Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [X] special extension (enter description) EXECUTIVE ORDER MO-2025-01

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
BUFF ENTERPRISES DBA SUPPLEMENTAL SUPERSTORES GROUP HEALTH BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 505

1c Effective date of plan 01/01/2023

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BUFF ENTERPRISES, LLC

2091 FENTON LOGISTICS PARK BLVD
FENTON, MO 63026

2b Employer Identification Number (EIN) 43-1867274

2c Plan Sponsor's telephone number 800-409-9732

2d Business code (see instructions) 446190

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2026	CARA FRISELLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	287
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	283
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	276
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	282
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
BUFF ENTERPRISES DBA SUPPLEMENTAL SUPERSTORES GROUP HEALTH BENEFIT PLAN

B Three-digit plan number (PN) ▶ 505

C Plan sponsor's name as shown on line 2a of Form 5500
BUFF ENTERPRISES, LLC

D Employer Identification Number (EIN)
43-1867274

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
OPTUM HEALTH (UNIMERICA INSURANCE COMPANY)

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
52-1996029	91529	UNI-203319	276	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [X] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	358934
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
BUFF ENTERPRISES DBA SUPPLEMENTAL SUPERSTORES GROUP HEALTH BENEFIT PLAN		505
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
BUFF ENTERPRISES, LLC	43-1867274	

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

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

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

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

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

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

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

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

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

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

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

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

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

CARAVUS

168 N MERAMEC AVE STE 300
ST LOUIS, MO 63105

43-1699394

(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?
22	BROKER	112721	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

THE BENECON GROUP, LLC

201 E OREGON RD SUITE 100
LITITZ, PA 17543

23-1315351

(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?
22	BROKER	60632	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

UMR

PO BOX 30541
SALT LAKE CITY, UT 84130

39-1995276

(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?
12	ADMINISTRATOR	49022	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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)

CONNECTCARE3 LLC

201 E OREGON RD SUITE 100
LITITZ, PA 17543

26-1768616

(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	PATIENT ADVOCATE	19800	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
BUFF ENTERPRISES DBA SUPPLEMENTAL SUPERSTORES GROUP HEALTH BENEFIT PLAN

B Three-digit plan number (PN) ▶ 505

C Plan sponsor's name as shown on line 2a of Form 5500
BUFF ENTERPRISES, LLC

D Employer Identification Number (EIN)
43-1867274

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	77518
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	121029	94930
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	121029	172448
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	12310	172448
k Total liabilities (add all amounts in lines 1g through1j)	1k	12310	172448
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	108719	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1046999	
(B) Participants	2a(1)(B)	703753	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1750752
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2778	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2778
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1753530
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	1269560	
(3) Other	2e(3)	592689	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1862249
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1862249
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-108719
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: ARMANINO **(2)** EIN: 33-2514127

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		40000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

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

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

Armanino
6 Cityplace Dr
Suite 900
St. Louis, MO 63141-7194
314-983-1200 main
armanino.com

November 20, 2025

Ms. Cara Frisella
Director of Human Resources
Buff Enterprises dba Supplement Superstores Group Health Benefit Plan
2091 Fenton Logistics Park Blvd.
Fenton, MO 63026

Dear Ms. Frisella:

Below you will find in PDF format Buff Enterprises dba Supplement Superstores Group Health Benefit Plan Financial Statements as of December 31, 2024 and 2023, along with our report, and the communications of audit or review findings, observations and other matters. You should not alter the language or financial information included in the attached documents. If you have any questions regarding the attached, please call at your convenience.

As a reminder, any reproduction of the financial statements must be in their entirety, including our accompanying report. You may not include the financial statements and our report in an annual report, offering memorandum, or similar document without our review and approval.

Your opening of these documents indicates your understanding and acceptance of these conditions. Double-click the attached paperclips next to the word "attachments" below the signature line to access the financial statements and communications letter.

We appreciate this opportunity to provide professional services to you. If you require other assistance in this or another matter, please let us know.

Sincerely,

Armanino LLP

Attachments:

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan

Financial Statements
and Supplemental Schedule

December 31, 2024 and 2023

armanino

TABLE OF CONTENTS

	Page No.
Independent Auditor's Report	1 - 3
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 10
Supplemental Schedule	
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)	12

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Buff Enterprises dba Supplement Superstores Group Health
Benefit Plan

Opinion

We have audited the accompanying financial statements of Buff Enterprises dba Supplement Superstores Group Health Benefit 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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Buff Enterprises dba Supplement Superstores Group Health Benefit Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Buff Enterprises dba Supplement Superstores Group Health Benefit 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 these 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 Buff Enterprises dba Supplement Superstores Group Health Benefit Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Buff Enterprises dba Supplement Superstores Group Health Benefit 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 Buff Enterprises dba Supplement Superstores Group Health Benefit 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 audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Other Matter - Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 generally accepted auditing standards.

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

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



St. Louis, Missouri

November 20, 2025

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments		
Interest-bearing cash	$ 94,930	$ 121,029
Total investments	94,930	121,029
Stop-loss receivables	77,518	-
Total assets	172,448	121,029
LIABILITIES		
Accrued expenses	172,448	12,310
Total liabilities	172,448	12,310
Net assets available for benefits	$ -	$ 108,719

The accompanying notes are an integral part of these financial statements.

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023

	2024	2023
Additions to net assets		
Contributions		
Employer contributions	$ 1,046,999	$ 906,707
Employee contributions	703,753	634,177
Total contributions	1,750,752	1,540,884
Investment income		
Interest income	2,778	1,548
Total investment income	2,778	1,548
Total additions to net assets	1,753,530	1,542,432
Deductions from net assets		
Claims payments	1,269,560	887,833
Stop loss premium expenses	358,934	290,678
Administrative expenses	233,755	255,202
Total deductions from net assets	1,862,249	1,433,713
Net increase (decrease) in net assets available for benefits	(108,719)	108,719
Net assets available for benefits, beginning of year	108,719	-
Net assets available for benefits, end of year	$ -	$ 108,719

The accompanying notes are an integral part of these financial statements.

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following description of the Buff Enterprises dba Supplement Superstores Group Health Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit health and welfare benefit plan established on January 1, 2023, to provide medical and prescription drug coverage to eligible employees (and their eligible dependents) of Buff Enterprises dba Supplement Superstores (the "Company" or the "Employer"). Benefits are generally paid through a trust established to hold contributions, however, a portion of the benefits may be paid from the general assets of the Company. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations on Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") as amended.

Plan administration

The Plan is administered by the Company. The Plan Administrator has the full and sole discretionary authority to interpret all Plan documents and make all interpretive and factual determinations as to whether any individual is entitled to receive any benefit under the terms of this Plan.

Employee contributions toward coverage under the Plan are held in the Buff Enterprises LLC Health Benefit Trust (the "Trust") for which certain employees of the Company have been designated as trustees. UMR, Incorporated, a United HealthCare Company ("UMR"), administers the review, processing, and payment of claims. The Plan's pharmacy benefit manager is Optum Rx.

Benefits

The Plan provides medical and prescription drug coverage for employees and their qualified dependents. Coverage is provided to employees who meet eligibility requirements and pay applicable premiums. Full-time hourly employees are eligible 60 days after their start date and full-time salaried employees are eligible 30 days after their start date. Full-time status is based on an employee working at least 30 hours per week. The Plan excludes leased employees, independent contractors, consultants who are not classified as employees, and officers/board members/owners, etc. who are not active in the management of the business.

The Plan provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Reconciliation Act ("COBRA").

For the years ended December 31, 2024 and 2023, the Plan provided medical benefits through the UMR network. In-network benefits are paid at 100% after the deductible and coinsurance while out-of-network benefits are paid at 50% after the deductible and coinsurance. Office visits are paid at 100% after an office visit co-pay.

1. DESCRIPTION OF THE PLAN (continued)

Benefits (continued)

The prescription drug coverage covers prescription drugs with predetermined co-pays based on the type of drug filled. The coverage also allows for coverage of specialty drugs. Drugs may be filled at local retail pharmacies or via the mail order program.

Coverage under the medical and prescription drug plan is continued until a qualifying event such as termination, death, reduction in hours, divorce from covered employee, change in dependent's status, etc.

Stop loss coverage

The Plan has entered into a stop-loss insurance arrangement with Unimerica Insurance Company ("Unimerica") in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount of $75,000, as well as its aggregate exposure for all claims of $1,000,000). Effective January 1, 2024, the specific dollar threshold for individual participant claims under the stop-loss arrangement was increased to $80,000.

Self-insured benefits

All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only ("ASO") arrangements. UMR as the claims processor pays claims directly to or on behalf of participants and is then reimbursed by the Plan's trust. Despite the Plan's utilization of a third-party claim's processor, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager ("PBM") which periodically makes refunds to the Plan based on Plan's actual utilization pattern of specific drugs.

Contributions

In addition to deductibles and copayments, participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections. The Company pays the full cost of the Plan's stop loss insurance. The costs of the welfare benefit plan are shared by the Company and the employees. The Company makes contributions to the Plan as needed to fund claims in excess of participant's contributions. Any deficiency of the Plan's net assets over benefit obligations is funded by the Company on a pay-as-you-go basis.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent liabilities. Actual amounts could differ from those estimates.

Cash and cash equivalents

Cash and cash equivalents consist of highly liquid investments, including a money market checking account and an interest-bearing cash account.

Premium surplus

The Plan accounts for surplus distributions in accordance with ASC 965, Plan Accounting for Health and Welfare Benefit Plans. Surplus distributions arise from experience-rated insurance arrangements when actual claims are less than the claim fund deposits made by the employer group during the plan year. The Company has three-month retroactive adjustment period after the Plan year end to elect the allocation of the surplus. The Company elected for the Plan year ended December 31, 2024 for monthly surplus credits. These amounts are presented in the Statement of Net Assets Available for Benefit as a claims expense. There was no surplus recorded as of December 31, 2023.

Payment of benefits

Premiums paid by either the Company or the Trust are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when paid by the third-party claims processor. Amounts due to the claims processor that have yet to be reimbursed are recorded as accrued expenses in the accompanying statements of net assets available for benefits. Any stop-loss reimbursements are netted with claims payments.

Stop loss premiums

The Plan has a stop loss insurance arrangement with Unimerica. Premiums for the Plan's stop loss insurance with Unimerica are included in the accompanying Statements of Changes in Net Assets Available for Benefits. Stop loss premiums totaling $358,934 and $290,678 were incurred for the years ended December 31, 2024 and 2023.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Claims incurred but not reported

The Plan's liability for incurred but unreported claims is estimated using actuarial methods that use historical trend information. Plan obligations as of December 31 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based upon claims data provided by the Plan's third party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment. While Plan management believes the amount to be fairly stated, the ultimate liabilities may be in excess of, or less than, the amounts provided.

The Plan's benefit obligations at December 31, 2024 and 2023, included:

	2024	2023
Claims payable and claims incurred but not reported	$ 123,966	$ 91,531

The Plan's changes in benefit obligations for the years ended December 31, 2024 and 2023, included:

	2024	2023
Balance, beginning of year	$ 91,531	$ -
Claims and premiums incurred	1,660,929	1,270,042
Claims and insurance premiums paid	(1,628,494)	(1,178,511)
Balance, end of year	$ 123,966	$ 91,531

Expenses

The Plan pays expenses that consist primarily of administrative fees to UMR, brokerage fees and other management fees. These expenses are reported as administrative expenses in the accompanying statement of changes in net assets available for benefits.

Subsequent events

The Plan has evaluated subsequent events for potential recognition and disclosure through November 20, 2025, the date the financial statements were available to be issued.

3. PLAN TERMINATION

The Company fully intends to maintain this Plan indefinitely; however, the Company reserves the right to terminate, suspend, or amend this Plan at any time, in whole or in part, including making modifications to the benefits under this Plan. The Plan Administrator will provide written notice to participants within 60 days following the adopted formal action that makes material reduction of benefits to the Plan, or may, alternatively, furnish such notification through communications maintained by the Plan Administrator at regular intervals of no greater than 90 days.

If this Plan is amended, a participant's rights are limited to Plan benefits in force at the time expenses are Incurred, whether or not the participant has received written notification from the Plan Administrator that the Plan has been amended.

If this Plan is terminated, the rights of a participant are limited to claims Incurred before the participant receives notice of termination. All claims Incurred prior to termination, but not submitted to either the Plan Sponsor or the third-party administrator within 75 days of the Effective Date of termination of this Plan due to bankruptcy, will be excluded from any benefit consideration.

No person will become entitled to any vested rights under this Plan.

4. TAX STATUS

The Trust established under the Plan to hold the Plan's assets is not a tax-exempt trust and has not applied to qualify as such pursuant to Section 501(c)(9) of the Internal Revenue Code. Accordingly, the Trust is required to pay tax on any income earned by the Trust. However, the Plan has no taxable income; therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the state and federal taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

5. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Company and related Trust are related parties to the Plan. Certain professional and administrative costs of the Plan have been paid by the Company. Personnel and facilities of the Company have been used by the Plan for accounting and other activities at no charge to the Plan.

SUPPLEMENTAL SCHEDULE

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan
EIN: 43-1867274; Plan: 501
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	UMB Bank	Interest-bearing cash	$ 262	$ 262
	Univest Bank and Trust Company	Money-market checking account	$ 94,668	94,668
				$ 94,930

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan

Communication with Those Charged with Governance

December 31, 2024

armanino

Armanino
6 Cityplace DR
Suite 900
St. Louis, MO 63141-7194
314-983-1200 main
armanino.com

November 20, 2025

To the Plan Administrator of
Buff Enterprises dba Supplement Superstores Group Health Benefit Plan

We have audited the financial statements of Buff Enterprises dba Supplement Superstores Group Health Benefit Plan , an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), for the year ended December 31, 2024, and we will issue our report thereon dated November 20, 2025. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter dated August 25, 2025. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

You are responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Buff Enterprises dba Supplement Superstores Group Health Benefit Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2024. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

> Your estimate of the claims incurred but not reported (IBNR) in Note 2 is based on using actuarial methods that use historical trend information. We evaluated the methods, assumptions, and data used to develop the IBNR in determining that it is reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure affecting the financial statements was:

> The disclosure of IBNR in Note 2 to the financial statements due to the significant estimates involved in determining the amount.

The financial statement disclosures are neutral, consistent, and clear.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. See attached schedule for corrected and uncorrected misstatements.

Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Significant Changes to the Audit Plan

We communicated our planned audit approach, including our preliminary risk assessment, and related scoping considerations to those charged with governance in our engagement letter on May 1, 2024. Throughout the audit we continuously evaluate the appropriateness of our audit strategy. As a result, we made the following significant changes to our audit plan by increasing these areas to a significant risk:

- Claims payments
- Incurred But Not Reported (IBNR) Liability

Other Matters

With respect to the ERISA-required supplemental schedules accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the ERISA-required supplemental schedules to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Plan Administrator and management of Buff Enterprises dba Supplement Superstores Group Health Benefit Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

Amanino LLP

November 20, 2025

Armanino LLP
6 CityPlace Drive, Suite 900
St. Louis, MO 63141

This representation letter is provided in connection with your audits of the financial statements and supplementary information of the Buff Enterprises dba Supplement Superstores Group Health Benefit 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 December 31,2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (collectively, the "financial statements").

The purpose of the audit is to express an opinion on whether the financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023 and changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered to be material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of November 20, 2025, the following representations made to you during your audit.

Financial Statements

1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated August 25, 2025, including our responsibility for the preparation and fair presentation of the financial statements.
2) The financial statements referred to above are fairly presented in conformity with U.S. GAAP, the notes include all disclosures required by laws and regulations to which the Plan is subject, including the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and the supplementary schedules referred to above are fairly presented in conformity with ERISA.
3) We acknowledge our responsibility for 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.

4) We acknowledge our responsibility 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.
5) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
6) The methods, significant assumptions, and data used in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in accordance with U.S. GAAP.
    - The significant judgments made in making accounting estimates have considered all relevant information of which management is aware.
    - The appropriateness and consistency of the measurement processes used by management in determining accounting estimates.

7) Related-party relationships and transactions and relationships and transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with U.S. GAAP and ERISA Section 3(14) and regulations thereunder.
8) No events have occurred subsequent to the date of the financial statements for which U.S. GAAP requires adjustment or disclosure.
9) The effect of the uncorrected misstatement is immaterial to the financial statements as a whole. See attached.
10) We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
11) Other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or leases in default, or events that may jeopardize the tax status) that legal counsel have advised us that must be disclosed have been properly disclosed.
12) Material concentrations have been properly disclosed in accordance with U.S. GAAP.
13) Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
14) Guarantees, whether written or oral, under which the Plan is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.
15) The supplemental schedules or financial statements disclose the following:
    a) All non-exempt party-in-interest transactions as defined in ERISA Section 3(14) and regulations thereunder.

b) Investments or loans in default or considered to be uncollectible.
c) Reportable transactions as defined in ERISA Section 103(b)(3)(H) and regulations thereunder.

Information Provided

16) We have provided you with:
   a) Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records (including information obtained from outside of the general and subsidiary ledgers), documentation, and other matters.
   b) A substantially complete draft of Form 5500.
   c) Additional information that you have requested from us for the purpose of the audit.
   d) Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence.
   e) Current plan instruments, Plan agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.
   f) Actuarial reports prepared for the Plan and the Plan's sponsor during the year.
17) All material transactions have been recorded in the accounting records and are reflected in the financial statements.
18) We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
19) We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:
   a) Management,
   b) Employees who have significant roles in internal control, or
   c) Others where the fraud could have a material effect on the financial statements.
20) We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
21) We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered when preparing financial statements.
22) We have disclosed to you the names of all of the Plan's related parties and parties in interest and all the related-party and party-in-interest relationships and transactions, including any side agreements.
23) The Plan has satisfactory title to all owned assets, which are recorded at fair value, and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.

24) We have no—
    a) Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
    b) Intentions to terminate the Plan.
25) Amendments to the Plan instrument, if any, have been properly recorded or disclosed in the financial statements.
26) We have no knowledge of any omissions from the participants' data provided to the Plan's actuary for the purpose of determining the actuarial present value of the plan's benefit obligations and other actuarially determined amounts in the financial statements.
27) We agree with the actuarial methods and assumptions used by the actuary for funding purposes and for determining the Plan's benefit obligations and have no knowledge or belief that such methods or assumptions are inappropriate in the circumstances. We did not give any instructions, nor cause any to be given, to the Plan's actuary with respect to values or amounts derived, and we are not aware of any matters that have impacted the independence or objectivity of the Plan's actuary.
28) We have no knowledge of any changes in:
    - The actuarial methods or assumptions used in calculating amounts recorded or disclosed in the financial statements.
    - Plan provisions between the actuarial valuation date and the date of this letter.
29) The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
30) The methods and significant assumptions used to estimate fair values result in a measure of fair value appropriate for financial measurement and disclosure purposes.
31) We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board *(FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurement*. In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC 820 .
32) All required amendments to and filings of trust documents with the appropriate agencies have been made.
33) The Plan is qualified under the appropriate section of the Internal Revenue Code and we intend to continue them as a qualified trust. The Plan sponsor has operated the Plan in a manner that did not jeopardize this tax status.
34) The Plan has complied with the fidelity bonding requirements of ERISA.

35) We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.
36) We acknowledge our responsibility for the presentation of the ERISA-required supplemental schedules in accordance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. We believe the ERISA-required supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The methods of measurement and presentation of the supplemental schedules have not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplemental schedules.
37) Management acknowledges its responsibility for 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.
38) We have obtained the service auditor's or (SOC1) reports from our service UMR, Incorporated. We have reviewed such reports, including the complementary user controls. We have implemented the relevant user controls, and they were in operation for the years ended December 31, 2024, and 2023.
39) We have reviewed our estimated income and estimated cash flow requirement, including estimated contributions, and have concluded that we can operate the Plan as a going concern for the next 12 months from the date of the audit report date forward.

Signature: John DiRaimondo
Title: John DiRaimondo, Controller

Signature: Cara Frisella
Title: Cara Frisella, HR Manager

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan

Year End: December 31, 2024
Unadjusted Differences
Date: 1/1/2024 To 12/31/2024

Number	Date	Name	Account No	Reference	Annotation	Debit	Credit	Recurrence	Misstatement
4	12/31/2024	Accounts Payable - Consortium	30000 BUFFENTERPRISESGROUI				16,670.00		
4	12/31/2024	Management Fee Expense	60006-02 BUFFENTERPRISESGR(			16,670.00			
		To record the impact of not accruing certain 2023 plan expenses at 12/31/2023 in the 2023 trial balance.							
						16,670.00	**16,670.00**		

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan

Financial Statements
and Supplemental Schedule

December 31, 2024 and 2023

armanino

TABLE OF CONTENTS

	Page No.
Independent Auditor's Report	1 - 3
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 10
Supplemental Schedule	
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)	12

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Buff Enterprises dba Supplement Superstores Group Health
Benefit Plan

Opinion

We have audited the accompanying financial statements of Buff Enterprises dba Supplement Superstores Group Health Benefit 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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Buff Enterprises dba Supplement Superstores Group Health Benefit Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Buff Enterprises dba Supplement Superstores Group Health Benefit 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 these 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 Buff Enterprises dba Supplement Superstores Group Health Benefit Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Buff Enterprises dba Supplement Superstores Group Health Benefit 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 Buff Enterprises dba Supplement Superstores Group Health Benefit 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 audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Other Matter - Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 generally accepted auditing standards.

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

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



St. Louis, Missouri

November 20, 2025

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments		
Interest-bearing cash	$ 94,930	$ 121,029
Total investments	94,930	121,029
Stop-loss receivables	77,518	-
Total assets	172,448	121,029
LIABILITIES		
Accrued expenses	172,448	12,310
Total liabilities	172,448	12,310
Net assets available for benefits	$ -	$ 108,719

The accompanying notes are an integral part of these financial statements.

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023

	2024	2023
Additions to net assets		
Contributions		
Employer contributions	$ 1,046,999	$ 906,707
Employee contributions	703,753	634,177
Total contributions	1,750,752	1,540,884
Investment income		
Interest income	2,778	1,548
Total investment income	2,778	1,548
Total additions to net assets	1,753,530	1,542,432
Deductions from net assets		
Claims payments	1,269,560	887,833
Stop loss premium expenses	358,934	290,678
Administrative expenses	233,755	255,202
Total deductions from net assets	1,862,249	1,433,713
Net increase (decrease) in net assets available for benefits	(108,719)	108,719
Net assets available for benefits, beginning of year	108,719	-
Net assets available for benefits, end of year	$ -	$ 108,719

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the Buff Enterprises dba Supplement Superstores Group Health Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit health and welfare benefit plan established on January 1, 2023, to provide medical and prescription drug coverage to eligible employees (and their eligible dependents) of Buff Enterprises dba Supplement Superstores (the "Company" or the "Employer"). Benefits are generally paid through a trust established to hold contributions, however, a portion of the benefits may be paid from the general assets of the Company. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations on Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") as amended.

Plan administration

The Plan is administered by the Company. The Plan Administrator has the full and sole discretionary authority to interpret all Plan documents and make all interpretive and factual determinations as to whether any individual is entitled to receive any benefit under the terms of this Plan.

Employee contributions toward coverage under the Plan are held in the Buff Enterprises LLC Health Benefit Trust (the "Trust") for which certain employees of the Company have been designated as trustees. UMR, Incorporated, a United HealthCare Company ("UMR"), administers the review, processing, and payment of claims. The Plan's pharmacy benefit manager is Optum Rx.

Benefits

The Plan provides medical and prescription drug coverage for employees and their qualified dependents. Coverage is provided to employees who meet eligibility requirements and pay applicable premiums. Full-time hourly employees are eligible 60 days after their start date and full-time salaried employees are eligible 30 days after their start date. Full-time status is based on an employee working at least 30 hours per week. The Plan excludes leased employees, independent contractors, consultants who are not classified as employees, and officers/board members/owners, etc. who are not active in the management of the business.

The Plan provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Reconciliation Act ("COBRA").

For the years ended December 31, 2024 and 2023, the Plan provided medical benefits through the UMR network. In-network benefits are paid at 100% after the deductible and coinsurance while out-of-network benefits are paid at 50% after the deductible and coinsurance. Office visits are paid at 100% after an office visit co-pay.

1. DESCRIPTION OF THE PLAN (continued)

Benefits (continued)

The prescription drug coverage covers prescription drugs with predetermined co-pays based on the type of drug filled. The coverage also allows for coverage of specialty drugs. Drugs may be filled at local retail pharmacies or via the mail order program.

Coverage under the medical and prescription drug plan is continued until a qualifying event such as termination, death, reduction in hours, divorce from covered employee, change in dependent's status, etc.

Stop loss coverage

The Plan has entered into a stop-loss insurance arrangement with Unimerica Insurance Company ("Unimerica") in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount of $75,000, as well as its aggregate exposure for all claims of $1,000,000). Effective January 1, 2024, the specific dollar threshold for individual participant claims under the stop-loss arrangement was increased to $80,000.

Self-insured benefits

All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only ("ASO") arrangements. UMR as the claims processor pays claims directly to or on behalf of participants and is then reimbursed by the Plan's trust. Despite the Plan's utilization of a third-party claim's processor, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager ("PBM") which periodically makes refunds to the Plan based on Plan's actual utilization pattern of specific drugs.

Contributions

In addition to deductibles and copayments, participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections. The Company pays the full cost of the Plan's stop loss insurance. The costs of the welfare benefit plan are shared by the Company and the employees. The Company makes contributions to the Plan as needed to fund claims in excess of participant's contributions. Any deficiency of the Plan's net assets over benefit obligations is funded by the Company on a pay-as-you-go basis.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent liabilities. Actual amounts could differ from those estimates.

Cash and cash equivalents

Cash and cash equivalents consist of highly liquid investments, including a money market checking account and an interest-bearing cash account.

Premium surplus

The Plan accounts for surplus distributions in accordance with ASC 965, Plan Accounting for Health and Welfare Benefit Plans. Surplus distributions arise from experience-rated insurance arrangements when actual claims are less than the claim fund deposits made by the employer group during the plan year. The Company has three-month retroactive adjustment period after the Plan year end to elect the allocation of the surplus. The Company elected for the Plan year ended December 31, 2024 for monthly surplus credits. These amounts are presented in the Statement of Net Assets Available for Benefit as a claims expense. There was no surplus recorded as of December 31, 2023.

Payment of benefits

Premiums paid by either the Company or the Trust are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when paid by the third-party claims processor. Amounts due to the claims processor that have yet to be reimbursed are recorded as accrued expenses in the accompanying statements of net assets available for benefits. Any stop-loss reimbursements are netted with claims payments.

Stop loss premiums

The Plan has a stop loss insurance arrangement with Unimerica. Premiums for the Plan's stop loss insurance with Unimerica are included in the accompanying Statements of Changes in Net Assets Available for Benefits. Stop loss premiums totaling $358,934 and $290,678 were incurred for the years ended December 31, 2024 and 2023.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Claims incurred but not reported

The Plan's liability for incurred but unreported claims is estimated using actuarial methods that use historical trend information. Plan obligations as of December 31 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based upon claims data provided by the Plan's third party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment. While Plan management believes the amount to be fairly stated, the ultimate liabilities may be in excess of, or less than, the amounts provided.

The Plan's benefit obligations at December 31, 2024 and 2023, included:

	2024	2023
Claims payable and claims incurred but not reported	$ 123,966	$ 91,531

The Plan's changes in benefit obligations for the years ended December 31, 2024 and 2023, included:

	2024	2023
Balance, beginning of year	$ 91,531	$ -
Claims and premiums incurred	1,660,929	1,270,042
Claims and insurance premiums paid	(1,628,494)	(1,178,511)
Balance, end of year	$ 123,966	$ 91,531

Expenses

The Plan pays expenses that consist primarily of administrative fees to UMR, brokerage fees and other management fees. These expenses are reported as administrative expenses in the accompanying statement of changes in net assets available for benefits.

Subsequent events

The Plan has evaluated subsequent events for potential recognition and disclosure through November 20, 2025, the date the financial statements were available to be issued.

3. PLAN TERMINATION

The Company fully intends to maintain this Plan indefinitely; however, the Company reserves the right to terminate, suspend, or amend this Plan at any time, in whole or in part, including making modifications to the benefits under this Plan. The Plan Administrator will provide written notice to participants within 60 days following the adopted formal action that makes material reduction of benefits to the Plan, or may, alternatively, furnish such notification through communications maintained by the Plan Administrator at regular intervals of no greater than 90 days.

If this Plan is amended, a participant's rights are limited to Plan benefits in force at the time expenses are Incurred, whether or not the participant has received written notification from the Plan Administrator that the Plan has been amended.

If this Plan is terminated, the rights of a participant are limited to claims Incurred before the participant receives notice of termination. All claims Incurred prior to termination, but not submitted to either the Plan Sponsor or the third-party administrator within 75 days of the Effective Date of termination of this Plan due to bankruptcy, will be excluded from any benefit consideration.

No person will become entitled to any vested rights under this Plan.

4. TAX STATUS

The Trust established under the Plan to hold the Plan's assets is not a tax-exempt trust and has not applied to qualify as such pursuant to Section 501(c)(9) of the Internal Revenue Code. Accordingly, the Trust is required to pay tax on any income earned by the Trust. However, the Plan has no taxable income; therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the state and federal taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

5. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Company and related Trust are related parties to the Plan. Certain professional and administrative costs of the Plan have been paid by the Company. Personnel and facilities of the Company have been used by the Plan for accounting and other activities at no charge to the Plan.

SUPPLEMENTAL SCHEDULE

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan
EIN: 43-1867274; Plan: 505
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

	(b) Identity oflssue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	UMBBank	Interest-bearing cash	$ 262	$ 262
	Univest Bank and Trust Company	Money-market checking account	$ 94,668	94,668
				$ 94,930

STATEMENT OF EXPLANATION

Plan Name: Buff Enterprises dba Supplement Superstores Group Health Benefit Plan
Plan Sponsor: Buff Enterprises, LLC
Plan Number: 505
Correct EIN: 43-1867274

Plan Sponsor Address:
2091 Fenton Logistics Park Blvd.
Fenton, MO 63026

RE: Duplicated and Delinquent 2024 Form 5500 Filings for Plan 505 Under EINs 43-1867274 and 26-2839876

This Statement of Explanation is being submitted in connection with an amended 2024 Form 5500 filing for Plan 505 to explain why duplicate filings were submitted under two different Employer Identification Numbers ("EINs").

The **correct EIN for the 2024 Form 5500 filing for Plan 505 is 43-1867274**. A subsequent filing under **EIN 26-2839876 was made in error** while attempting to correct what was believed to be an unsuccessful filing.

The 2024 Form 5500 for Plan 505 was delinquent. During the process of submitting the delinquent filing and correcting an issue involving the Accountant's Opinion, filings were ultimately accepted under both EIN 43-1867274 and EIN 26-2839876. The 2024 5500 filing under EIN 26-2839876 was filed in error.

The circumstances surrounding the duplicate filings are as follows:

- **August 12, 2026:** A delinquent 2024 Form 5500 filing for Plan 505 was submitted under the correct EIN, **43-1867274**. Our Form 5500 processing system indicated that the filing was rejected because the Accountant's Opinion was not attached.
- **August 12, 2026:** An amended filing was submitted under EIN **43-1867274** to correct the omission and included the Accountant's Opinion. Our Form 5500 processing system subsequently indicated that the filing was unable to be processed.
- **August 14, 2026:** Believing that the prior filing had not been successfully accepted, the forms were refiled. During this process, the filing was inadvertently submitted under EIN **26-2839876** rather than the correct EIN, 43-1867274. The filing otherwise contained substantially the same plan information and was accepted by the Department of Labor.
- We subsequently discovered that the earlier amended filing under the correct EIN, **43-1867274**, which we believed had not been successfully processed, was actually accepted and appeared on the EFAST website. Consequently, filings for the same 2024 Plan 505 reporting obligation appeared under two different EINs, and the client was assessed two separate $2,000 penalty notices.

- **August 17 through August 31, 2026:** We contacted EFAST, the Department of Labor, and the Internal Revenue Service to discuss a resolution for the duplicate filings. Through these communications, we also learned the Accountant's Opinion referenced **Plan 501 instead of Plan 505**. The plan number identified in the Accountant's Opinion needed to correspond with the plan number reported on Form 5500.
- **August 31, 2026:** At approximately 12:46 p.m., we spoke with Ashley in the Chief Accountant's Office for approximately 46 minutes and explained the circumstances surrounding the duplicate filings. We requested that the Plan 505 filing submitted under EIN **26-2839876** be removed because it was an erroneous duplicate filing. We were advised that removal was not an available option and were instructed to submit amended filings reflecting the correct information and to attach a Statement of Explanation.

To correct the filing record, we are obtaining a corrected Accountant's Opinion that properly identifies **Plan 505** and will submit an amended filing under the correct EIN, **43-1867274**, with the corrected supporting documentation. We are also submitting an amended filing relating to the filing made under EIN **26-2839876** to correct the EIN and explain that the filing was submitted in error as a duplicate of the Plan 505 filing under EIN 43-1867274.

We respectfully request that this explanation be considered when reviewing the duplicate 2024 filings and the related penalties. The duplicate filing was not intended to represent a separate plan or separate filing obligation. It resulted from a good-faith effort to correct what was believed to be an unsuccessful filing and from the inadvertent use of an incorrect EIN during the refiling process.

Corrective action is being taken so that the 2024 Form 5500 filing for Plan 505 accurately reflects the **correct EIN of 43-1867274**, the correct plan number, and the appropriate supporting documentation.

Buff Enterprises dba Supplement Superstores Group Health Benefit Plan
EIN: 43-1867274; Plan: 505
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

	(b) Identity oflssue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	UMBBank	Interest-bearing cash	$ 262	$ 262
	Univest Bank and Trust Company	Money-market checking account	$ 94,668	94,668
				$ 94,930

Docusign Envelope ID: EA1C4554-6FB9-813C-81DB-AB50958467B8

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [X] special extension (enter description) Executive Order MO-2025-01

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
Buff Enterprises dba Supplemental Superstores Group Health Benefit Plan

1b Three-digit plan number (PN) ▶ 505

1c Effective date of plan 01/01/2023

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Buff Enterprises, LLC

2091 Fenton Logistics Park Blvd, Fenton, MO, 63026, USA

2b Employer Identification Number (EIN) 431867274

2c Plan Sponsor's telephone number 800-409-9732

2d Business code (see instructions) 446190

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

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

SIGN HERE	DocuSigned by: Cara Frisella FDE84086D2F740A...	9/16/2026	Cara Frisella
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Docusign Envelope ID: EA1C4554-6FB9-813C-81DB-AB50958467B8

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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	287
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	283
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	276
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	282
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [X] Insurance	(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [X] General assets of the sponsor	(4) [X] General assets of the sponsor

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

a Pension Schedules

(1) [ ] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) [ ] **DCG** (Individual Plan Information) – Number Attached _____

(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] **A** (Insurance Information) – Number Attached 1

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

Docusign Envelope ID: EA1C4554-6FB9-813C-81DB-AB50958467B8

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

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

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

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

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

Receipt Confirmation Code_____