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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
- [ ] 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
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAVE ON SP CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2018

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)
SAVE ON SP LLC

40 LA RIVIERE DRIVE - SUITE 310
BUFFALO, NY 14202

2b Employer Identification Number (EIN)
47-3603390

2c Plan Sponsor's telephone number
716-800-3061

2d Business code (see instructions)
812990

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.	10/13/2026	ADRIANNE NYE
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	374
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)**	219
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	8
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	10
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 3B 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	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)** [X] **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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
SAVE ON SP CASH BALANCE PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
SAVE ON SP LLC	47-3603390	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MORGAN STANLEY

450 ESSJAY ROAD
WILLIAMSVILLE, NY 14221

36-3145972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	FINANCIAL ADVISOR	7899	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 ☐

(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

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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SAVE ON SP CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAVE ON SP LLC

D Employer Identification Number (EIN)
47-3603390

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)	850000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	650391	122953
(2) U.S. Government securities	1c(2)	3825045	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	100922	0
(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)	1271700	125768
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	6698058	248721
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	6698058	248721

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9835	
(B) U.S. Government securities	2b(1)(B)	93691	
(C) Corporate debt instruments	2b(1)(C)	4250	
(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)		107776
(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)	107660	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		107660
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5997212	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5944963	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		52249
(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		267685
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6708003	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6708003
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)	1120	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	7899	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(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)		9019
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6717022
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-6449337
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: JEFFREY L. OFFHAUS **(2)** EIN: 20-2368569

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**			
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? [X] Yes [ ] No

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

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591458.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SAVE ON SP CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAVE ON SP LLC

D Employer Identification Number (EIN)
47-3603390

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 36-3145972 47-3603390

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

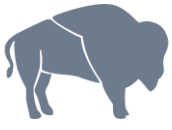
☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705220A .

Save on SP Cash Balance Plan

Financial Statements in Liquidation as of December 31, 2025 and 2024 and for the Years Then Ended, Supplemental Schedules, and Independent Auditor's Report



JEFFREY L. OFFHAUS CPA, LLC

Certified Public Accountant

Save on SP Cash Balance Plan

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JEFFREY L. OFFHAUS CPA, LLC
Certified Public Accountant

Independent Auditor's Report

Plan Administrator, Trustees and Participants
Save on SP Cash Balance Plan

Opinion on the Financial Statements

I have audited the accompanying financial statements of Save on SP Cash Balance Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets in liquidation available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets in liquidation available for benefits for the years then ended, and the related notes to the financial statements.

In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Save on SP Cash Balance Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the Financial Statements

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am required to be independent of the Plan and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Emphasis of Matter – Termination of Plan

As further discussed in Note 1 to the financial statements, the Trustees of the Plan elected to terminate the Plan, effective December 31, 2024. My opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

My 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 my 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with generally accepted auditing standards, I:

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

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

Other Matters -

2025 Supplemental Schedules Required by ERISA

My audit was 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) and Schedule of Reportable Transactions listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Jeffrey L. Offhaus CPA, LLC
Orchard Park, New York
October 2, 2026

Save on SP Cash Balance Plan

Statements of Net Assets in Liquidation Available for Benefits
December 31, 2025 and 2024

	December 31, 2025	December 31, 2024
Assets		
Investments, at fair value -		
Money market funds	$ 122,953	$ 650,391
Registered investment companies	125,768	1,271,700
US Government securities	-	3,825,045
Corporate debt securities	-	100,922
Total receivables	248,721	5,848,058
Employer's contribution receivable	-	850,000
Net assets available for benefits	$ 248,721	$ 6,698,058

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

Save on SP Cash Balance Plan

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

	2025	2024
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 52,249	$ 192,896
Interest and dividends	215,436	197,414
Total investment income	267,685	390,310
Employer's contribution	-	850,000
Total additions	267,685	1,240,310
Deductions:		
Benefits paid	6,708,003	-
Administrative expenses	9,019	14,513
Total deductions	6,717,022	14,513
Net (decrease) increase	(6,449,337)	1,225,797
Net assets available for benefits:		
Beginning of year	6,698,058	5,472,261
End of year	$ 248,721	$ 6,698,058

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

Save on SP Cash Balance Plan

Notes to Financial Statements in Liquidation
December 31, 2025 and 2024

1. Description of the Plan

The following description of the Save on SP Cash Balance Plan (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General — The plan is a cash balance defined benefit plan providing retirement benefits to all eligible employees. The Plan sponsor is Save of SP LLC (the "Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan includes all employees of the Company and participating employer who are age 21 or older. Employees are eligible to participate in the Plan on the first day of the quarter after completing six consecutive months of employment, or a Year of Service with the Company, as defined. The age and service requirements were waived for any eligible employee employed on November 1, 2018.

The Plan is administered by the Trustees of the Plan. The Trustees have overall responsibility for the operation and administration of the Plan.

Plan Termination and Actuarial Present Value of Accumulated Plan Benefits — On September 27, 2024, the Trustees elected to terminate the Plan effective December 31, 2024, at which time all participants became fully vested in their accrued benefits. The Plan Administrator submitted the standard termination filing to the Pension Benefit Guaranty Corporation on June 16, 2025. As of December 31, 2025, approximately $6.7 million of participant benefits had been distributed. Net assets of approximately $0.2 million remained in the Plan for final benefit distributions. Any remaining net assets will be transferred to another qualified retirement plan sponsored by the Company. The Plan remained in the process of completing the termination at year end. Upon completion of all benefit distributions and transfers, the Plan will be fully terminated. The Trustees will then facilitate the final reporting to regulatory authorities, as required.

The most recent actuarial valuation of the Plan was performed as of January 1, 2024. Because the Plan was terminated effective December 31, 2024, no actuarial valuation was obtained for the 2025 plan year and, accordingly, the actuarial present value of accumulated plan benefits at January 1, 2025 is not presented.

Liquidation Basis of Accounting – As a result of the Termination of the Plan, the Plan adopted the liquidation basis of accounting effective December 31, 2024. Under this basis of accounting, assets are stated at their net realizable values and liabilities are stated at their estimated settlement amounts. There was no material impact to the financial statements as a result of the conversion from the going concern basis of accounting to the liquidation basis of accounting.

Unless separately disclosed, the following provides a general description of the Plan prior to the date of termination.

Participant's Accounts — Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The hypothetical accounts are allocated Principal Credits, which is a percentage of compensation for the period based on the designated group, as defined, and Interest Credits at the end of every Plan year. The Principal Credits are allocated to each respective group based on a percentage of the participants' compensation as defined in the plan document for that particular year. The applicable percentage ranges from 70% to 75% for the owners' groups and 2.5% for employees other than owners. Participants' hypothetical accounts also receive an Interest Credit at the end of every year. The Interest Credit is a fixed rate of 3.0%.

Funding Policy — The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024 the Company made a contribution of $850,000 which was received by the Plan in April 2025. The Company's contribution for 2024 exceeded the minimum funding requirements of ERISA. All contributions are subject to certain Internal Revenue Code ("IRC") limitations.

Pension Benefits — Benefits are determined based on the participant's hypothetical account balance. Plan participants are eligible for their plan benefit after terminating employment with vested rights. Participants become fully vested in the Plan upon completion of 3 or more years of service or attainment of the normal retirement age (65). The Plan provides for a three-year graded vesting schedule of 33-1/3% after one year, 66-2/3% after two years, and 100% after three years. If employees terminate before rendering 3 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions that have not vested. Upon termination of employment, participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or a monthly annuity payable for their lifetime.

Death Benefits — Generally, if an active employee dies, a death benefit equal to the actuarial equivalent of the employee's vested accrued benefits is paid to the employee's beneficiary in accordance with Plan provisions.

2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting — The accompanying financial statements are prepared on the liquidation basis of accounting under accounting principles accepted in the United States of America ("US GAAP"). Prior to December 31, 2024, the financial statements were prepared on the accrual basis of accounting under US GAAP.

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

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

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

Investment Valuation and Income Recognition — Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits — Benefit payments to participants are recorded upon distribution.

Administrative Expenses — The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain investment related expenses incurred in connection with the administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

As a result of the Trustees' election to terminate the Plan effective December 31, 2024, the Company will pay all expenses related to the termination of the plan with the exception the investment related expenses.

Subsequent Events — Plan management has evaluated subsequent events through October 2, 2026, the date the financial statements were available to be issued. See Note 7 for additional subsequent event and contingency disclosure information.

3. Fair Value Measurement

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

- Level 1 – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date.
- Level 2 – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security.
- Level 3 – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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

Following is a description of the valuation methodologies used for investments measured at fair value as of December 31, 2025 and 2024:

Registered Investment Companies (represents mutual funds and exchange-traded funds) — Valued at the publicly quoted net asset value (NAV) of shares held by the Plan at year-end.

Money Market Funds (represents bank deposits and certificates of deposits) — Valued at cost or face amount, which approximates fair value. Interest is accrued on fixed-percentage investments. There were no uninsured deposits at December 31, 2025.

Corporate Fixed Income Securities and US Government Securities —Valued on the basis of closing prices on the last trading day of the reporting period.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

		December 31,	
	Hierarchy	2025	2024
Investments:			
Money market funds/accounts	Level 2	$ 122,953	$ 650,391
Registered investment companies	Level 1	125,768	1,271,700
US Government securities	Level 2	-	3,825,045
Corporate fixed income securities	Level 2	-	100,922
Totals		$ 248,721	$ 5,848,058

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

4. Plan Termination

As a result of the Trustees' election to terminate the Plan effective December 31, 2024, the assets of the Plan will be used to provide the benefits under the Plan in accordance with the Plan document. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

5. Tax Status

The Plan adopted a pre-approved defined benefit plan document sponsored by Actuarial Consulting Services, Inc. Actuarial Consulting Services, Inc. ("ACSI") received an opinion letter from the Internal Revenue Service, dated July 30, 2021, which states that the plan document satisfies the applicable provisions of the Internal Revenue Code ("IRC"). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

As of December 31, 2025, 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.

6. Related-Party and Party-In-Interest Transactions

Certain employees and/or officers of the Company or its affiliates perform administrative services to the Plan at no cost to the Plan. The Plan paid certain investment expenses to Morgan Stanley Smith Barney LLC. These transactions qualify as party-in-interest transactions which are exempt under ERISA.

7. Subsequent Event and Contingency

On June 15, 2026, the Plan Sponsor was notified by the PBGC that the Plan had been selected for audit as part of the PBGC's review of plan terminations.

The PBGC audit remains ongoing as of the date these financial statements were available to be issued. Management is cooperating with the PBGC in its review and is unable to predict the ultimate outcome of the audit or determine whether any findings, adjustments, or additional obligations, if any, may result. Accordingly, no provision for any potential liability has been recorded in the accompanying financial statements.

* * * * * *

Save on SP Cash Balance Plan
EIN / Plan No.: 47-3603390 / 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

	(a) (b) Identity of Issuer, 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
	Money Market Funds/Cash Accounts:			
*	Morgan Stanley Private Bank NA	Bank deposits	$ 47,953	$ 47,953
*	Morgan Stanley Smith Barney, LLC	Cash	75,000	75,000
	Total		122,953	122,953
	Registered Investment Companies -			
	Federated HRMS Prime CS OBL WS	Money market fund	125,768	125,768
	TOTAL		$ 248,721	$ 248,721

* Party-in-interest to the Plan.

SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS

Activity Date	Settlement Date	Security Description	Activity Type	Quantity	Price	Amount
06/04/25	06/05/25	UNITED STATES TREASURY NOTE 4.125% DUE2027-09-30	Sold	340,000.00	$ 100.22	$ 343,288.79
04/07/25	04/08/25	UNITED STATES TREASURY NOTE 3.625% DUE2028-03-31	Sold	440,000.00	$ 99.77	$ 439,358.63
04/07/25	04/08/25	UNITED STATES TREASURY NOTE 4.125% DUE2030-08-31	Sold	440,000.00	$ 101.60	$ 448,963.51
05/06/25	05/07/25	FEDERATED HERMES GOVT OBL AVR	Bought	370,000.00	$ 1.00	$ 370,000.00
04/07/25	04/08/25	UNITED STATES TREASURY NOTE 4.125% DUE2032-11-15	Sold	400,000.00	$ 101.32	$ 411,872.92
01/08/25	01/08/25	FEDERATED HRMS PRIME CS OBL WS	Bought	343,257.21	$ 1.00	$ 343,257.21
04/07/25	04/07/25	FEDERATED HRMS PRIME CS OBL WS	Bought	2,377,366.07	$ 1.00	$ 2,377,366.07
04/14/25	04/14/25	FEDERATED HRMS PRIME CS OBL WS	Bought	850,000.00	$ 1.00	$ 850,000.00
06/05/25	06/05/25	FEDERATED HRMS PRIME CS OBL WS	Bought	1,312,344.07	$ 1.00	$ 1,312,344.07
08/21/25	08/21/25	FEDERATED HRMS PRIME CS OBL WS	Bought	721,167.00	$ 1.00	$ 721,167.00
09/02/25	09/02/25	FEDERATED HRMS PRIME CS OBL WS	Sold	1,758,639.00	$ 1.00	$ 1,758,639.00
09/05/25	09/05/25	FEDERATED HRMS PRIME CS OBL WS	Sold	2,107,695.99	$ 1.00	$ 2,107,695.99
09/22/25	09/22/25	FEDERATED HRMS PRIME CS OBL WS	Sold	1,641,396.00	$ 1.00	$ 1,641,396.00

SERIES OF TRANSACTIONS OF THE SAME ISSUER IN EXCESS OF 5% OF PLAN ASSETS

Activity Date	Settlement Date	Security Description	Activity Type	Quantity	Price	Amount
02/20/25	02/21/25	FIRST TR TCW OPPS FIXD INC ETF	Bought	5,555.00	$ 43.25	$ 240,253.75
08/13/25	08/14/25	FIRST TR SMITH OPPORTUNISTIC	Sold	5,555.00	$ 43.94	$ 244,086.70
						$ 484,340.45
01/02/25	12/31/24	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	104.65	$ 1.00	$ 104.65
02/03/25	01/31/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	212.12	$ 1.00	$ 212.12
03/03/25	02/28/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	190.91	$ 1.00	$ 190.91
04/01/25	03/31/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	211.36	$ 1.00	$ 211.36
05/01/25	04/30/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	205.11	$ 1.00	$ 205.11
05/06/25	05/07/25	FEDERATED HERMES GOVT OBL AVR	Bought	370,000.00	$ 1.00	$ 370,000.00
						$ 370,924.15

CONTINUED

(1) Party-in-interest to the Plan.

Activity Date	Settlement Date	Security Description	Activity Type	Quantity	Price	Amount
SERIES OF TRANSACTIONS (CONTINUED)						
06/02/25	05/30/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	1,280.14	$ 1.00	$ 1,280.14
06/04/25	06/05/25	FEDERATED HERMES GOVT OBL AVR	Bought	123,000.00	$ 1.00	$ 123,000.00
07/01/25	06/30/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	1,860.40	$ 1.00	$ 1,860.40
08/01/25	07/31/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	1,991.62	$ 1.00	$ 1,991.62
09/02/25	08/29/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	1,994.29	$ 1.00	$ 1,994.29
09/26/25	09/29/25	FEDERATED HERMES GOVT OBL AVR	Sold	277,695.00	$ 1.00	$ 277,695.00
						$ 407,821.45
01/08/25	01/08/25	FEDERATED HRMS PRIME CS OBL WS	Bought	343,257.21	$ 1.00	$ 343,257.21
01/31/25	01/31/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	1,105.45	$ 1.00	$ 1,105.45
						$ 344,362.66
02/28/25	02/28/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	1,255.38	$ 1.00	$ 1,255.38
03/13/25	03/13/25	FEDERATED HRMS PRIME CS OBL WS	Sold	20,000.00	$ 1.00	$ 20,000.00
03/20/25	03/20/25	FEDERATED HRMS PRIME CS OBL WS	Sold	25,000.00	$ 1.00	$ 25,000.00
03/31/25	03/31/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	1,305.62	$ 1.00	$ 1,305.62
04/07/25	04/07/25	FEDERATED HRMS PRIME CS OBL WS	Bought	2,377,366.07	$ 1.00	$ 2,377,366.07
						$ 2,424,927.07
04/09/25	04/09/25	FEDERATED HRMS PRIME CS OBL WS	Sold	2,000.00	$ 1.00	$ 2,000.00
04/14/25	04/14/25	FEDERATED HRMS PRIME CS OBL WS	Bought	850,000.00	$ 1.00	$ 850,000.00
						$ 852,000.00

CONTINUED

(1) Party-in-interest to the Plan.

Activity Date	Settlement Date	Security Description	Activity Type	Quantity	Price	Amount
SERIES OF TRANSACTIONS (CONTINUED)						
04/29/25	04/29/25	FEDERATED HRMS PRIME CS OBL WS	Sold	17,000.00	$ 1.00	$ 17,000.00
04/30/25	04/30/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	9,616.38	$ 1.00	$ 9,616.38
05/06/25	05/06/25	FEDERATED HRMS PRIME CS OBL WS	Sold	10,341.97	$ 1.00	$ 10,341.97
05/12/25	05/12/25	FEDERATED HRMS PRIME CS OBL WS	Sold	6,484.70	$ 1.00	$ 6,484.70
05/13/25	05/13/25	FEDERATED HRMS PRIME CS OBL WS	Sold	5,000.00	$ 1.00	$ 5,000.00
05/30/25	05/30/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	12,882.10	$ 1.00	$ 12,882.10
06/05/25	06/05/25	FEDERATED HRMS PRIME CS OBL WS	Bought	1,312,344.07	$ 1.00	$ 1,312,344.07
						$ 1,373,669.22
06/06/25	06/06/25	FEDERATED HRMS PRIME CS OBL WS	Sold	37,241.00	$ 1.00	$ 37,241.00
06/30/25	06/30/25	FEDERATED HRMS PRIME CS OBL WS	Bought	103,426.61	$ 1.00	$ 103,426.61
06/30/25	06/30/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	16,367.23	$ 1.00	$ 16,367.23
07/29/25	07/29/25	FEDERATED HRMS PRIME CS OBL WS	Bought	102,657.48	$ 1.00	$ 102,657.48
07/31/25	07/31/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	18,000.48	$ 1.00	$ 18,000.48
08/21/25	08/21/25	FEDERATED HRMS PRIME CS OBL WS	Bought	721,167.00	$ 1.00	$ 721,167.00
						$ 998,859.80

CONTINUED

(1) Party-in-interest to the Plan.

Activity Date	Settlement Date	Security Description	Activity Type	Quantity	Price	Amount
SERIES OF TRANSACTIONS (CONTINUED)						
08/21/25	08/21/25	FEDERATED HRMS PRIME CS OBL WS	Bought	51,801.00	$ 1.00	$ 51,801.00
08/29/25	08/29/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	931.92	$ 1.00	$ 931.92
08/29/25	08/29/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	18,468.36	$ 1.00	$ 18,468.36
09/02/25	09/02/25	FEDERATED HRMS PRIME CS OBL WS	Sold	1,758,639.00	$ 1.00	$ 1,758,639.00
						$ 1,829,840.28
09/05/25	09/05/25	FEDERATED HRMS PRIME CS OBL WS	Sold	2,107,695.99	$ 1.00	$ 2,107,695.99
09/18/25	09/18/25	FEDERATED HRMS PRIME CS OBL WS	Sold	110,000.00	$ 1.00	$ 110,000.00
						$ 2,217,695.99
09/22/25	09/22/25	FEDERATED HRMS PRIME CS OBL WS	Sold	1,641,396.00	$ 1.00	$ 1,641,396.00
09/25/25	09/25/25	FEDERATED HRMS PRIME CS OBL WS	Sold	128,100.00	$ 1.00	$ 128,100.00
						$ 1,769,496.00
						END

(1) Party-in-interest to the Plan.

Save on SP Cash Balance Plan
EIN / Plan No.: 47-3603390 / 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS

Activity Date	Settlement Date	Security Description	Activity Type	Quantity	Price	Amount
06/04/25	06/05/25	UNITED STATES TREASURY NOTE 4.125% DUE2027-09-30	Sold	340,000.00	$ 100.22	$ 343,288.79
04/07/25	04/08/25	UNITED STATES TREASURY NOTE 3.625% DUE2028-03-31	Sold	440,000.00	$ 99.77	$ 439,358.63
04/07/25	04/08/25	UNITED STATES TREASURY NOTE 4.125% DUE2030-08-31	Sold	440,000.00	$ 101.60	$ 448,963.51
05/06/25	05/07/25	FEDERATED HERMES GOVT OBL AVR	Bought	370,000.00	$ 1.00	$ 370,000.00
04/07/25	04/08/25	UNITED STATES TREASURY NOTE 4.125% DUE2032-11-15	Sold	400,000.00	$ 101.32	$ 411,872.92
01/08/25	01/08/25	FEDERATED HRMS PRIME CS OBL WS	Bought	343,257.21	$ 1.00	$ 343,257.21
04/07/25	04/07/25	FEDERATED HRMS PRIME CS OBL WS	Bought	2,377,366.07	$ 1.00	$ 2,377,366.07
04/14/25	04/14/25	FEDERATED HRMS PRIME CS OBL WS	Bought	850,000.00	$ 1.00	$ 850,000.00
06/05/25	06/05/25	FEDERATED HRMS PRIME CS OBL WS	Bought	1,312,344.07	$ 1.00	$ 1,312,344.07
08/21/25	08/21/25	FEDERATED HRMS PRIME CS OBL WS	Bought	721,167.00	$ 1.00	$ 721,167.00
09/02/25	09/02/25	FEDERATED HRMS PRIME CS OBL WS	Sold	1,758,639.00	$ 1.00	$ 1,758,639.00
09/05/25	09/05/25	FEDERATED HRMS PRIME CS OBL WS	Sold	2,107,695.99	$ 1.00	$ 2,107,695.99
09/22/25	09/22/25	FEDERATED HRMS PRIME CS OBL WS	Sold	1,641,396.00	$ 1.00	$ 1,641,396.00

SERIES OF TRANSACTIONS OF THE SAME ISSUER IN EXCESS OF 5% OF PLAN ASSETS

Activity Date	Settlement Date	Security Description	Activity Type	Quantity	Price	Amount
02/20/25	02/21/25	FIRST TR TCW OPPS FIXD INC ETF	Bought	5,555.00	$ 43.25	$ 240,253.75
08/13/25	08/14/25	FIRST TR SMITH OPPORTUNISTIC	Sold	5,555.00	$ 43.94	$ 244,086.70
						$ 484,340.45
01/02/25	12/31/24	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	104.65	$ 1.00	$ 104.65
02/03/25	01/31/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	212.12	$ 1.00	$ 212.12
03/03/25	02/28/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	190.91	$ 1.00	$ 190.91
04/01/25	03/31/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	211.36	$ 1.00	$ 211.36
05/01/25	04/30/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	205.11	$ 1.00	$ 205.11
05/06/25	05/07/25	FEDERATED HERMES GOVT OBL AVR	Bought	370,000.00	$ 1.00	$ 370,000.00
						$ 370,924.15

CONTINUED

(1) Party-in-interest to the Plan.

Activity Date	Settlement Date	Security Description	Activity Type	Quantity	Price	Amount
SERIES OF TRANSACTIONS (CONTINUED)						
06/02/25	05/30/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	1,280.14	$ 1.00	$ 1,280.14
06/04/25	06/05/25	FEDERATED HERMES GOVT OBL AVR	Bought	123,000.00	$ 1.00	$ 123,000.00
07/01/25	06/30/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	1,860.40	$ 1.00	$ 1,860.40
08/01/25	07/31/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	1,991.62	$ 1.00	$ 1,991.62
09/02/25	08/29/25	FEDERATED HERMES GOVT OBL AVR	Dividend Reinvestment	1,994.29	$ 1.00	$ 1,994.29
09/26/25	09/29/25	FEDERATED HERMES GOVT OBL AVR	Sold	277,695.00	$ 1.00	$ 277,695.00
						$ 407,821.45
01/08/25	01/08/25	FEDERATED HRMS PRIME CS OBL WS	Bought	343,257.21	$ 1.00	$ 343,257.21
01/31/25	01/31/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	1,105.45	$ 1.00	$ 1,105.45
						$ 344,362.66
02/28/25	02/28/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	1,255.38	$ 1.00	$ 1,255.38
03/13/25	03/13/25	FEDERATED HRMS PRIME CS OBL WS	Sold	20,000.00	$ 1.00	$ 20,000.00
03/20/25	03/20/25	FEDERATED HRMS PRIME CS OBL WS	Sold	25,000.00	$ 1.00	$ 25,000.00
03/31/25	03/31/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	1,305.62	$ 1.00	$ 1,305.62
04/07/25	04/07/25	FEDERATED HRMS PRIME CS OBL WS	Bought	2,377,366.07	$ 1.00	$ 2,377,366.07
						$ 2,424,927.07
04/09/25	04/09/25	FEDERATED HRMS PRIME CS OBL WS	Sold	2,000.00	$ 1.00	$ 2,000.00
04/14/25	04/14/25	FEDERATED HRMS PRIME CS OBL WS	Bought	850,000.00	$ 1.00	$ 850,000.00
						$ 852,000.00

CONTINUED

(1) Party-in-interest to the Plan.

Activity Date	Settlement Date	Security Description	Activity Type	Quantity	Price	Amount
SERIES OF TRANSACTIONS (CONTINUED)						
04/29/25	04/29/25	FEDERATED HRMS PRIME CS OBL WS	Sold	17,000.00	$ 1.00	$ 17,000.00
04/30/25	04/30/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	9,616.38	$ 1.00	$ 9,616.38
05/06/25	05/06/25	FEDERATED HRMS PRIME CS OBL WS	Sold	10,341.97	$ 1.00	$ 10,341.97
05/12/25	05/12/25	FEDERATED HRMS PRIME CS OBL WS	Sold	6,484.70	$ 1.00	$ 6,484.70
05/13/25	05/13/25	FEDERATED HRMS PRIME CS OBL WS	Sold	5,000.00	$ 1.00	$ 5,000.00
05/30/25	05/30/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	12,882.10	$ 1.00	$ 12,882.10
06/05/25	06/05/25	FEDERATED HRMS PRIME CS OBL WS	Bought	1,312,344.07	$ 1.00	$ 1,312,344.07
						$ 1,373,669.22
06/06/25	06/06/25	FEDERATED HRMS PRIME CS OBL WS	Sold	37,241.00	$ 1.00	$ 37,241.00
06/30/25	06/30/25	FEDERATED HRMS PRIME CS OBL WS	Bought	103,426.61	$ 1.00	$ 103,426.61
06/30/25	06/30/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	16,367.23	$ 1.00	$ 16,367.23
07/29/25	07/29/25	FEDERATED HRMS PRIME CS OBL WS	Bought	102,657.48	$ 1.00	$ 102,657.48
07/31/25	07/31/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	18,000.48	$ 1.00	$ 18,000.48
08/21/25	08/21/25	FEDERATED HRMS PRIME CS OBL WS	Bought	721,167.00	$ 1.00	$ 721,167.00
						$ 998,859.80

CONTINUED

(1) Party-in-interest to the Plan.

Activity Date	Settlement Date	Security Description	Activity Type	Quantity	Price	Amount
SERIES OF TRANSACTIONS (CONTINUED)						
08/21/25	08/21/25	FEDERATED HRMS PRIME CS OBL WS	Bought	51,801.00	$ 1.00	$ 51,801.00
08/29/25	08/29/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	931.92	$ 1.00	$ 931.92
08/29/25	08/29/25	FEDERATED HRMS PRIME CS OBL WS	Dividend Reinvestment	18,468.36	$ 1.00	$ 18,468.36
09/02/25	09/02/25	FEDERATED HRMS PRIME CS OBL WS	Sold	1,758,639.00	$ 1.00	$ 1,758,639.00
						$ 1,829,840.28
09/05/25	09/05/25	FEDERATED HRMS PRIME CS OBL WS	Sold	2,107,695.99	$ 1.00	$ 2,107,695.99
09/18/25	09/18/25	FEDERATED HRMS PRIME CS OBL WS	Sold	110,000.00	$ 1.00	$ 110,000.00
						$ 2,217,695.99
09/22/25	09/22/25	FEDERATED HRMS PRIME CS OBL WS	Sold	1,641,396.00	$ 1.00	$ 1,641,396.00
09/25/25	09/25/25	FEDERATED HRMS PRIME CS OBL WS	Sold	128,100.00	$ 1.00	$ 128,100.00
						$ 1,769,496.00

END

(1) Party-in-interest to the Plan.

Save on SP Cash Balance Plan
EIN / Plan No.: 47-3603390 / 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

	(a) (b) Identity of Issuer, 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
	Money Market Funds/Cash Accounts:			
*	Morgan Stanley Private Bank NA	Bank deposits	$ 47,953	$ 47,953
*	Morgan Stanley Smith Barney, LLC	Cash	75,000	75,000
	Total		122,953	122,953
	Registered Investment Companies -			
	Federated HRMS Prime CS OBL WS	Money market fund	125,768	125,768
	TOTAL		$ 248,721	$ 248,721

* Party-in-interest to the Plan.