT OPPORTUNITIES FUND ADV CL	Mutual Funds	\$ 1,000,128	\$ 1,001,128
*	BERNSTEIN INTER DURATION INSTITUTIONAL PORTFOLIO	Mutual Funds	\$ 4,355,823	\$ 3,602,764
*	AB EMERGING MARKETS PORTFOLIO	Mutual Funds	\$ 444,708	\$ 413,691
	CASH		\$ 380,757	\$ 380,757
	TOTAL		\$ 14,906,059	\$ 18,095,952
*	Party-in-interest			

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/14/2023 and ending 12/13/2024


▶ **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.

A Name of plan SWARTZ CAMPBELL LLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SWARTZ CAMPBELL LLC	D Employer Identification Number (EIN) 23-1141190	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>12</u> Day <u>14</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	15,827,478
	b Actuarial value	2b	16,582,074
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	82	9,226,732
	b For terminated vested participants	135	6,275,298
	c For active participants	19	3,323,782
	d Total	236	18,825,812
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	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	4b	
5	Effective interest rate	5	5.19 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	0

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.

SIGN HERE	 Signature of actuary	<u>10/13/2025</u> Date
	<u>Curt Evans</u> Type or print name of actuary	<u>23-05239</u> Most recent enrollment number
	<u>Brown & Brown Ins. Services, Inc.</u> Firm name	<u>(215) 561-1143</u> Telephone number (including area code)
	<u>300 Conshohocken State Road Suite 650 West Conshohocken PA 19428</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,050,761
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		17,303
9 Amount remaining (line 7 minus line 8)	0	1,033,458
10 Interest on line 9 using prior year's actual return of <u>11.11</u> %	0	114,817
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) 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>5.36</u> %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,148,275

Part III	Funding Percentages	
14 Funding target attainment percentage	14	81.98%
15 Adjusted funding target attainment percentage	15	81.98%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.95%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/20/2023	369,560				
12/27/2024	410,790				
			Totals ▶	18(b)	780,350
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	759,074
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0
		(4) 4th
		0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 65

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**

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

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

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,392,013	369,253
b Waiver amortization installment		

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	369,253
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	369,253
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	759,074
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	389,821
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	
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