

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

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

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>FLORIDA CRYSTALS CORPORATION RETIREMENT SAVINGS PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FLORIDA CRYSTALS CORPORATION</u></p> <p><u>ONE NORTH CLEMATIS STREET</u> <u>SUITE 200</u> <u>WEST PALM BEACH, FL 33401</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1996</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>65-0358467</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>561-366-5000</u></p> <p><b>2d</b> Business code (see instructions) <u>311300</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	JOSE A. PEREZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		<b>4b</b> EIN 65-0358467	
<b>a</b> Sponsor's name AGRO-INDUSTRIAL MANAGEMENT, INC.		<b>4d</b> PN 003	
<b>c</b> Plan Name FLORIDA CRYSTALS CORPORATION RETIREMENT SAVINGS PLAN			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	265	
<b>6</b> 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).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	200	
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	218	
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	7	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	57	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.	<b>6d</b>	282	
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<b>6e</b>	2	
<b>f</b> Total. Add lines 6d and 6e.	<b>6f</b>	284	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	215	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	212	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>		

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2R 2T 3D 3H

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

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

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

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

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 0
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

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

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

<b>A</b> Name of plan <b>FLORIDA CRYSTALS CORPORATION RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FLORIDA CRYSTALS CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>65-0358467</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	15823	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	6974	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO CORE BOND A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON MIDCAP INDEX INVT 144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MSIF GLOBAL FRANCHISE CL A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INVESTMENT GR CREDIT BOND FU 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO STOCKSPPLUS INTERNATL USHDG A 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW CORE FIXED INC CL N 865 S FIGUERA ST 22ND FL LOS ANGELES, CA 90071	0.35%	

**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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>FLORIDA CRYSTALS CORPORATION RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FLORIDA CRYSTALS CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>65-0358467</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RET BLEND 2015 B</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>37-6658059-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>919387</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RET BLEND 2040 B</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>30-6596089-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>83242</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RET BLEND 2005 B</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>61-6590722-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1188867</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STBL VAL B1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>84-1142974-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3156915</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RET BLEND 2050 B</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>35-7192720-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67569</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RET BLEND 2025 B</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>37-6658226-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7595462</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RET BLEND 2035 B</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>37-6658473-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>946600</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2030 B		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-7192509-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8515110
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2045 B		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-2611309-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80088
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2010 B		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 37-6658064-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 531561
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET BLEND 2020 B		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 32-6493445-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3308550
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FLORIDA CRYSTALS CORPORATION RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FLORIDA CRYSTALS CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>65-0358467</b>

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

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 0	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b> 0	0
<b>(3)</b> Other .....	<b>1b(3)</b> 0	0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 540991	488429
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 73993	0
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b> 0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b> 0	0
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b> 10788	10350
<b>(B)</b> Common .....	<b>1c(4)(B)</b> 1123176	1007962
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b> 0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b> 0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b> 0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b> 379999	381112
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b> 25619751	26393351
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b> 0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b> 0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b> 0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 11297017	13308424
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b> 0	0
<b>(15)</b> Other .....	<b>1c(15)</b> -13587	-189

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	39032128	41589439
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	39032128	41589439

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	177920	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1614519	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	48330	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1840769
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	15992	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	24516	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		40508
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	2400	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	25898	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	278628	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		306926
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	912337	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	795224	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		117113
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	2194	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		2194

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	2404158
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	2056931
<b>c</b> Other income .....	2c	0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	6768599

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	4173617
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other .....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	4173617
<b>f</b> Corrective distributions (see instructions) .....	2f	15226
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	0
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	15471
(4) IQPA audit fees .....	2i(4)	0
(5) Investment advisory and investment management fees .....	2i(5)	6974
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses .....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	22445
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	4211288

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	2557311
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	0
(2) From this plan .....	2l(2)	0

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **JACOBYANDHANDLEY,PLLC**

(2) EIN: **87-2253324**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

**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.)

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

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

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

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

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

<b>A</b> Name of plan <u>FLORIDA CRYSTALS CORPORATION RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>FLORIDA CRYSTALS CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>65-0358467</u>	

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

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

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

<b>1</b>	
----------	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 04-6568107

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

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

<b>3</b>	
----------	--

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

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

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

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.



**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Financial Statements and Supplemental Schedule

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Index to Financial Statements

Independent Auditors' Report	1 – 4
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	5
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023	6
Notes to Financial Statements	7 – 13
Supplemental Schedule:	
Schedule I: Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2024	14 – 17

**Independent Auditors' Report**

The Participants and Administrator  
Florida Crystals Corporation Retirement Savings Plan:

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

We have performed audits of the financial statements of Florida Crystals Corporation Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

***Opinion***

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

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

(Continued)



***Basis for Opinion***

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

***Responsibilities of Management for the Financial Statements***

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

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

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

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

(Continued)



In performing an audit in accordance with GAAS, we:

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

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

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

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

***Other Matter - Supplemental Schedule Required by ERISA***

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

(Continued)



In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Jacoby and Handley, PLLC*

October 13, 2025

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value	\$ 41,208,327	38,652,129
Contribution receivable – employer	14,583	14,362
Notes receivable from participants	<u>381,112</u>	<u>379,999</u>
Net assets available for benefits	\$ <u>41,604,022</u>	<u>39,046,490</u>

See accompanying notes to financial statements.

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions attributed to:		
Investment income:		
Dividends and interest	\$ 322,918	276,376
Net appreciation in fair value of investments	<u>4,580,396</u>	<u>5,382,259</u>
Net investment income	4,903,314	5,658,635
Interest income from participant loans	24,516	25,317
Contributions:		
Employer	178,141	187,728
Participant	1,614,519	1,678,163
Rollovers	<u>48,330</u>	<u>—</u>
Total contributions	<u>1,840,990</u>	<u>1,865,891</u>
Total additions	<u>6,768,820</u>	<u>7,549,843</u>
Deductions attributed to:		
Benefits paid to participants	4,188,843	6,136,335
Administrative expenses	<u>22,445</u>	<u>23,037</u>
Total deductions	<u>4,211,288</u>	<u>6,159,372</u>
Net increase	2,557,532	1,390,471
Net assets available for benefits:		
Beginning of year	<u>39,046,490</u>	<u>37,656,019</u>
End of year	\$ <u>41,604,022</u>	<u>39,046,490</u>

See accompanying notes to financial statements.

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

**(1) Description of Plan**

The following description of the Florida Crystals Corporation Retirement Savings Plan (the Plan) is provided for general informational purposes only. Plan documents should be referred to for a complete description of the Plan's provisions.

**(a) General Information**

The Plan is a defined contribution plan covering all non-union, salaried full-time employees of Florida Crystals Corporation and several related companies (collectively considered the Company), as defined in the Plan's Adoption Agreement, who have attained the age of 21 and who have completed one year of service having at least 1,000 hours, and former employees who have separated from employment from the Company as defined in the Plan agreement who maintain a \$1,000 or greater investment balance. Effective April 1, 2013, the Plan excludes any participants in the Florida Crystals Corporation Pension Plan who were under age 45 as of December 31, 2012 or had not met the eligibility requirements for such plan as of December 31, 2012, or any employee hired on or after January 1, 2013.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Trustee is Fidelity Management Trust Company (Fidelity). Fidelity also serves as recordkeeper for the Plan.

**(b) Contributions**

Each year, participants may contribute up to 75% of pretax annual compensation and up to 100% of cash bonuses, as defined in the Plan agreement. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans, as well as catch-up contributions as provided for in the Internal Revenue Code. The Plan allows for after-tax participant contributions of up to 20% of compensation, after making deferral contributions of 4% of eligible compensation. Such contributions, in combination with pretax contributions, may not exceed a total of 75% of eligible compensation.

These contributions are tax deferred within the meaning of Section 401(k) of the Internal Revenue Code. Total contributions with respect to an individual participant, cannot exceed \$23,000 in 2024 and \$22,500 in 2023, per Internal Revenue Service regulations. Earnings from the tax deferred contributions accumulate in the Plan tax free. The Company provides matching contributions to each participant's account equal to 25% of the amount of the participant's contributions. The maximum contribution amount eligible to be matched is 4% of compensation.

The Plan also allows for discretionary non-elective employer contributions for non-highly compensated employees, as defined in the Plan agreement, although no such contributions were made during 2024 or 2023.

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

**(c) Participant Accounts**

Each participant's account is credited with the participant's contributions, Company contributions, and investment earnings, and charged with participant's withdrawals, investment losses, and an allocation of Plan expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**(d) Vesting**

Participants are immediately and fully vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution of their accounts plus actual earnings thereon is based on years of service. A participant vests 20% per year of service and is 100% vested after five years of service.

**(e) Investment Options**

Upon enrollment in the Plan, participants may direct their contributions to be invested in increments of 1% of the total in any one of the available investment funds. Participants may change their investment options daily through Fidelity.

**(f) Notes Receivable from Participants**

Participants may borrow from their fund accounts a maximum of \$50,000, up to 50% of their vested account balance. All loans have a definite repayment period, not to exceed 5 years, or 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 9.50% during 2024 and 2023, which were commensurate with rates charged for similar types of loans by other lenders as determined by the plan administrator. Loan repayments are made by payroll deductions and as loans are repaid, the repayments are re-invested in the participant's investment accounts.

**(g) Payment of Benefits**

Distribution of a participant's interest in the Plan may occur upon the participant's death or separation from employment by the Company. Distributions may also occur to alleviate a participant's severe and immediate financial hardship. Participants may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

The Plan allows for in-service withdrawals from a participant's deferral contributions account upon attainment of age 59 ½ and allows terminated participants to receive periodic installment payments or partial distributions limited to four times per year.

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

**(h) Forfeitures**

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures may be utilized to reduce Plan expenses or the Company's matching contributions for the following Plan year. However, if the participant is re-employed and fulfills certain requirements, as defined in the Plan, the participant's account will be restored. At December 31, 2024 and 2023, forfeited nonvested and other unallocated funds totaled \$11,544 and \$8,334, respectively.

**(2) Summary of Significant Accounting Policies**

**(a) Basis of Accounting**

The Plan's financial statements are prepared using the accrual basis of accounting which recognizes additions to net assets when earned and deductions to net assets when incurred.

**(b) Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Investment income includes realized gains and losses on investments sold during the year, net appreciation on unrealized gains and losses on investments held, interest income, and dividend income. Investment income is recorded on the accrual basis.

The Plan's investments include funds which invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several risks, such as interest rate, market, and credit risks.

Due to the level of risk associated with certain investment securities, it is 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 Plan's financial statements and schedule.

**(c) Notes Receivable from Participants**

Notes receivable from participants are stated at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

**(d) *Payment of Benefits***

Benefits are recorded when paid.

**(e) *Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported changes in net assets during the reporting period. Actual results could differ from those estimates.

**(3) *Certified Investments (Unaudited)***

The Plan follows the authoritative guidance for accounting for fair value measurements. The guidance establishes a framework for fair value and expands disclosure about fair value measurements. It also requires that assets and liabilities carried at fair value be classified and disclosed in one of the following categories based on the quality and reliability of that information:

Level 1 – Observable inputs that reflect quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2 – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly.

Level 3 – Unobservable inputs reflecting management's own assumptions about the inputs used in pricing the asset and liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value:

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

Common stocks and units – Valued at quoted prices in active markets in which securities are traded.

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

Common/collective trusts – Valued at the daily net asset value (“NAV”) of units of a bank collective trust. The NAV, as provided by the trusts’ trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan were to initiate full redemption of the investment in the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure such liquidations will be carried out in an orderly manner.

Self-directed brokerage accounts – The self-directed brokerage account includes common stock, mutual funds, unit investment trusts, real estate investment trusts, and limited partnerships valued at the closing price reported in the active mark in which the individual instruments are traded, as well as a money market fund.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and interest and dividends, and net appreciation in fair value of investments for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity. The Plan’s investments are participant-directed.

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

	<u>2024</u>	<u>2023</u>
Level 1 investments:		
Mutual funds	\$ 11,105,800	9,292,593
Self-directed brokerage accounts	<u>3,709,176</u>	<u>3,739,785</u>
Total investments in the fair value hierarchy	14,814,976	13,032,378
Common collective trusts measured at net asset value	<u>26,393,351</u>	<u>25,619,751</u>
Total investments	\$ <u>41,208,327</u>	<u>38,652,129</u>

The Plan held no Level 2 or Level 3 investments as of December 31, 2024 and 2023.

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

**(4) Party-in-Interest Transactions**

Certain Plan investments are shares of mutual funds managed by Fidelity, Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. The Plan paid administrative expenses to Fidelity for investment management services. These expenses amounted to \$15,823 and \$16,268 for the years ended December 31, 2024 and 2023, respectively, and are recorded within administrative expenses.

**(5) Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants are entitled to receive a distribution equal to their account balance on that date.

**(6) Tax Status**

The Plan has adopted a prototype plan provided by Fidelity Management and Research Company. The Trustee received its latest determination letter dated June 30, 2020 in which the Internal Revenue Service (IRS) states that the prototype plan document satisfies the applicable requirements of the Internal Revenue Code (IRC) and is exempt from federal income taxes.

The Plan is subject to routine audits by various taxing jurisdictions. The Plan's open audit periods are 2021 through 2024.

**(7) Reconciliation of the Financial Statements to Form 5500**

Contributions receivable are reflected in the financial statements for the year in which they relate and in the Form 5500 when received. Excess contributions payable are reflected in the financial statements for the year in which they relate and in the Form 5500 when paid. The difference in the accounting for these contributions receivable and excess contributions payable between the financial statements and the Form 5500 are reconciled in the following tables.

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 41,604,022	39,046,490
Less employer contribution receivable	<u>(14,583)</u>	<u>(14,362)</u>
Net assets available for benefits per Form 5500	\$ <u>41,589,439</u>	<u>39,032,128</u>

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

The following is a reconciliation of employer's contributions per the financial statements to Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Employer's contributions per the financial statements	\$ 178,141	187,728
Less employer contribution receivable at end of year	(14,583)	(14,362)
Add prior year employer contribution receivable	<u>14,362</u>	<u>12,470</u>
Employer's contributions per the Form 5500	\$ <u>177,920</u>	<u>185,836</u>

**(8) *Subsequent Events***

In preparing these financial statements, management has evaluated subsequent events and transactions for potential disclosure through October 13, 2025, the date the financial statements were available to be issued, and determined there were no events requiring disclosure.

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

<u>Description</u>	<u>Number of Units or Interest Rates</u>	<u>Current Value</u>
Mutual Funds		
*Fidelity Spartan 500 Index Fund	36,092.578	\$ 7,369,743
*Fidelity Spartan Extended Mkt Index	25,054.408	2,276,945
*Fidelity US Bond Index Fund	82,668.173	844,869
*Fidelity Total International Index Fund	45,736.635	614,243
Total mutual funds		<u>11,105,800</u>
Common Collective Trust Funds:		
T. Rowe Price Retirement Blend 2030 Fund	533,862.670	8,515,109
T. Rowe Price Retirement Blend 2025 Fund	494,818.403	7,595,462
T. Rowe Price Retirement Blend 2020 Fund	222,648.070	3,308,550
Invesco Stable Value Fund	3,156,914.610	3,156,915
T. Rowe Price Retirement Blend 2005 Fund	84,616.848	1,188,867
T. Rowe Price Retirement Blend 2035 Fund	56,887.022	946,600
T. Rowe Price Retirement Blend 2015 Fund	63,144.765	919,388
T. Rowe Price Retirement Blend 2010 Fund	37,068.394	531,561
T. Rowe Price Retirement Blend 2040 Fund	4,822.943	83,242
T. Rowe Price Retirement Blend 2045 Fund	4,524.744	80,088
T. Rowe Price Retirement Blend 2050 Fund	3,800.271	67,569
Total common collective trust funds		<u>26,393,351</u>
Self-directed Brokerage Accounts:		
Cash and cash equivalents:		
*Fidelity Cash Reserves	488,429.060	488,429
Total cash and cash equivalents		<u>488,429</u>
Preferred stocks:		
Qurate Retail Inc.	10,350.000	10,350
Total preferred stocks		<u>10,350</u>
Common stocks:		
Tesla, Inc.	350.000	141,344
NextEra Energy, Inc.	825.205	59,159
Microsoft Corporation	123.011	51,849
ProShares UltraPro Short Down	1,010.726	51,203
Apple Inc.	202.785	50,781
Amazon.com Inc	200.000	43,878
ProShares UltraPro Short QQQ	1,389.396	43,266
Nordic American Tankers Limited	13,456.854	33,642
Rivian Automotive Inc	2,500.000	33,250

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

<u>Description</u>	<u>Number of Units or Interest Rates</u>	<u>Current Value</u>
(Continued)		
Snowflake Inc.	200.000	30,882
Barrick Gold Corporation	1,927.611	29,878
Endeavour Silver Corp	7,810.000	28,584
Royal Gold Inc	205.953	27,155
Norwegian Cruise Line Holdings	1,000.000	25,730
Berkley W R Corp	430.368	25,185
Carnival Corp	1,000.000	24,920
Newmont Corporation	640.921	23,855
AstraZeneca PLC	302.445	19,816
Altria Group, Inc.	329.614	17,235
BHP Group	351.555	17,166
Philip Morris International Inc.	136.558	16,435
Cisco Systems, Inc.	257.198	15,226
Fortuna Mines Inc	3,215.000	13,792
EOG Resources Inc.	107.282	13,151
Cabot Oil & Gas Corporation	497.769	12,713
Franco-Nevada Corporation	107.635	12,657
Abbott Laboratories	104.020	11,766
Smucker J M	101.726	11,202
Hasbro Inc.	200.000	11,182
Southwest Airlines Co	314.481	10,573
Coeur D Alene Mines Corp	1,830.000	10,468
Floor & Décor Holdings	100.000	9,970
Novartis AG ADR	100.000	9,731
Scotts Co	106.448	7,062
Equinox Gold Corp	1,395.000	7,003
Hess Corp	50.827	6,761
Intel Corporation	304.571	6,107
Helca Mining Co.	1,145.000	5,622
First Majestic Silver Corp	1,010.535	5,548
British Land Company Plc.	1,000.000	4,470
Pan American Silver Corp	194.000	3,923
Transmedics Group Inc.	56.000	3,492
Silvercorp Metals Inc.	1,082.663	3,248
Pfizer Inc.	104.662	2,777
MAG Silver Corp, LLC	190.000	2,584
Grayscale Bitcoin Mini Tr	60.000	2,512
Woodside Pete Ltd	130.021	2,028
C3 AI Inc.	41.000	1,412

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

<u>Description</u>	<u>Number of Units or Interest Rates</u>	<u>Current Value</u>
(Continued)		
Luxfer Holdings PLC	89.000	1,165
Warner Bros Discovery Inc.	99.000	1,046
Grayscale Ethereum Mini Tr	30.000	945
AT & T Inc.	21.471	489
Gold Royalty Corp	375.000	454
Qualcomm Inc.	2.50	407
Tapestry, Inc.	5.896	385
Jushi Holdings, Inc.	1,000.000	313
Gamestop Corp	8.000	251
Ormat Technologies	2.030	137
Nuzee Inc. Com	164.000	120
Coca Cola Co.	0.812	50
Workhorse Group Inc.	10.000	7
Total common stock		<u>1,007,962</u>
Mutual funds:		
Vanguard Dividend Appreciation Index Fund ETF	1,700.000	332,911
*Fidelity Select Technology Portfolio	8,563.884	315,836
*Fidelity Blue Chip Growth Fund	1,365.075	310,104
SPDR S&P 500 ETF Trust	400.000	234,432
*Fidelity Growth Strategies Fund	1,911.815	126,887
Eaton Vance Tax – Managed Diversified Equity Income Fund	7,500.000	112,125
Invesco Core Bond Fund Class A	13,302.410	74,360
ProShare Ultra Silver	1,700.000	57,239
BNY Mellon MidCap Index Fund Investor Shares	1,930.117	54,526
ProShares UltraPro Short S&P 500	2,385.926	53,755
*Fidelity NASDAQ Composite Index Fund	216.929	53,098
Prologis Inc	500.000	52,850
Eaton Vance Tax-Managed Buy-Write Opportunities Fund	3,500.000	50,435
PIMCO Investment Grade Credit Bond Fund Class A	4,761.745	42,332
*Fidelity Worldwide Fund	1,171.467	40,767
*Fidelity NASDAQ Composite EFT	498.959	37,951
Aberdeen Income Credit Strategies Fund	5,683.851	33,933
PIMCO StocksPLUS International Fund	3,876.496	29,423
Morgan Stanley Institutional Fund, Inc. Global Franchise Portfolio Class A	744.162	24,245
Grayscale Bitcoin	300.000	22,206

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

<u>Description</u>	<u>Number of Units or Interest Rates</u>	<u>Current Value</u>
(Continued)		
TCW Core Fixed Income Fund Class N	1,881.542	17,837
Amplify Junio Silver Miners EFT	1,760.000	17,477
*Fidelity Capital & Income Fund	1,538.257	15,613
Goldman Sachs Physical Gold ETF	500.000	12,967
Alerian MLP ETF	264.180	12,723
iShares Silver Trust	480.000	12,638
Gladstone Capital Corporation	354.936	10,094
Grayscale Ethereum	300.000	8,406
iShares MSCI Hong Kong ETF	452.607	7,540
Nuveen Preferred & Income Opportunities Fund	914.061	7,185
*Fidelity 500 Index Fund	31.081	6,346
First Trust Natural Gas ETF	202.785	4,995
Welltower Inc.	32.287	4,069
Prospect Capital Corporation	645.888	2,784
Nuveen Floating Rate Income Opportunity Fund	229.800	2,050
KraneShares Bosera MSCI China A ETF	15.275	358
Direxion Daily S & P Biotech Bear	5.018	127
Total mutual funds		<u>2,202,624</u>
Other:		
Put – Ishares Russell 200	2.000	30
Call – SPDR S&P 500 ETF	4.000	(44)
Put – Hershey Company	1.000	(175)
Total other		<u>(189)</u>
Total self-directed brokerage accounts		<u>3,709,176</u>
Total investments		\$ <u>41,208,327</u>
Participant loans	4.25% to 9.50%	\$ <u>381,112</u>

\* Denotes party-in-interest to the Plan.

See independent auditors' report.

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

E.I.N. 65-0358467 Plan No. 003

<u>Description</u>	<u>Number of Units or Interest Rates</u>	<u>Current Value</u>
Mutual Funds		
*Fidelity Spartan 500 Index Fund	36,092.578	\$ 7,369,743
*Fidelity Spartan Extended Mkt Index	25,054.408	2,276,945
*Fidelity US Bond Index Fund	82,668.173	844,869
*Fidelity Total International Index Fund	45,736.635	614,243
Total mutual funds		<u>11,105,800</u>
Common Collective Trust Funds:		
T. Rowe Price Retirement Blend 2030 Fund	533,862.670	8,515,109
T. Rowe Price Retirement Blend 2025 Fund	494,818.403	7,595,462
T. Rowe Price Retirement Blend 2020 Fund	222,648.070	3,308,550
Invesco Stable Value Fund	3,156,914.610	3,156,915
T. Rowe Price Retirement Blend 2005 Fund	84,616.848	1,188,867
T. Rowe Price Retirement Blend 2035 Fund	56,887.022	946,600
T. Rowe Price Retirement Blend 2015 Fund	63,144.765	919,388
T. Rowe Price Retirement Blend 2010 Fund	37,068.394	531,561
T. Rowe Price Retirement Blend 2040 Fund	4,822.943	83,242
T. Rowe Price Retirement Blend 2045 Fund	4,524.744	80,088
T. Rowe Price Retirement Blend 2050 Fund	3,800.271	67,569
Total common collective trust funds		<u>26,393,351</u>
Self-directed Brokerage Accounts:		
Cash and cash equivalents:		
*Fidelity Cash Reserves	488,429.060	488,429
Total cash and cash equivalents		<u>488,429</u>
Preferred stocks:		
Qurate Retail Inc.	10,350.000	10,350
Total preferred stocks		<u>10,350</u>
Common stocks:		
Tesla, Inc.	350.000	141,344
NextEra Energy, Inc.	825.205	59,159
Microsoft Corporation	123.011	51,849
ProShares UltraPro Short Down	1,010.726	51,203
Apple Inc.	202.785	50,781
Amazon.com Inc	200.000	43,878
ProShares UltraPro Short QQQ	1,389.396	43,266
Nordic American Tankers Limited	13,456.854	33,642
Rivian Automotive Inc	2,500.000	33,250

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

E.I.N. 65-0358467 Plan No. 003

<u>Description</u>	<u>Number of Units or Interest Rates</u>	<u>Current Value</u>
(Continued)		
Snowflake Inc.	200.000	30,882
Barrick Gold Corporation	1,927.611	29,878
Endeavour Silver Corp	7,810.000	28,584
Royal Gold Inc	205.953	27,155
Norwegian Cruise Line Holdings	1,000.000	25,730
Berkley W R Corp	430.368	25,185
Carnival Corp	1,000.000	24,920
Newmont Corporation	640.921	23,855
AstraZeneca PLC	302.445	19,816
Altria Group, Inc.	329.614	17,235
BHP Group	351.555	17,166
Philip Morris International Inc.	136.558	16,435
Cisco Systems, Inc.	257.198	15,226
Fortuna Mines Inc	3,215.000	13,792
EOG Resources Inc.	107.282	13,151
Cabot Oil & Gas Corporation	497.769	12,713
Franco-Nevada Corporation	107.635	12,657
Abbott Laboratories	104.020	11,766
Smucker J M	101.726	11,202
Hasbro Inc.	200.000	11,182
Southwest Airlines Co	314.481	10,573
Coeur D Alene Mines Corp	1,830.000	10,468
Floor & Décor Holdings	100.000	9,970
Novartis AG ADR	100.000	9,731
Scotts Co	106.448	7,062
Equinox Gold Corp	1,395.000	7,003
Hess Corp	50.827	6,761
Intel Corporation	304.571	6,107
Helca Mining Co.	1,145.000	5,622
First Majestic Silver Corp	1,010.535	5,548
British Land Company Plc.	1,000.000	4,470
Pan American Silver Corp	194.000	3,923
Transmedics Group Inc.	56.000	3,492
Silvercorp Metals Inc.	1,082.663	3,248
Pfizer Inc.	104.662	2,777
MAG Silver Corp, LLC	190.000	2,584
Grayscale Bitcoin Mini Tr	60.000	2,512
Woodside Pete Ltd	130.021	2,028
C3 AI Inc.	41.000	1,412

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

E.I.N. 65-0358467 Plan No. 003

<u>Description</u>	<u>Number of Units or Interest Rates</u>	<u>Current Value</u>
(Continued)		
Luxfer Holdings PLC	89.000	1,165
Warner Bros Discovery Inc.	99.000	1,046
Grayscale Ethereum Mini Tr	30.000	945
AT & T Inc.	21.471	489
Gold Royalty Corp	375.000	454
Qualcomm Inc.	2.50	407
Tapestry, Inc.	5.896	385
Jushi Holdings, Inc.	1,000.000	313
Gamestop Corp	8.000	251
Ormat Technologies	2.030	137
Nuzee Inc. Com	164.000	120
Coca Cola Co.	0.812	50
Workhorse Group Inc.	10.000	7
Total common stock		<u>1,007,962</u>
Mutual funds:		
Vanguard Dividend Appreciation Index Fund ETF	1,700.000	332,911
*Fidelity Select Technology Portfolio	8,563.884	315,836
*Fidelity Blue Chip Growth Fund	1,365.075	310,104
SPDR S&P 500 ETF Trust	400.000	234,432
*Fidelity Growth Strategies Fund	1,911.815	126,887
Eaton Vance Tax – Managed Diversified Equity Income Fund	7,500.000	112,125
Invesco Core Bond Fund Class A	13,302.410	74,360
ProShare Ultra Silver	1,700.000	57,239
BNY Mellon MidCap Index Fund Investor Shares	1,930.117	54,526
ProShares UltraPro Short S&P 500	2,385.926	53,755
*Fidelity NASDAQ Composite Index Fund	216.929	53,098
Prologis Inc	500.000	52,850
Eaton Vance Tax-Managed Buy-Write Opportunities Fund	3,500.000	50,435
PIMCO Investment Grade Credit Bond Fund Class A	4,761.745	42,332
*Fidelity Worldwide Fund	1,171.467	40,767
*Fidelity NASDAQ Composite EFT	498.959	37,951
Aberdeen Income Credit Strategies Fund	5,683.851	33,933
PIMCO StocksPLUS International Fund	3,876.496	29,423
Morgan Stanley Institutional Fund, Inc. Global Franchise Portfolio Class A	744.162	24,245
Grayscale Bitcoin	300.000	22,206

(Continued)

**FLORIDA CRYSTALS CORPORATION  
RETIREMENT SAVINGS PLAN**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

E.I.N. 65-0358467 Plan No. 003

<u>Description</u>	<u>Number of Units or Interest Rates</u>	<u>Current Value</u>
(Continued)		
TCW Core Fixed Income Fund Class N	1,881.542	17,837
Amplify Junio Silver Miners EFT	1,760.000	17,477
*Fidelity Capital & Income Fund	1,538.257	15,613
Goldman Sachs Physical Gold ETF	500.000	12,967
Alerian MLP ETF	264.180	12,723
iShares Silver Trust	480.000	12,638
Gladstone Capital Corporation	354.936	10,094
Grayscale Ethereum	300.000	8,406
iShares MSCI Hong Kong ETF	452.607	7,540
Nuveen Preferred & Income Opportunities Fund	914.061	7,185
*Fidelity 500 Index Fund	31.081	6,346
First Trust Natural Gas ETF	202.785	4,995
Welltower Inc.	32.287	4,069
Prospect Capital Corporation	645.888	2,784
Nuveen Floating Rate Income Opportunity Fund	229.800	2,050
KraneShares Boserá MSCI China A ETF	15.275	358
Direxion Daily S & P Biotech Bear	5.018	127
Total mutual funds		<u>2,202,624</u>
Other:		
Put – Ishares Russell 200	2.000	30
Call – SPDR S&P 500 ETF	4.000	(44)
Put – Hershey Company	1.000	(175)
Total other		<u>(189)</u>
Total self-directed brokerage accounts		<u>3,709,176</u>
Total investments		\$ <u>41,208,327</u>
Participant loans	4.25% to 9.50%	\$ <u>381,112</u>

\* Denotes party-in-interest to the Plan.

See independent auditors' report.