

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: SISK FULFILLMENT SERVICE, INC. PENSION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 07/01/2016
2a Plan sponsor's name (employer, if for a single-employer plan): SISK FULFILLMENT SERVICE, INC.
2b Employer Identification Number (EIN): 52-1307392
2c Sponsor's telephone number: 410-754-8141
2d Business code (see instructions): 561900
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 62
5b Total number of participants at the end of the plan year: 52
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 58
5d(2) Total number of active participants at the end of the plan year: 51
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 1

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 03/17/2026, MICHAEL PHILLIPS. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562620. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets	3280878	3622664
b	Total plan liabilities	0	0
c	Net plan assets (subtract line 7b from line 7a)	3280878	3622664
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	211000	
(2)	Participants	0	
(3)	Others (including rollovers)	0	
b	Other income (loss)	212762	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		423762
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	54512	
e	Certain deemed and/or corrective distributions (see instructions) .	0	
f	Administrative service providers (salaries, fees, commissions)	27464	
g	Other expenses	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		81976
i	Net income (loss) (subtract line 8h from line 8c)		341786
j	Transfers to (from) the plan (see instructions)	0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C 3D 1I
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

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

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

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

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

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

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

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

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705217A.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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.

A Name of plan <u>SISK FULFILLMENT SERVICE, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SISK FULFILLMENT SERVICE, INC.</u>	D Employer Identification Number (EIN) <u>52-1307392</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a	<u>3266938</u>	
b Actuarial value	2b	<u>3266938</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>4</u>	<u>22077</u>	<u>22077</u>
c For active participants	<u>58</u>	<u>3378798</u>	<u>3381806</u>
d Total	<u>62</u>	<u>3400875</u>	<u>3403883</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.19 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>179359</u>	
b Expected plan-related expenses	6b	<u>2250</u>	
c Target normal cost	6c	<u>181609</u>	

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

SIGN HERE Signature of actuary <u>MICHAEL J. WHITTLE, JR.</u> Type or print name of actuary <u>CBIZ</u> Firm name <u>44 BALTIMORE ST</u> <u>CUMBERLAND, MD 21502</u> Address of the firm	<u>03/11/2026</u> Date <u>23-08339</u> Most recent enrollment number <u>609-895-5332</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.61</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1068
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.99</u> %		53
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1121
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.97 %
15	Adjusted funding target attainment percentage	15	95.97 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/03/2025	211000	0					
			Totals ▶	18(b)	211000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 194810	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	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 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 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 181609
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	136945		12995	
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 194604
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 194604
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 194810
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 206
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: Sisk Fulfillment Service, Inc. Pension Plan

EIN/PN: 52-1307392/003

Summary of Principal Actuarial Assumptions

Actuarial Cost Method

Traditional Unit Credit

Actuarial Value of Assets

Market Value

Date of Calculations

July 1, 2024

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, we have not audited the data and financial information provided.

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	4.99%	4.99%
	Rate 2:	5.29%	5.29%
	Rate 3:	5.29%	5.59%
Mortality:	None assumed		
Termination of Employment:	None assumed		
Salary Scale:	None assumed		
Retirement Age:	All employees are assumed to retire at normal retirement age.		

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: Sisk Fulfillment Service, Inc. Pension Plan

EIN/PN: 52-1307392/003

Summary of Principal Actuarial Assumptions

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	4.99%	4.99%
	Rate 2:	5.29%	5.29%
	Rate 3:	5.29%	5.59%

Mortality: 2024 Combined Static Mortality

Plan Expenses: Assumed equal to actual administrative expenses paid from plan assets in the prior plan year.

Form of Benefit Payment: 100% of Participants not yet in payment status are assumed to elect a Lump Sum.

Effective Rate of Interest: 5.19%

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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.

A Name of plan SISK FULFILLMENT SERVICE, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SISK FULFILLMENT SERVICE, INC.	D Employer Identification Number (EIN) 52-1307392	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		3,266,938
b Actuarial value	2b		3,266,938
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	4	22,077	22,077
c For active participants	58	3,378,798	3,381,806
d Total	62	3,400,875	3,403,883
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.19%
6 Target normal cost			
a Present value of current plan year accruals	6a		179,359
b Expected plan-related expenses	6b		2,250
c Target normal cost	6c		181,609

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

SIGN HERE	<u>Michael J. Whittle, Jr.</u> <i>MJW</i>	<u>03/11/2026</u>	
	Signature of actuary	Date	
	<u>MICHAEL J. WHITTLE, JR.</u>	2308339	
	Type or print name of actuary	Most recent enrollment number	
<u>CBIZ</u>		609-895-5332	
	Firm name	Telephone number (including area code)	
<u>44 BALTIMORE ST</u>			
<u>CUMBERLAND MD 21502</u>			
	Address of the firm		

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	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 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 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 181,609
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	136,945		12,995	
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)....				34 194,604
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 194,604
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 194,810
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 206
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**Plan Name: Sisk Fulfillment Service, Inc. Pension Plan****EIN/PN: 52-1307392/003****Summary of Principal Actuarial Assumptions****Actuarial Cost Method**

Traditional Unit Credit

Actuarial Value of Assets

Market Value

Date of Calculations

July 1, 2024

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, we have not audited the data and financial information provided.

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	4.99%	4.99%
	Rate 2:	5.29%	5.29%
	Rate 3:	5.29%	5.59%

Mortality: None assumed

Termination of Employment: None assumed

Salary Scale: None assumed

Retirement Age: All employees are assumed to retire at normal retirement age.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**Plan Name: Sisk Fulfillment Service, Inc. Pension Plan****EIN/PN: 52-1307392/003****Summary of Principal Actuarial Assumptions**

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (0-month lookback)

		<u>For 404</u>	<u>For 430 and 436</u>
Sample Rates:	Rate 1:	4.99%	4.99%
	Rate 2:	5.29%	5.29%
	Rate 3:	5.29%	5.59%
Mortality:	2024 Combined Static Mortality		
Plan Expenses:	Assumed equal to actual administrative expenses paid from plan assets in the prior plan year.		
Form of Benefit Payment:	100% of Participants not yet in payment status are assumed to elect a Lump Sum.		
Effective Rate of Interest:	5.19%		

Schedule SB, Part V - Statement of Plan Provisions**Plan Name: Sisk Fulfillment Service, Inc. Pension Plan****EIN/PN: 52-1307392/003****Summary of Principal Plan Provisions**

The following summary describes Principal Plan Provisions assumed in calculating the cost of your Pension Plan.

General Information

Original Effective Date	7/1/2016
Plan Year	July 1 through June 30
Plan Termination Date	5/31/2025
Employer ID No.	52-1307392
Plan Number	003

Eligibility

All employees of the Employer age 18 or older are eligible to participate in the Plan as of the January 1st or July 1st next following the completion of one year of service with at least 1,000 hours of service. Highly Compensated employees who are not owners are excluded. Participation was frozen 12/31/2024.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

Normal Retirement Date

Normal Retirement Date is the first day of the month coinciding with or next following the attainment of age 62, or effective August 1, 2020, the valuation date containing the 3rd anniversary of date of entry, if later.

Normal Retirement Benefit

A benefit commencing at normal retirement date equal to the Actuarial Equivalent of the Hypothetical Cash Balance Account. Each year, the hypothetical account will be credited for that plan year according to the schedule below:

Group 1:	62% allocation	Group 3:	0% allocation
Group 2:	62% allocation	Group 4:	2.5% allocation

A participant must work at least 500 hours within the plan year to receive an allocation for that year.

Interest on allocations is credited annually based on 4.00%.

The account balance at retirement is converted to a benefit based on the Actuarial Equivalent of the plan (5.5% interest and the 1994 GAR mortality table).

Benefit accruals were frozen 12/31/2024.

Schedule SB, Part V - Statement of Plan Provisions**Plan Name: Sisk Fulfillment Service, Inc. Pension Plan****EIN/PN: 52-1307392/003****Summary of Principal Plan Provisions****Delayed Retirement**

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive, at actual retirement, the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

Compensation

415 Safe Harbor earnings during a plan year. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit. Compensation excludes salary earned after 12/31/2024.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using Compensation and Benefit Accrual Service as of the accrual date. Benefit accruals were frozen 12/31/2024.

Early Retirement Benefit

None provided.

Disability Retirement Benefit

None provided.

Death Benefit

All plan participants are eligible for a death benefit payable to their beneficiary based on the actuarial equivalent of their accrued benefit.

Severance Benefit

Upon termination of employment after three years of Vesting Service, a participant shall have a vested interest in his accrued benefit, which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Fewer than three	0%
Three or more	100%

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life, or if married, an actuarially equivalent Joint & Survivor Annuity.

Schedule SB, Part V - Statement of Plan Provisions

Plan Name: Sisk Fulfillment Service, Inc. Pension Plan

EIN/PN: 52-1307392/003

Summary of Principal Plan Provisions

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under Option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50%, 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A lump sum benefit.

Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the 94 GAR Table and a 5.50% interest rate. Lump sum actuarial equivalence is based on the value of the Hypothetical Cash balance Account at the time of distribution.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan Document.

Schedule SB, line 32 - Schedule of Amortization Bases**Plan Name:** Sisk Fulfillment Service, Inc. Pension Plan**EIN/PN:** 52-1307392/003

<u>Type of Base</u>	<u>Present Value of remaining installments</u>	<u>Valuation Date Established</u>	<u># of Years Remaining</u>	<u>Amortization Installment</u>
Shortfall	\$143,100	7/1/2022	13	\$14,685
Shortfall	\$14,533	7/1/2023	14	\$1,417
Shortfall	<u>(\$20,688)</u>	7/1/2024	15	<u>(\$1,926)</u>
Total	\$136,945			\$14,176
		Adjustment for plan termination date 5/31/2025		<u>0.9167</u>
		Adjusted Amortization Installment		<u><u>\$12,995</u></u>

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: Sisk Fulfillment Service, Inc. Pension Plan
EIN/PN: 52-1307392/003

Age	Retirement Rate	Weight	Age x Weight
62	100%	100.00%	62.00
Weighted Average Retirement Age			62.00
Rounded to Nearest Integer			62

Schedule SB, line 19 - Discounted Employer Contributions

Plan Name: Sisk Fulfillment Service, Inc. Pension Plan

EIN/PN: 52-1307392/003

Deposit Date	Amount	Discount Rate *	Designation	Due Date	DaysLate	To VD	w/LI	w/EI
9/3/2025	43,786	5.19%	1st quarter	10/15/2024	323	106	39,597	41,258
9/3/2025	43,786	5.19%	2nd quarter	1/15/2025	231	198	40,063	41,258
9/3/2025	43,786	5.19%	3rd quarter	4/15/2025	141	288	40,524	41,258
9/3/2025	43,786	5.19%	4th quarter	6/15/2025	80	349	40,840	41,258
9/3/2025	35,856	5.19%	2024 MRC	2/15/2026	0	429	33,786	33,786
Total:	211,000					Total	194,810	198,818
						Less Credit Balance	-	-
						Total Discounted Contributions	194,810	198,818
						Q Pen interest		4,008.00

* Effective Rate plus 5% for period between due date and deposit date

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name: Sisk Fulfillment Service, Inc. Pension Plan

EIN/PN: 52-1307392/003

Age	Retirement Rate	Weight	Age x Weight
62	100%	100.00%	62.00
Weighted Average Retirement Age			62.00
Rounded to Nearest Integer			62

Schedule SB, line 19 - Discounted Employer Contributions

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9/3/2025	35,856	5.19%	2024 MRC	2/15/2026	0	429	33,786	33,786
Total:	211,000					Total	194,810	198,818
						Less Credit Balance	-	-
						Total Discounted Contributions	194,810	198,818
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Schedule SB, Part V - Statement of Plan Provisions

Plan Name: Sisk Fulfillment Service, Inc. Pension Plan

EIN/PN: 52-1307392/003

Summary of Principal Plan Provisions

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Plan Name: Sisk Fulfillment Service, Inc. Pension Plan

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Schedule SB, Part V - Statement of Plan Provisions

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