



<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  ANN MARIE KRUG  100 WALNUT AVE SUITE 600 CLARK, NJ 07066	<b>3b</b> Administrator's EIN 87-4006582
	<b>3c</b> Administrator's telephone number 732-770-9003

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	710
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	0
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	464
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	92
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	556
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	126
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	682
<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>	
<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>	
<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>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1I

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

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

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

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

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

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

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

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

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

<b>A</b> Name of plan <u>MOMENTUM TECHNOLOGIES, INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MOMENTUMONE, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>87-4006582</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>5576713</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>5975271</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>605</u>	<u>7838452</u>
	<b>b</b> For terminated vested participants .....	<u>105</u>	<u>1770980</u>
	<b>c</b> For active participants .....	<u>0</u>	<u>0</u>
	<b>d</b> Total .....	<u>710</u>	<u>9609432</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input checked="" type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	<u>9604045</u>
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	<u>9630979</u>
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.15 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>187649</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>187649</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>12/12/2025</u>	Date
	<u>CALEB MCGARY</u>	<u>23-08860</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>610-834-2181</u>	Telephone number (including area code)
	<u>MSC# 17833 P.O. BOX 7505 FORT WASHINGTON, PA 19034</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	22
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	22
<b>10</b>	Interest on line 9 using prior year's actual return of <u>0.84</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.04</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	22

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	62.21 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	62.21 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	65.25 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	58.03 %

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
07/10/2024	126924	0					
10/08/2024	126924	0					
01/14/2025	126924	0					
04/11/2025	126924	0					
11/25/2025	79812	0					
			<b>Totals ▶</b>	<b>18(b)</b>	587508	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	564832

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 0
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	187649	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	3634183	376981	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	564630	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	564630	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	564832	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	202	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>MOMENTUM TECHNOLOGIES, INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MOMENTUMONE, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>87-4006582</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

<b>VANECK SECURITIES CORP.</b>	<b>666 THIRD AVENUE NEW YORK, NY 10017</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>STATE STREET GLOBAL ADVISORS</b>	<b>ONE IRON STREET BOSTON, MA 02210</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>BLACKROCK INSTITUTIONAL TRUST</b>	<b>94-3112180</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>AXIOM CAPITAL MANAGEMENT</b>	<b>13-3571312</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

AON CONSULTING

22-2232264

(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?
11 50	NONE	140611	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)

AXIOM INVESTMENT MANAGEMENT

20-5412674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 72	NONE	79956	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BANK OF NEW YORK MELLON

240 GREENWICH STREET  
NEW YORK, NY 10286

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	24785	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"/>

**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)

HILLTOP SECURITIES INC.

717 N. HARWOOD ST  
SUITE 3400  
DALLAS, TX 75201

(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?
49 50	NONE	17141	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

<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: ALFRED H JOHNSON	<b>b</b> EIN: 22-2232264
<b>c</b> Position: ENROLLED ACTUARY	
<b>d</b> Address: 259 N RADNOR CHESTER ROAD SUITE 160 RADNOR, PA 19087	<b>e</b> Telephone: 610-834-2181

Explanation: AN INTERNAL CHANGE IN ASSIGNMENTS AT AON, THE ENROLLED ACTUARY HAS CHANGED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>MOMENTUM TECHNOLOGIES, INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MOMENTUMONE, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>87-4006582</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	81311	173291
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	182051	206736
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1410	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	58385	160676
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	3486195	3238463
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1468372	1287459
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	382710	41373
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	5660434	5107998
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	23498	23890
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	23498	23890
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	5636936	5084108

**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>	587508	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		587508
<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>	1899	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1899
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	42044	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<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>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	293119	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		9420
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		933990

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	946799	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		946799
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	104741	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	140611	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	294667	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		540019
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1486818

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-552828
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **KREISCHER MILLER**

(2) EIN: **23-1980475**

**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		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

**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 564525.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>MOMENTUM TECHNOLOGIES, INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MOMENTUMONE, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>87-4006582</u>	

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

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 94-2357268 34-1479833

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

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

3		1
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

# Momentum Technologies, Inc. Pension Plan

Financial Statements

March 31, 2025 and 2024

**Momentum Technologies, Inc. Pension Plan**  
**March 31, 2025 and 2024**

**Contents**

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INDEPENDENT AUDITORS' REPORT

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## **Independent Auditors' Report**

The Plan Administrator  
Momentum Technologies, Inc. Pension Plan  
Clark, New Jersey

### ***Opinion***

We have audited the financial statements of Momentum Technologies, Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of March 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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.

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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, could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with 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.

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

### ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Schedule H, Line 4j – Schedule of Assets (Acquired and Disposed of Within Year) and Schedule H, Line 4k – Schedule of Reportable Transactions as of or for the year ended March 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

A handwritten signature in black ink that reads "Kreischer Miller". The signature is written in a cursive, flowing style.

Horsham, Pennsylvania  
January 12, 2026

## Momentum Technologies, Inc. Pension Plan

### Statements of Net Assets Available for Benefits March 31, 2025 and 2024

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	2025	2024
<b>ASSETS</b>		
Investments, at fair value	\$ 4,727,971	\$ 5,395,662
Cash	173,291	81,311
Receivables:		
Accrued interest	-	1,410
Employer contributions	206,736	182,051
Total assets	5,107,998	5,660,434
<b>LIABILITIES</b>		
Accrued expenses	23,890	23,498
Net assets available for benefits	<u>\$ 5,084,108</u>	<u>\$ 5,636,936</u>

See accompanying notes to financial statements.

## Momentum Technologies, Inc. Pension Plan

### Statements of Changes in Net Assets Available for Benefits Years Ended March 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 302,539	\$ 344,237
Interest and dividends	43,943	70,921
Employer contributions	587,508	527,583
Total additions	933,990	942,741
Deductions from net assets attributed to:		
Benefits paid to participants	946,799	956,055
Administrative expenses	540,019	514,240
Total deductions	1,486,818	1,470,295
Net decrease	(552,828)	(527,554)
Net assets available for benefits:		
Beginning of year	5,636,936	6,164,490
End of year	\$ 5,084,108	\$ 5,636,936

See accompanying notes to financial statements.

# Momentum Technologies, Inc. Pension Plan

## Notes to Financial Statements

March 31, 2025 and 2024

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### (1) Description of Plan

The following brief description of the Momentum Technologies, Inc. Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information. The plan administrator is responsible for the oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

#### *General*

Effective May 2, 1986, Mohawk Acquisition Corporation acquired certain divisions of Mohawk Data Sciences Corp. The divisions acquired were organized as Momentum Technologies, Inc. Pursuant to the purchase agreement, Momentum Technologies, Inc. established the Plan for the purpose of transferring assets held under the Mohawk Plan which were attributable to benefits accrued by the former Mohawk employees who participated in the Mohawk Plan prior to May 2, 1986.

No additional benefits accrued to any participant of the Plan on or after May 2, 1986 (Freeze Date) and all participants were 100% vested in their accrued retirement benefits. The Plan is a frozen noncontributory defined benefit plan and a wasting trust as of May 2, 1986.

On September 15, 1988, Momentum Technologies, Inc. merged with Onset Corporation, the parent company of Decision Data, Inc. Onset Corporation, the surviving company in the merger, contributed the assets of Momentum Technologies, Inc. to Decision Data, Inc. As a consequence of the merger and subsequent asset contribution, Decision Data, Inc., now known as DecisionOne Corporation, became the sponsoring employer of the Plan.

On January 18, 2022, DecisionOne Corporation was acquired. In connection with the acquisition, effective January 10, 2022, MomentumOne, LLC (the Company) became the sponsoring employer of the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### *Pension Benefits*

Participants are entitled to annual pension benefits beginning at normal retirement age (65) based on their compensation up to the date the Plan was frozen. The Plan permits early retirement at ages 55-64 if the participant has 10 or more years of vested service. Participants may elect to receive their benefits as a life annuity payable monthly from retirement, subject to joint and survivor annuity rules, or as a guaranteed minimum payment.

# Momentum Technologies, Inc. Pension Plan

## Notes to Financial Statements

March 31, 2025 and 2024

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### (2) Summary of Significant Accounting Policies

#### *Basis of Accounting*

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

#### *Use of Estimates*

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

#### *Investment Valuation*

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 6 for a discussion of fair value measurements.

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

#### *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

#### *Expenses*

In accordance with the plan agreement, administrative costs are paid by the Plan unless otherwise directed by the plan sponsor. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

#### *Subsequent Events*

The Plan evaluated subsequent events through January 12, 2026, the date the financial statements were available to be issued.

## Momentum Technologies, Inc. Pension Plan

### Notes to Financial Statements

March 31, 2025 and 2024

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#### (3) Funding Policy

The Company's policy is to fund at least the minimum amount required by ERISA. The Company made contributions of \$587,508 and \$527,583 for the years ended March 31, 2025 and 2024, respectively. The Company's contributions for the years ended March 31, 2025 and 2024 comply with the minimum funding requirements of ERISA.

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

#### (4) Plan Amendment or Termination

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

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations described below.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

## Momentum Technologies, Inc. Pension Plan

### Notes to Financial Statements

March 31, 2025 and 2024

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#### (5) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the Freeze Date (see Note 1). Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) certain present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death and termination of employment – are included to the extent they are deemed attributable to employee service rendered through the Freeze Date.

The actuarial present value of accumulated plan benefits is determined by an actuary from AON and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial valuation is performed as of the beginning of the plan years. Had the valuations been performed as of March 31, there would be no material differences.

The significant assumptions underlying the actuarial as of April 1, 2024 and 2023 are as follows:

Discount rate:	4.90% and 6.75% for 2024 and 2023, respectively
Mortality table:	2024 Generational Mortality Table and 2023 Static Mortality Table, respectively, for Annuitants and Non-Annuitants
Retirement age:	Age 65 or age on valuation date if older than 65

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is as follows as of April 1:

	2024	2023
Vested benefits:		
Participants currently receiving payments	\$ 8,012,314	\$ 7,557,119
Other participants	1,809,863	1,627,256
Total actuarial present value of accumulated plan benefits	<u>\$ 9,822,177</u>	<u>\$ 9,184,375</u>

## Momentum Technologies, Inc. Pension Plan

### Notes to Financial Statements

March 31, 2025 and 2024

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#### (5) Actuarial Present Value of Accumulated Plan Benefits, Continued

The change in the actuarial present value of accumulated plan benefits is as follows for the years ended April 1:

	2024	2023
Actuarial present value of accumulated plan benefit, beginning of year	\$ 9,184,375	\$ 9,660,393
Benefits accumulated and other changes	(26,688)	(100,785)
Benefits paid	(972,674)	(994,300)
Interest due to decrease in discount period	587,654	619,067
Change in actuarial assumptions	1,049,510	-
Actuarial present value of accumulated plan benefits, end of year	\$ 9,822,177	\$ 9,184,375

#### (6) Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include
- quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

## Momentum Technologies, Inc. Pension Plan

### Notes to Financial Statements

March 31, 2025 and 2024

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#### (6) Fair Value Measurements, Continued

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

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

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

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

*Money market funds and registered investment companies:* Valued at the daily closing price as reported by the fund. These funds held by the Plan are open end funds that are registered with the Securities and Exchange Commission and are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

*U.S. government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31:

Description	Assets at Fair Value as of March 31, 2025			
	Total	Level 1	Level 2	Level 3
Money market funds	\$ 160,676	\$ 160,676	\$ -	\$ -
U.S. government securities	3,238,463	-	3,238,463	-
Registered investment companies	41,373	41,373	-	-
Common stock	1,287,459	1,287,459	-	-
Total investments at fair value	\$ 4,727,971	\$ 1,489,508	\$ 3,238,463	\$ -

## Momentum Technologies, Inc. Pension Plan

### Notes to Financial Statements

March 31, 2025 and 2024

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#### (6) Fair Value Measurements, Continued

Description	Assets at Fair Value as of March 31, 2024			
	Total	Level 1	Level 2	Level 3
Money market funds	\$ 58,385	\$ 58,385	\$ -	\$ -
U.S. government securities	3,486,195	-	3,486,195	-
Registered investment companies	382,710	382,710	-	-
Common stock	1,468,372	1,468,372	-	-
Total investments at fair value	\$ 5,395,662	\$ 1,909,467	\$ 3,486,195	\$ -

There were no significant transfers among investment levels during the years ended March 31, 2025 and 2024.

#### (7) Risks and Uncertainties

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

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

The value of the Plan's investments has a direct impact on its funded status. As a result, declines in market value and possible changes to the actuarial assumptions used in determining the present value of accumulated plan benefits may require the Company to make greater cash contributions to fund the Plan. Based on the Plan's funded percentage, there may be certain benefit limitations imposed. However, the actual impact, if any, on future required contributions, Plan liquidity, and benefit limitations cannot be determined at this time.

#### (8) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated October 16, 2002, that the Plan and related trust are designed in accordance with the applicable section of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

## Momentum Technologies, Inc. Pension Plan

### Notes to Financial Statements

March 31, 2025 and 2024

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#### **(8) Tax Status, Continued**

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

#### **(9) Related Party Transactions and Party-In-Interest Transactions**

The Plan holds cash in an account managed by Axiom Capital Management, Inc, a custodian of the Plan. The Plan also invests in a money market fund managed by an affiliate of a custodian of the Plan. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA. Certain plan expenses are paid by the Company and excluded from the accompanying financial statements.

## SUPPLEMENTAL SCHEDULES

**Momentum Technologies, Inc. Pension Plan**

Plan: 001

EIN: 87-4006582

**Supplemental Schedule****Schedule H, Line 4i - Schedule of Assets (Held at the End of Year)****March 31, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Original Cost	(e) Current Value
	Money market funds:			
*	Fidelity Investments	Government Money Market	\$ 160,676	\$ 160,676
	U.S. government securities:			
	United States Treasury	U.S. Treasury Bills	3,229,252	3,238,463
	Registered investment companies:			
	Vaneck	Vectors Gold Miners ETF	31,910	41,373
			31,910	41,373
	Common stock:			
	Alliance Resource Partners LP	Common Stock	10,759	13,640
	Antero Midstream Corporation	Common Stock	15,499	36,000
	Bank Of America Corporation	Common Stock	17,294	20,865
	Barrick Gold Corporation	Common Stock	238,913	253,692
	Blackstone Inc.	Common Stock	175,296	146,769
	Citigroup Inc	Common Stock	52,785	70,990
	Cisco Systems Inc.	Common Stock	18,971	18,513
	Coupang Inc.	Common Stock	26,898	27,413
	Enterprise Products Partners LP	Common Stock	56,052	68,280
	Global X FDS Global X Copper ETF	Common Stock	144,769	136,745
	Invesco QQQ TR Unit	Common Stock	72,483	70,338
	MAG Silver Corp.	Common Stock	24,732	22,920
	Micron Technology Inc	Common Stock	84,835	69,512
	Tesla Inc.	Common Stock	53,351	51,832
	Pfizer Incorporated	Common Stock	56,252	44,345
	Union Pacific Corporation	Common Stock	172,760	177,180
	Verizon Communications	Common Stock	37,366	45,360
	Viatis Inc	Common Stock	19,043	13,065
			1,278,058	1,287,459
			\$4,699,896	\$4,727,971

\* Party-in-interest

**Momentum Technologies, Inc. Pension Plan**

Plan: 001

EIN: 87-4006582

**Supplemental Schedule****Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)****Year Ended March 31, 2025**

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Advanced Micro Devices, Inc.	Common Stock	\$ 283,580	\$ 274,305
Applovin Corporation	Common Stock	\$ 197,391	\$ 301,825
ARK Innovation Etf	Exchange Traded Fund	\$ 66,740	\$ 61,250
Bunge Global SA	Common Stock	\$ 88,101	\$ 70,773
Coherent Corp.	Common Stock	\$ 18,463	\$ 24,614
Dell Technologies Inc.	Common Stock	\$ 114,060	\$ 126,843
Honeywell International Inc.	Common Stock	\$ 187,772	\$ 189,369
KKR and Co. Inc.	Common Stock	\$ 210,035	\$ 211,879
Lumen Technologies, Inc.	Common Stock	\$ 72,804	\$ 79,724
Merck & Co. Inc	Common Stock	\$ 164,920	\$ 139,492
Netapp, Inc.	Common Stock	\$ 128,601	\$ 125,664
Nucor Corporation	Common Stock	\$ 116,224	\$ 118,144
Q2 Holdings, Inc.	Common Stock	\$ 10,420	\$ 9,275
Semiconductor Corporation	Common Stock	\$ 150,692	\$ 148,846
SPDR S&P 500 Etf Trust	Exchange Traded Fund	\$ 518,371	\$ 517,897
The AES Corporation	Common Stock	\$ 520,575	\$ 511,116
United States Natural Gas Fund, LP	Common Stock	\$ 50,226	\$ 88,192

## Momentum Technologies, Inc. Pension Plan

Plan: 001

EIN: 87-4006582

## Supplemental Schedule

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

Year Ended March 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Advanced Micro Devices, Inc.	Common Stock	(S) \$ 283,580	\$ -	\$ 283,580	\$ 283,580	\$ -
Advanced Micro Devices, Inc.	Common Stock	(A) \$ -	\$ 274,305	\$ 283,580	\$ 274,305	\$ (9,275)
Applavin Corporation	Common Stock	(A) \$ 197,391	\$ -	\$ 197,391	\$ 197,391	\$ -
Applavin Corporation	Common Stock	(A) \$ -	\$ 301,825	\$ 197,391	\$ 301,825	\$ 104,434
Fidelity Government Money Market Fund	Government Money Market	(S) \$ 417,650	\$ -	\$ 417,650	\$ 417,650	\$ -
Fidelity Government Money Market Fund	Government Money Market	(S) \$ 300,474	\$ -	\$ 300,474	\$ 300,474	\$ -
Fidelity Government Money Market Fund	Government Money Market	(S) \$ 373,955	\$ -	\$ 373,955	\$ 373,955	\$ -
Fidelity Government Money Market Fund	Government Money Market	(A) \$ 3,802,012	\$ -	\$ 3,802,012	\$ 3,802,012	\$ -
Fidelity Government Money Market Fund	Government Money Market	(S) \$ -	\$ 277,526	\$ 277,526	\$ 277,526	\$ -
Fidelity Government Money Market Fund	Government Money Market	(A) \$ -	\$ 3,719,336	\$ 3,719,336	\$ 3,719,336	\$ -
Honeywell International Inc.	Common Stock	(A) \$ 187,772	\$ -	\$ 187,772	\$ 187,772	\$ -
Honeywell International Inc.	Common Stock	(A) \$ -	\$ 189,369	\$ 187,772	\$ 189,369	\$ 1,597
Invesco QQQ Trust	Common Stock	(S) \$ 498,710	\$ -	\$ 498,710	\$ 498,710	\$ -
Invesco QQQ Trust	Common Stock	(A) \$ 571,188	\$ -	\$ 571,188	\$ 571,188	\$ -
Invesco QQQ Trust	Common Stock	(S) \$ -	\$ 498,573	\$ 498,710	\$ 498,573	\$ (137)
KKR and Co. Inc.	Common Stock	(A) \$ 210,035	\$ -	\$ 210,035	\$ 210,035	\$ -
KKR and Co. Inc.	Common Stock	(A) \$ -	\$ 211,879	\$ 210,035	\$ 211,879	\$ 1,844
Merck & Co. Inc	Common Stock	(A) \$ 164,920	\$ -	\$ 164,920	\$ 164,920	\$ -
Merck & Co. Inc	Common Stock	(A) \$ -	\$ 139,492	\$ 164,920	\$ 139,492	\$ (25,428)
Micron Technology Inc.	Common Stock	(A) \$ 107,195	\$ -	\$ 107,195	\$ 107,195	\$ -
Micron Technology Inc.	Common Stock	(A) \$ -	\$ 170,621	\$ 95,268	\$ 170,621	\$ 75,353
Occidental Pete Corp.	Common Stock	(A) \$ 280,244	\$ -	\$ 280,244	\$ 280,244	\$ -
Occidental Pete Corp.	Common Stock	(S) \$ -	\$ 287,087	\$ 277,114	\$ 287,087	\$ 9,973
Occidental Pete Corp.	Common Stock	(A) \$ -	\$ 438,874	\$ 428,439	\$ 438,874	\$ 10,435
Semiconductor Corporation	Common Stock	(A) \$ 150,692	\$ -	\$ 150,692	\$ 150,692	\$ -
Semiconductor Corporation	Common Stock	(A) \$ -	\$ 148,846	\$ 150,692	\$ 148,846	\$ (1,846)
SPDR S&P 500 Etf Trust	Exchange Traded Fund	(A) \$ 518,371	\$ -	\$ 518,371	\$ 518,371	\$ -
SPDR S&P 500 Etf Trust	Exchange Traded Fund	(A) \$ -	\$ 517,897	\$ 518,371	\$ 517,897	\$ (474)
The AES Corporation	Common Stock	(A) \$ 520,575	\$ -	\$ 520,575	\$ 520,575	\$ -
The AES Corporation	Common Stock	(A) \$ -	\$ 441,141	\$ 520,575	\$ 441,141	\$ (79,434)
United States Treas Bills 01/16/25	U.S. Treasury Bills	(S) \$ 243,734,250	\$ -	\$ 243,734,250	\$ 243,734,250	\$ -
United States Treas Bills 02/20/25	U.S. Treasury Bills	(S) \$ 98,899,800	\$ -	\$ 98,899,800	\$ 98,899,800	\$ -
United States Treas Bills 03/11/25	U.S. Treasury Bills	(S) \$ 248,452,250	\$ -	\$ 248,452,250	\$ 248,452,250	\$ -
United States Treas Bills 04/15/25	U.S. Treasury Bills	(S) \$ 74,533,125	\$ -	\$ 74,533,125	\$ 74,533,125	\$ -
United States Treas Bills 05/06/25	U.S. Treasury Bills	(S) \$ 248,392,000	\$ -	\$ 248,392,000	\$ 248,392,000	\$ -
United States Treas Bills 07/18/24	U.S. Treasury Bills	(S) \$ 246,726,250	\$ -	\$ 246,726,250	\$ 246,726,250	\$ -
United States Treas Bills 08/22/24	U.S. Treasury Bills	(S) \$ 98,691,300	\$ -	\$ 98,691,300	\$ 98,691,300	\$ -
United States Treas Bills 11/21/24	U.S. Treasury Bills	(S) \$ 98,745,500	\$ -	\$ 98,745,500	\$ 98,745,500	\$ -
VanEck Gold Miners Etf	Exchange Traded Fund	(A) \$ 134,817	\$ -	\$ 134,817	\$ 134,817	\$ -
VanEck Gold Miners Etf	Exchange Traded Fund	(A) \$ -	\$ 178,506	\$ 162,325	\$ 178,506	\$ 16,181

(S) - Represents a single transaction exceeding the reportable threshold

(A) - Represents the aggregate total of transactions exceeding the reportable threshold

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year  
Momentum Technologies, Inc. Pension Plan  
EIN: 87-4006582 PN: 001

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with no lookback (as of April 2024), each adjusted as needed to fall within the 25-year interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with no lookback (as of April 2024), without regard to interest rate stabilization.
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.16%
<b>Retirement Age</b>	
Active Participants	Age 65.
Terminated Vested Participants	Age 62.
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
<b>Withdrawal Rates</b>	None.
<b>Disability Rates</b>	None.
<b>Decrement Timing</b>	Beginning of year decrements.
<b>Surviving Spouse Benefit</b>	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Benefit Limits</b>	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
<b>Valuation of Plan Assets</b>	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year  
Momentum Technologies, Inc. Pension Plan  
EIN: 87-4006582 PN: 001

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

**Expected Return on Assets**

2022 Plan Year	3.63%
2023 Plan Year	4.87%
2024 Plan Year	4.90%

**Trust Expenses Included in Target Normal Cost** Prior year's administrative expenses.

**Actuarial Method** Standard unit credit cost method.

**Valuation Date** April 1, 2024.

## Momentum Technologies, Inc. Pension Plan

Plan: 001

EIN: 87-4006582

## Supplemental Schedule

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

Year Ended March 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Advanced Micro Devices, Inc.	Common Stock	(S) \$ 283,580	\$ -	\$ 283,580	\$ 283,580	\$ -
Advanced Micro Devices, Inc.	Common Stock	(A) \$ -	\$ 274,305	\$ 283,580	\$ 274,305	\$ (9,275)
Applavin Corporation	Common Stock	(A) \$ 197,391	\$ -	\$ 197,391	\$ 197,391	\$ -
Applavin Corporation	Common Stock	(A) \$ -	\$ 301,825	\$ 197,391	\$ 301,825	\$ 104,434
Fidelity Government Money Market Fund	Government Money Market	(S) \$ 417,650	\$ -	\$ 417,650	\$ 417,650	\$ -
Fidelity Government Money Market Fund	Government Money Market	(S) \$ 300,474	\$ -	\$ 300,474	\$ 300,474	\$ -
Fidelity Government Money Market Fund	Government Money Market	(S) \$ 373,955	\$ -	\$ 373,955	\$ 373,955	\$ -
Fidelity Government Money Market Fund	Government Money Market	(A) \$ 3,802,012	\$ -	\$ 3,802,012	\$ 3,802,012	\$ -
Fidelity Government Money Market Fund	Government Money Market	(S) \$ -	\$ 277,526	\$ 277,526	\$ 277,526	\$ -
Fidelity Government Money Market Fund	Government Money Market	(A) \$ -	\$ 3,719,336	\$ 3,719,336	\$ 3,719,336	\$ -
Honeywell International Inc.	Common Stock	(A) \$ 187,772	\$ -	\$ 187,772	\$ 187,772	\$ -
Honeywell International Inc.	Common Stock	(A) \$ -	\$ 189,369	\$ 187,772	\$ 189,369	\$ 1,597
Invesco QQQ Trust	Common Stock	(S) \$ 498,710	\$ -	\$ 498,710	\$ 498,710	\$ -
Invesco QQQ Trust	Common Stock	(A) \$ 571,188	\$ -	\$ 571,188	\$ 571,188	\$ -
Invesco QQQ Trust	Common Stock	(S) \$ -	\$ 498,573	\$ 498,710	\$ 498,573	\$ (137)
KKR and Co. Inc.	Common Stock	(A) \$ 210,035	\$ -	\$ 210,035	\$ 210,035	\$ -
KKR and Co. Inc.	Common Stock	(A) \$ -	\$ 211,879	\$ 210,035	\$ 211,879	\$ 1,844
Merck & Co. Inc	Common Stock	(A) \$ 164,920	\$ -	\$ 164,920	\$ 164,920	\$ -
Merck & Co. Inc	Common Stock	(A) \$ -	\$ 139,492	\$ 164,920	\$ 139,492	\$ (25,428)
Micron Technology Inc.	Common Stock	(A) \$ 107,195	\$ -	\$ 107,195	\$ 107,195	\$ -
Micron Technology Inc.	Common Stock	(A) \$ -	\$ 170,621	\$ 95,268	\$ 170,621	\$ 75,353
Occidental Pete Corp.	Common Stock	(A) \$ 280,244	\$ -	\$ 280,244	\$ 280,244	\$ -
Occidental Pete Corp.	Common Stock	(S) \$ -	\$ 287,087	\$ 277,114	\$ 287,087	\$ 9,973
Occidental Pete Corp.	Common Stock	(A) \$ -	\$ 438,874	\$ 428,439	\$ 438,874	\$ 10,435
Semiconductor Corporation	Common Stock	(A) \$ 150,692	\$ -	\$ 150,692	\$ 150,692	\$ -
Semiconductor Corporation	Common Stock	(A) \$ -	\$ 148,846	\$ 150,692	\$ 148,846	\$ (1,846)
SPDR S&P 500 Etf Trust	Exchange Traded Fund	(A) \$ 518,371	\$ -	\$ 518,371	\$ 518,371	\$ -
SPDR S&P 500 Etf Trust	Exchange Traded Fund	(A) \$ -	\$ 517,897	\$ 518,371	\$ 517,897	\$ (474)
The AES Corporation	Common Stock	(A) \$ 520,575	\$ -	\$ 520,575	\$ 520,575	\$ -
The AES Corporation	Common Stock	(A) \$ -	\$ 441,141	\$ 520,575	\$ 441,141	\$ (79,434)
United States Treas Bills 01/16/25	U.S. Treasury Bills	(S) \$ 243,734,250	\$ -	\$ 243,734,250	\$ 243,734,250	\$ -
United States Treas Bills 02/20/25	U.S. Treasury Bills	(S) \$ 98,899,800	\$ -	\$ 98,899,800	\$ 98,899,800	\$ -
United States Treas Bills 03/11/25	U.S. Treasury Bills	(S) \$ 248,452,250	\$ -	\$ 248,452,250	\$ 248,452,250	\$ -
United States Treas Bills 04/15/25	U.S. Treasury Bills	(S) \$ 74,533,125	\$ -	\$ 74,533,125	\$ 74,533,125	\$ -
United States Treas Bills 05/06/25	U.S. Treasury Bills	(S) \$ 248,392,000	\$ -	\$ 248,392,000	\$ 248,392,000	\$ -
United States Treas Bills 07/18/24	U.S. Treasury Bills	(S) \$ 246,726,250	\$ -	\$ 246,726,250	\$ 246,726,250	\$ -
United States Treas Bills 08/22/24	U.S. Treasury Bills	(S) \$ 98,691,300	\$ -	\$ 98,691,300	\$ 98,691,300	\$ -
United States Treas Bills 11/21/24	U.S. Treasury Bills	(S) \$ 98,745,500	\$ -	\$ 98,745,500	\$ 98,745,500	\$ -
VanEck Gold Miners Etf	Exchange Traded Fund	(A) \$ 134,817	\$ -	\$ 134,817	\$ 134,817	\$ -
VanEck Gold Miners Etf	Exchange Traded Fund	(A) \$ -	\$ 178,506	\$ 162,325	\$ 178,506	\$ 16,181

(S) - Represents a single transaction exceeding the reportable threshold

(A) - Represents the aggregate total of transactions exceeding the reportable threshold

**SCHEDULE SB  
(Form 5500)**  
Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**  
This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  
▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No 1210-0110  
**2024**  
This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

<b>A</b> Name of plan MOMENTUM TECHNOLOGIES, INC. PENSION PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MOMENTUMONE, LLC		<b>D</b> Employer Identification Number (EIN) 87-4006582	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

**1** Enter the valuation date: Month 04 Day 01 Year 2024

<b>2</b> Assets:	
<b>a</b> Market value.....	<b>2a</b> 5,576,713
<b>b</b> Actuarial value.....	<b>2b</b> 5,975,271

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	605	7,838,452	7,838,452
<b>b</b> For terminated vested participants.....	105	1,770,980	1,770,980
<b>c</b> For active participants.....	0	0	0
<b>d</b> Total.....	710	9,609,432	9,609,432

<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input checked="" type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b> 9,604,045
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b> 9,630,979
<b>5</b> Effective interest rate.....	<b>5</b> 5.15%

<b>6</b> Target normal cost	
<b>a</b> Present value of current plan year accruals.....	<b>6a</b> 0
<b>b</b> Expected plan-related expenses.....	<b>6b</b> 187,649
<b>c</b> Target normal cost.....	<b>6c</b> 187,649

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

<b>SIGN HERE</b>	Caleb MCGARY <i>CRM</i>
	Signature of actuary
	CALEB MCGARY
	Type or print name of actuary
	AON CONSULTING, INC.
	Firm name
	MSC# 17833 P.O. Box 7505 FORT WASHINGTON PA 19034
	Address of the firm

12/12/2025
Date
2308860
Most recent enrollment number
610-834-2181
Telephone number (including area code)

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	22
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	22
<b>10</b>	Interest on line 9 using prior year's actual return of <u>0.84</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.04</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	22

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	62.21 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	62.21 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	65.25 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	58.03 %

**Part IV Contributions and Liquidity Shortfalls**

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/10/2024	126,924	0			
10/08/2024	126,924	0			
01/14/2025	126,924	0			
04/11/2025	126,924	0			
11/25/2025	79,812	0			
			<b>Totals ▶</b>	<b>18(b)</b> 587,508	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	564,832

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 65

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

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

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

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

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

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

**a** Target normal cost (line 6c)..... **31a** 187,649

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

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	3,634,183	376,981
<b>b</b> Waiver amortization installment .....	0	0

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

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 564,630

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b> 564,630
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 564,832

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

**a** Total (excess, if any, of line 37 over line 36)..... **38a** 202

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

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

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

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

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

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year  
Momentum Technologies, Inc. Pension Plan  
EIN: 87-4006582 PN: 001

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 4/1/2024 at 5.15%</b>	<b>Interest Adjusted Contribution</b>
July 10, 2024	\$ 126,924	100	\$ 125,190
October 8, 2024	126,924	190	123,649
January 14, 2025	126,924	288	121,993
April 11, 2025	126,924	375	120,542
November 25, 2025	<u>79,812</u>	603	<u>73,458</u>
Total Contribution	\$ 587,508		\$ 564,832

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year  
Momentum Technologies, Inc. Pension Plan  
EIN: 87-4006582 PN: 001

## Schedule SB, line 22 — Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

**Momentum Technologies, Inc. Pension Plan**

Plan: 001

EIN: 87-4006582

**Supplemental Schedule****Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)****Year Ended March 31, 2025**

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Advanced Micro Devices, Inc.	Common Stock	\$ 283,580	\$ 274,305
Applovin Corporation	Common Stock	\$ 197,391	\$ 301,825
ARK Innovation Etf	Exchange Traded Fund	\$ 66,740	\$ 61,250
Bunge Global SA	Common Stock	\$ 88,101	\$ 70,773
Coherent Corp.	Common Stock	\$ 18,463	\$ 24,614
Dell Technologies Inc.	Common Stock	\$ 114,060	\$ 126,843
Honeywell International Inc.	Common Stock	\$ 187,772	\$ 189,369
KKR and Co. Inc.	Common Stock	\$ 210,035	\$ 211,879
Lumen Technologies, Inc.	Common Stock	\$ 72,804	\$ 79,724
Merck & Co. Inc	Common Stock	\$ 164,920	\$ 139,492
Netapp, Inc.	Common Stock	\$ 128,601	\$ 125,664
Nucor Corporation	Common Stock	\$ 116,224	\$ 118,144
Q2 Holdings, Inc.	Common Stock	\$ 10,420	\$ 9,275
Semiconductor Corporation	Common Stock	\$ 150,692	\$ 148,846
SPDR S&P 500 Etf Trust	Exchange Traded Fund	\$ 518,371	\$ 517,897
The AES Corporation	Common Stock	\$ 520,575	\$ 511,116
United States Natural Gas Fund, LP	Common Stock	\$ 50,226	\$ 88,192

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year  
Momentum Technologies, Inc. Pension Plan  
EIN: 87-4006582 PN: 001

## Schedule SB, line 4 — Additional Information for Plans in At-Risk Status

The at-risk assumption for payment form is the optional payment form that results in the highest present value. For deferred vested participants, that optional payment form is a Single Life Annuity for most, with a few picking up the Joint and 100% Survivor option.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year  
Momentum Technologies, Inc. Pension Plan  
EIN: 87-4006582 PN: 001

## Schedule SB, Part V — Summary of Plan Provisions

<b>Effective Date</b>	May 2, 1986.
<b>Eligibility</b>	Participation is limited to employees (1) whose employment was transferred from Mohawk to Momentum Technologies, Inc. on or about the effective date, (2) who were eligible to participate in the Mohawk Plan immediately prior to the effective date, (3) who had accrued a vested benefit under the Mohawk Plan as of the effective date.
<b>Normal Retirement</b>	
Eligibility	First of the month coincident with or next following the attainment of age 65.
Benefit	A participant's vested accrued benefit as of May 2, 1986.
Form	A monthly benefit payable for the life of the participant.
<b>Early Retirement</b>	
Eligibility	First of the month coincident with or next following the attainment of age 55 and the completion of 10 years of vesting service.
Benefit	The normal retirement benefit above reduced for early commencement by 0.5% per month for the first 60 months, and 0.25% per month for the next 60 months.
<b>Late Retirement</b>	
Eligibility	A participant may work past his normal retirement date.
Benefit	The normal retirement benefit above, payable the first of the month following the participant's actual retirement date. The participant will also receive a single-sum payment equal to the sum of the retroactive monthly payments he would have received between his normal retirement date and his late retirement date.
<b>Deferred Vested Benefit</b>	
Eligibility	Any participant who terminates employment with a vested accrued benefit.
Benefit	The normal retirement benefit above, payable in full at normal retirement. The benefit may be elected on or after age 55 on a reduced basis.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year  
Momentum Technologies, Inc. Pension Plan  
EIN: 87-4006582 PN: 001

**Preretirement Survivor's Benefit**

Eligibility

Any participant who is married at the date of death.

Benefit

A death benefit shall be payable to the participant's spouse equal to one-half of the benefit the participant would have received had he terminated or retired on his date of death and elected to receive a monthly benefit in the form of a qualified joint and survivor annuity with 50% payable to his spouse upon death.

**Date Payment Commences**

Payable anytime on or after what would have been the participant's fifty-fifth birthday in a reduced amount.

**Plan Changes Since the Prior Year**

The funding valuation does not reflect any plan changes.

**Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The Enrolled Actuary for the plan has changed due to the retirement of the previous Enrolled Actuary.

**Momentum Technologies, Inc. Pension Plan**

Plan: 001

EIN: 87-4006582

**Supplemental Schedule****Schedule H, Line 4i - Schedule of Assets (Held at the End of Year)****March 31, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Original Cost	(e) Current Value
	Money market funds:			
*	Fidelity Investments	Government Money Market	\$ 160,676	\$ 160,676
	U.S. government securities:			
	United States Treasury	U.S. Treasury Bills	3,229,252	3,238,463
	Registered investment companies:			
	Vaneck	Vectors Gold Miners ETF	31,910	41,373
			31,910	41,373
	Common stock:			
	Alliance Resource Partners LP	Common Stock	10,759	13,640
	Antero Midstream Corporation	Common Stock	15,499	36,000
	Bank Of America Corporation	Common Stock	17,294	20,865
	Barrick Gold Corporation	Common Stock	238,913	253,692
	Blackstone Inc.	Common Stock	175,296	146,769
	Citigroup Inc	Common Stock	52,785	70,990
	Cisco Systems Inc.	Common Stock	18,971	18,513
	Coupang Inc.	Common Stock	26,898	27,413
	Enterprise Products Partners LP	Common Stock	56,052	68,280
	Global X FDS Global X Copper ETF	Common Stock	144,769	136,745
	Invesco QQQ TR Unit	Common Stock	72,483	70,338
	MAG Silver Corp.	Common Stock	24,732	22,920
	Micron Technology Inc	Common Stock	84,835	69,512
	Tesla Inc.	Common Stock	53,351	51,832
	Pfizer Incorporated	Common Stock	56,252	44,345
	Union Pacific Corporation	Common Stock	172,760	177,180
	Verizon Communications	Common Stock	37,366	45,360
	Viatis Inc	Common Stock	19,043	13,065
			1,278,058	1,287,459
			\$4,699,896	\$4,727,971

\* Party-in-interest

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year  
Momentum Technologies, Inc. Pension Plan  
EIN: 87-4006582 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,972,898	April 1, 2021	12	\$ 212,966
Shortfall	\$ 828,455	April 1, 2022	13	\$ 84,455
Shortfall	\$ 588,596	April 1, 2023	14	\$ 56,990
Shortfall	\$ 244,234	April 1, 2024	15	\$ 22,570

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year  
Momentum Technologies, Inc. Pension Plan  
EIN: 87-4006582 PN: 001

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected long-term rate of return on plan assets from 4.87% to 4.90%.

This change was made to better reflect the anticipated plan experience. The assumption change did not reduce the funding shortfall; as such approval of the commissioner is not required.