

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: HEALTH CARE PLAN OF THE SUNDT COMPANIES, INC. 1b Three-digit plan number (PN): 501 1c Effective date of plan: 09/01/1972 2a Plan sponsor's name, mailing address, city, state, and ZIP: 2015 W RIVER RD STE 101 TUCSON, AZ 85704-1676 2b Employer Identification Number (EIN): 86-0923877 2c Plan Sponsor's telephone number: 520-750-4600 2d Business code (see instructions): 551112

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.

Table with 4 columns: Signature label (SIGN HERE), Signature description, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 04/16/2025, JENNIFER GIBSON. 2. Signature of plan administrator. 3. Signature of employer/plan sponsor. 4. Signature of DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">2406</td> </tr> </table>	5	2406																
5	2406																		
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">2406</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">3210</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">9</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(1)</td> <td style="text-align: right;">3219</td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;">6h</td> <td style="text-align: right;">3219</td> </tr> </table>				6a(1)	6a(2)	2406	6b	6c	3210	6d	6e	9	6f	6g(1)	3219	6g(2)	6h	3219
6a(1)	6a(2)	2406																	
6b	6c	3210																	
6d	6e	9																	
6f	6g(1)	3219																	
6g(2)	6h	3219																	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																	
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 4D 4E

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan HEALTH CARE PLAN OF THE SUNDT COMPANIES, INC.	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE SUNDT COMPANIES, INC.	D Employer Identification Number (EIN) 86-0923877	

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)

CIGNA HEALTH AND LIFE INSURANCE CO

900 COTTAGE GROVE RD.
ROUTING C6TAX
HARTFORD, CT 06152

59-1031071

(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 13 15		1452119	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE SUNDT COMPANIES, INC.

2015 W. RIVER ROAD
SUITE 101
TUCSON, AZ 85704

86-0923877

(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?
14		591600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CBIZ CPAS P.C.

4722 NORTH 24TH STREET
SUITE 300
PHOENIX, AZ 85016

43-1947695

(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?
10		22575	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

WEX HEALTH, INC.

4321 20TH AVENUE S.
FARGO, ND 58103

06-1593514

(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 15		20556	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRINCIPAL BANK

711 HIGH STREET
DES MOINES, IA 50392

42-1466678

(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?
21		10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CBIZ ACCTG,TAX & ADVISORY OF WA LLC

5959 ROCKSIDE WOODS BLVD N
SUITE 600
CLEVELAND, OH 44131

86-3192990

(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?
10		6929	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

CONSOVA CORPORATION

143 UNION BLVD
LAKEWOOD, CO 80228

14-1884313

(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		27808	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(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

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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan HEALTH CARE PLAN OF THE SUNDT COMPANIES, INC.	B Three-digit plan number (PN)	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE SUNDT COMPANIES, INC.	D Employer Identification Number (EIN) 86-0923877	

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2461204	3195893
(2) Participant contributions	1b(2)	278341	377023
(3) Other	1b(3)	24597	23050
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6471088	5827703
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	9235230	9423669
Liabilities			
g Benefit claims payable	1g	568101	1796958
h Operating payables	1h	7792	4506
i Acquisition indebtedness	1i		
j Other liabilities	1j	1897507	1849982
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2473400	3651446
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6761830	5772223

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)	29659876	
(B) Participants	2a(1)(B)	4101162	
(C) Others (including rollovers)	2a(1)(C)	187056	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		33948094
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	299035	
(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)		
(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)		
(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)		

		(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		34247129

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	33104765	
(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)		33104765
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)	1452119	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	22575	
(5) Investment advisory and investment management fees.....	2i(5)	591600	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	10000	
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)	383	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	55294	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		2131971
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		35236736

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-989607
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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)		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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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

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 _____.

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

Years Ended September 30, 2024 and 2023

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

Years Ended September 30, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

To the Compensation and Benefits Committee of

THE HEALTH CARE PLAN OF THE SUNDT COMPANIES, INC.

Opinion

We have audited the financial statements of *The Health Care Plan of the Sundt Companies, Inc.* ("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 and benefit obligations as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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Phoenix, AZ 85016

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Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) as of September 30, 2024, and reportable transactions for the year ended September 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying schedules are 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.

CBIZ CPAs P.C.

April 15, 2025

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AND BENEFIT OBLIGATIONS**

September 30, 2024 and 2023
(Amounts in thousands)

	2024	2023
ASSETS		
Cash	\$ 281	\$ -
Money market funds	5,547	6,471
Receivables:		
Employer contributions	3,196	2,461
Employees' contributions	377	278
Other	23	25
Total receivables	3,596	2,764
 Total assets	 9,424	 9,235
LIABILITIES		
Accounts payable for administrative expenses	5	8
 Net assets available for benefits	 9,419	 9,227
BENEFIT OBLIGATIONS		
Health claims payable	1,797	568
Claims incurred but not reported	1,850	1,897
 Total benefit obligations	 3,647	 2,465
 EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	 \$ 5,772	 \$ 6,762

See Notes to Financial Statements

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AND CHANGES IN BENEFIT OBLIGATIONS**

Years Ended September 30, 2024 and 2023
(Amounts in thousands)

	2024	2023
Net increase (decrease) in net assets available for benefits		
Contributions:		
Employer contributions	\$ 29,660	\$ 21,813
Employees' contributions	4,101	3,250
COBRA contributions	187	213
Total additions	33,948	25,276
Health claims paid	31,923	23,426
Administrative expenses	1,833	1,395
Total expenses	33,756	24,821
Net increase in net assets available for benefits	192	455
Net increase in benefit obligations		
Increase (decrease) during the year attributable to:		
Claims payable	1,229	214
Claims incurred but not reported	(47)	(57)
Net increase in benefit obligations	1,182	157
Increase (decrease) in excess of net assets available for benefits over benefit obligations	(990)	298
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, BEGINNING OF YEAR	6,762	6,464
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, END OF YEAR	\$ 5,772	\$ 6,762

See Notes to Financial Statements

THE HEALTH CARE PLAN OF THE SUNDT COMPANIES, INC.

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2024 and 2023
(Dollars in thousands, except for hourly rate)

(1) Description of the Plan

The following description of The Health Care Plan of The Sundt Companies, Inc. provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

- A. **General** – The Health Care Plan of The Sundt Companies, Inc. (the "Plan") provides health benefits covering substantially all employees of The Sundt Companies, Inc. (the "Sponsor") and its subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").
- B. **Benefits** – The Plan provides for health benefits (accident, hospital, major medical, dental, surgical and vision) for eligible members as specified in the Plan.

Contributions – The Plan agreement provides that The Sundt Companies, Inc. and its subsidiaries make monthly contributions to the Plan based on estimated future health care claims. The average employers' contribution rate was \$4.86 for each hour worked for both years ended September 30, 2024 and 2023.

Participating employees contribute specified amounts based on the coverage elected, which are determined annually by the Compensation and Benefits Committee, to decrease deductibles and increase insurance coverage. There are two coverage upgrades currently available under the Plan. In addition, participants are eligible to participate in several available wellness programs in exchange for a reduction of their monthly premium payments. Participants enrolled in the high deductible plan are eligible to contribute to a health saving account (HSA) which is administered by a third party.

Terminated employees, at their option and expense, may continue to participate in this Plan for a period of 18 months (36 months in certain conditions) under the COBRA Act of 1986. COBRA rates are determined in the same manner as employer and employee contributions.

- C. **Other** – Although it has not expressed any intention to do so, the Sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. The Company may modify the benefits under the Plan from time to time.

(2) Summary of significant accounting policies

Basis of accounting – The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Cash and cash equivalents – Cash and cash equivalents include all cash and cash equivalent investments with original maturities of three months or less, primarily consisting of demand deposits in banks. Total money market funds as of September 30, 2024 and 2023 was \$5,547 and \$6,471, respectively. Cash totaled \$281 and \$0 as of September 30, 2024 and 2023. Financial instruments that potentially subject the Plan to concentrations of credit risk consist of cash equivalents and receivables. The Plan routinely maintains cash in excess of \$250 in certain banks to pay claims and administrative expenses. The Plan places the investments with financial institutions evaluated as highly creditworthy. The Plan periodically maintains balances of cash and cash equivalents with financial and other institutions in excess of insured limits.

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2024 and 2023
(Dollars in thousands, except for hourly rate)

(2) **Summary of significant accounting policies (continued)**

Fair value of financial instruments – The Plan’s financial instruments include interest and non-interest bearing cash, receivables, payables, benefit obligations and accrued expenses. The fair value of cash equivalents are based on quoted prices in active markets for identical assets. The carrying values of receivables, benefit obligations, payables and accrued expenses approximate fair value due to their relatively short maturities.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, benefit obligations and changes therein, liabilities and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Estimated liability for claims incurred but not reported – The actuarial value of benefit obligations is reported based on certain assumptions using generally accepted claim development methods pertaining to claim completion patterns, actual claims, trend factors and lag reports, 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.

Subsequent events – The Plan has evaluated subsequent events through April 15, 2025, the date the financial statements were available to be issued.

(3) **Benefit obligations**

Plan obligations at September 30, 2024 and 2023 for health claims incurred by active participants but not reported at that date are estimated by the Plan’s third party expert in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of net assets available for benefits and benefit obligations.

(4) **Fair value measurements**

The Plan accounts for certain assets at fair value in accordance with FASB ASC 820-10 which expands the disclosure requirements around fair value and establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels, which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

Level 1: Inputs are based upon unadjusted quoted prices for identical instruments traded in active markets.

Level 2: Inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2024 and 2023
(Dollars in thousands, except for hourly rate)

(4) Fair value measurements (continued)

Level 3: Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option pricing models, discounted cash flow models, and similar techniques.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 5,547	\$ -	\$ -	\$ 5,547
Total	\$ 5,547	\$ -	\$ -	\$ 5,547

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 6,471	\$ -	\$ -	\$ 6,471
Total	\$ 6,471	\$ -	\$ -	\$ 6,471

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

(5) Administrative expenses and parties-in-interest transactions

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and are recorded in the accompanying statements of changes in net assets available for benefits as administrative expenses. Certain administrative functions are performed by officers or employees of the Sponsor. No such officer or employee receives compensation from the Plan. The following table summarized the Plan's expenses incurred to parties-in-interest for the year ended September 30:

	<u>2024</u>	<u>2023</u>
Parties-in-interest		
Professional fees		
Legal services	\$ 3	\$ 11
Accounting services	29	21
Claims administrator fees	1,472	1,019
Other professional services	37	28
Total professional fees	1,541	1,079
Recordkeeping and other expenses	292	316
Total administrative expenses	\$ 1,833	\$ 1,395

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2024 and 2023
(Dollars in thousands, except for hourly rate)

(6) Tax status

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code and accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable determination letter from the Internal Revenue Service and the State of Arizona Department of Revenue. The Plan Sponsor believes that the Trust, as amended, continues to qualify, and operate in accordance with the applicable provisions of the Internal Revenue Service Code.

Management evaluated the Plan's tax positions in accordance with the accounting standard on accounting for uncertainty in income taxes and concluded that the Plan had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of the accounting standard. In addition, Management is not aware of any matters that would cause the Plan to lose its tax-exempt status. In general, the Plan is no longer subject to income tax examination by the U.S. federal, state, or local tax authorities for years before 2021.

The Plan recognizes interest and penalties related to unrecognized tax benefits as accrued expenses in its accompanying financial statements. During the years ended September 30, 2024 and 2023, the Plan did not recognize any interest and penalties.

SUPPLEMENTAL SCHEDULES

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

FORM 5500 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 86-0923877 PLAN #501

September 30, 2024
(Dollars in thousands)

(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
	Investments			
*	CUSIP #VP7000251	Principal Deposit Sweep Program, Interest Rate at September 30, 2024 - 2.80%	\$ 1,162	\$ 1,162
	CUSIP #94975P405	Allspring Government Money Market Fund, Interest Rate at September 30, 2024 - 5.09%	<u>4,385</u>	<u>4,385</u>
	TOTAL INVESTMENTS (HELD AT END OF YEAR)		<u>\$ 5,547</u>	<u>\$ 5,547</u>

* Represents a party-in-interest

-

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

EIN: 86-0923877

Plan No. 501

FORM 5500 SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

September 30, 2024

(Dollars in thousands)

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Individual transactions in excess of 5% of Plan assets at October 1, 2023:						
Principal Bank	Principal Deposit Sweep Program	\$ -	\$ 471	\$ 471	\$ 471	\$ -
Principal Bank	Principal Deposit Sweep Program	2,504	-	2,504	2,504	-
Principal Bank	Principal Deposit Sweep Program	-	1,025	1,025	1,025	-
Principal Bank	Principal Deposit Sweep Program	3,117	-	3,117	3,117	-
Principal Bank	Principal Deposit Sweep Program	-	525	525	525	-
Principal Bank	Principal Deposit Sweep Program	-	551	551	551	-
Principal Bank	Principal Deposit Sweep Program	-	623	623	623	-
Principal Bank	Principal Deposit Sweep Program	-	691	691	691	-
Principal Bank	Principal Deposit Sweep Program	2,587	-	2,587	2,587	-
Principal Bank	Principal Deposit Sweep Program	-	600	600	600	-
Principal Bank	Principal Deposit Sweep Program	-	585	585	585	-
Principal Bank	Principal Deposit Sweep Program	-	545	545	545	-
Principal Bank	Principal Deposit Sweep Program	2,284	-	2,284	-	-
Principal Bank	Principal Deposit Sweep Program	-	530	530	-	-
Principal Bank	Principal Deposit Sweep Program	-	924	924	-	-
Principal Bank	Principal Deposit Sweep Program	2,192	-	2,192	-	-
Principal Bank	Principal Deposit Sweep Program	-	479	479	-	-
Principal Bank	Principal Deposit Sweep Program	-	742	742	-	-
Principal Bank	Principal Deposit Sweep Program	-	600	600	-	-
Principal Bank	Principal Deposit Sweep Program	2,825	-	2,825	-	-
Principal Bank	Principal Deposit Sweep Program	839	-	839	-	-
Principal Bank	Principal Deposit Sweep Program	-	740	740	-	-
Principal Bank	Principal Deposit Sweep Program	1,028	-	1,028	1,028	-
Principal Bank	Principal Deposit Sweep Program	-	571	571	-	-
Principal Bank	Principal Deposit Sweep Program	-	465	465	-	-
Principal Bank	Principal Deposit Sweep Program	-	597	597	-	-
Principal Bank	Principal Deposit Sweep Program	-	723	723	-	-
Principal Bank	Principal Deposit Sweep Program	-	548	548	-	-
Principal Bank	Principal Deposit Sweep Program	3,613	-	3,613	3,613	-

See Accompanying Independent Auditors' Report

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

EIN: 86-0923877

Plan No. 501

FORM 5500 SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

September 30, 2024

(Dollars in thousands)

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Individual transactions in excess of 5% of Plan assets at October 1, 2023:						
Principal Bank	Principal Deposit Sweep Program	-	479	479	-	-
Principal Bank	Principal Deposit Sweep Program	-	530	530	-	-
Principal Bank	Principal Deposit Sweep Program	-	503	503	-	-
Principal Bank	Principal Deposit Sweep Program	-	674	674	-	-
Principal Bank	Principal Deposit Sweep Program	2,769	-	2,769	2,769	-
Principal Bank	Principal Deposit Sweep Program	-	545	545	-	-
Principal Bank	Principal Deposit Sweep Program	-	499	499	-	-
Principal Bank	Principal Deposit Sweep Program	-	633	633	-	-
Principal Bank	Principal Deposit Sweep Program	-	546	546	-	-
Principal Bank	Principal Deposit Sweep Program	-	496	496	-	-
Principal Bank	Principal Deposit Sweep Program	2,237	-	2,237	2,237	-
Principal Bank	Principal Deposit Sweep Program	-	582	582	-	-
Principal Bank	Principal Deposit Sweep Program	-	520	520	-	-
Principal Bank	Principal Deposit Sweep Program	-	580	580	-	-
Principal Bank	Principal Deposit Sweep Program	-	622	622	-	-
Principal Bank	Principal Deposit Sweep Program	2,273	-	2,273	2,273	-
Principal Bank	Principal Deposit Sweep Program	-	639	639	-	-
Principal Bank	Principal Deposit Sweep Program	-	500	500	-	-
Principal Bank	Principal Deposit Sweep Program	-	506	506	-	-
Principal Bank	Principal Deposit Sweep Program	-	759	759	-	-
Principal Bank	Principal Deposit Sweep Program	-	665	665	-	-
Principal Bank	Principal Deposit Sweep Program	3,319	-	3,319	3,319	-
Principal Bank	Principal Deposit Sweep Program	-	516	516	-	-
Principal Bank	Principal Deposit Sweep Program	-	845	845	-	-
Principal Bank	Principal Deposit Sweep Program	-	521	521	-	-
Principal Bank	Principal Deposit Sweep Program	-	706	706	-	-

Category (iii) - Series of securities transactions in excess of 5% of Plan assets at October 1, 2023:

Principal Bank	Principal Deposit Sweep Program	\$ 31,781	\$ -	\$ 31,781	\$ 31,781	-
Principal Bank	Principal Deposit Sweep Program	-	32,929	32,929	-	-

There were no category (ii) or (iv) reportable transactions during the Plan year ended September 30, 2024.
Columns (e) and (f) were not applicable.

See Accompanying Independent Auditors' Report

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

FORM 5500 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 86-0923877 PLAN #501

September 30, 2024
(Dollars in thousands)

(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
	Investments			
*	CUSIP #VP7000251	Principal Deposit Sweep Program, Interest Rate at September 30, 2024 - 2.80%	\$ 1,162	\$ 1,162
	CUSIP #94975P405	Allspring Government Money Market Fund, Interest Rate at September 30, 2024 - 5.09%	<u>4,385</u>	<u>4,385</u>
	TOTAL INVESTMENTS (HELD AT END OF YEAR)		<u>\$ 5,547</u>	<u>\$ 5,547</u>

* Represents a party-in-interest

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**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

EIN: 86-0923877

Plan No. 501

FORM 5500 SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

September 30, 2024

(Dollars in thousands)

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Individual transactions in excess of 5% of Plan assets at October 1, 2023:						
Principal Bank	Principal Deposit Sweep Program	\$ -	\$ 471	\$ 471	\$ 471	\$ -
Principal Bank	Principal Deposit Sweep Program	2,504	-	2,504	2,504	-
Principal Bank	Principal Deposit Sweep Program	-	1,025	1,025	1,025	-
Principal Bank	Principal Deposit Sweep Program	3,117	-	3,117	3,117	-
Principal Bank	Principal Deposit Sweep Program	-	525	525	525	-
Principal Bank	Principal Deposit Sweep Program	-	551	551	551	-
Principal Bank	Principal Deposit Sweep Program	-	623	623	623	-
Principal Bank	Principal Deposit Sweep Program	-	691	691	691	-
Principal Bank	Principal Deposit Sweep Program	2,587	-	2,587	2,587	-
Principal Bank	Principal Deposit Sweep Program	-	600	600	600	-
Principal Bank	Principal Deposit Sweep Program	-	585	585	585	-
Principal Bank	Principal Deposit Sweep Program	-	545	545	545	-
Principal Bank	Principal Deposit Sweep Program	2,284	-	2,284	-	-
Principal Bank	Principal Deposit Sweep Program	-	530	530	-	-
Principal Bank	Principal Deposit Sweep Program	-	924	924	-	-
Principal Bank	Principal Deposit Sweep Program	2,192	-	2,192	-	-
Principal Bank	Principal Deposit Sweep Program	-	479	479	-	-
Principal Bank	Principal Deposit Sweep Program	-	742	742	-	-
Principal Bank	Principal Deposit Sweep Program	-	600	600	-	-
Principal Bank	Principal Deposit Sweep Program	2,825	-	2,825	-	-
Principal Bank	Principal Deposit Sweep Program	839	-	839	-	-
Principal Bank	Principal Deposit Sweep Program	-	740	740	-	-
Principal Bank	Principal Deposit Sweep Program	1,028	-	1,028	1,028	-
Principal Bank	Principal Deposit Sweep Program	-	571	571	-	-
Principal Bank	Principal Deposit Sweep Program	-	465	465	-	-
Principal Bank	Principal Deposit Sweep Program	-	597	597	-	-
Principal Bank	Principal Deposit Sweep Program	-	723	723	-	-
Principal Bank	Principal Deposit Sweep Program	-	548	548	-	-
Principal Bank	Principal Deposit Sweep Program	3,613	-	3,613	3,613	-

See Accompanying Independent Auditors' Report

**THE HEALTH CARE PLAN OF
THE SUNDT COMPANIES, INC.**

EIN: 86-0923877

Plan No. 501

FORM 5500 SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

September 30, 2024

(Dollars in thousands)

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Individual transactions in excess of 5% of Plan assets at October 1, 2023:						
Principal Bank	Principal Deposit Sweep Program	-	479	479	-	-
Principal Bank	Principal Deposit Sweep Program	-	530	530	-	-
Principal Bank	Principal Deposit Sweep Program	-	503	503	-	-
Principal Bank	Principal Deposit Sweep Program	-	674	674	-	-
Principal Bank	Principal Deposit Sweep Program	2,769	-	2,769	2,769	-
Principal Bank	Principal Deposit Sweep Program	-	545	545	-	-
Principal Bank	Principal Deposit Sweep Program	-	499	499	-	-
Principal Bank	Principal Deposit Sweep Program	-	633	633	-	-
Principal Bank	Principal Deposit Sweep Program	-	546	546	-	-
Principal Bank	Principal Deposit Sweep Program	-	496	496	-	-
Principal Bank	Principal Deposit Sweep Program	2,237	-	2,237	2,237	-
Principal Bank	Principal Deposit Sweep Program	-	582	582	-	-
Principal Bank	Principal Deposit Sweep Program	-	520	520	-	-
Principal Bank	Principal Deposit Sweep Program	-	580	580	-	-
Principal Bank	Principal Deposit Sweep Program	-	622	622	-	-
Principal Bank	Principal Deposit Sweep Program	2,273	-	2,273	2,273	-
Principal Bank	Principal Deposit Sweep Program	-	639	639	-	-
Principal Bank	Principal Deposit Sweep Program	-	500	500	-	-
Principal Bank	Principal Deposit Sweep Program	-	506	506	-	-
Principal Bank	Principal Deposit Sweep Program	-	759	759	-	-
Principal Bank	Principal Deposit Sweep Program	-	665	665	-	-
Principal Bank	Principal Deposit Sweep Program	3,319	-	3,319	3,319	-
Principal Bank	Principal Deposit Sweep Program	-	516	516	-	-
Principal Bank	Principal Deposit Sweep Program	-	845	845	-	-
Principal Bank	Principal Deposit Sweep Program	-	521	521	-	-
Principal Bank	Principal Deposit Sweep Program	-	706	706	-	-

Category (iii) - Series of securities transactions in excess of 5% of Plan assets at October 1, 2023:

Principal Bank	Principal Deposit Sweep Program	\$ 31,781	\$ -	\$ 31,781	\$ 31,781	-
Principal Bank	Principal Deposit Sweep Program	-	32,929	32,929	-	-

There were no category (ii) or (iv) reportable transactions during the Plan year ended September 30, 2024.
Columns (e) and (f) were not applicable.

See Accompanying Independent Auditors' Report