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|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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: 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

| | |
|--|--|
| <p>1a Name of plan <u>G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>101</u></p> |
| <p>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) <u>G.I. ASSOCIATES, LLC</u></p> <p><u>2801 W. KINNICKINNIC RIVER PARKWAY</u> <u>SUITE 1080</u> <u>MILWAUKEE, WI 53215-5217</u></p> | <p>1c Effective date of plan <u>01/01/2011</u></p> <p>2b Employer Identification Number (EIN) <u>39-1994360</u></p> <p>2c Plan Sponsor's telephone number <u>414-908-6500</u></p> <p>2d Business code (see instructions) <u>621111</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/03/2025 | NICHOLAS ZAPF |
| | 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 <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 | 5 | 369 |
| 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..... | 6a(1) | 303 |
| | 6a(2) | 295 |
| | 6b | 0 |
| | 6c | 88 |
| | 6d | 383 |
| | 6e | 0 |
| | 6f | 383 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 3 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 3H

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

| | | |
|---|---|------------|
| A Name of plan <u>G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST</u> | B Three-digit plan number (PN) ▶ | <u>101</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>G.I. ASSOCIATES, LLC</u> | D Employer Identification Number (EIN) <u>39-1994360</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|---|--|---------------------------|--------------------------|
| 1 Enter the valuation date: | Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 Assets: | | | |
| a Market value | 2a | <u>17050173</u> | |
| b Actuarial value | 2b | <u>17050173</u> | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | <u>0</u> | <u>0</u> | <u>0</u> |
| b For terminated vested participants | <u>74</u> | <u>3032058</u> | <u>3032058</u> |
| c For active participants | <u>303</u> | <u>13574615</u> | <u>13612731</u> |
| d Total | <u>377</u> | <u>16606673</u> | <u>16644789</u> |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | <u>4.75 %</u> | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | <u>1536144</u> | |
| b Expected plan-related expenses | 6b | <u>85724</u> | |
| c Target normal cost | 6c | <u>1621868</u> | |

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

| | | | |
|------------------|---|---------------------|--|
| SIGN HERE | | | |
| | Signature of actuary | <u>06/03/2025</u> | Date |
| | <u>SARA K. DEFILIPPO</u> | <u>23-07318</u> | Most recent enrollment number |
| | <u>DUNBAR, BENDER & ZAPF, INC.</u> | <u>412-263-0102</u> | Telephone number (including area code) |
| | <u>400 HOLIDAY DRIVE SUITE 102 PITTSBURGH, PA 15220</u> | | |
| | Address of the firm | | |

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 542950 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 542950 |
| 10 | Interest on line 9 using prior year's actual return of <u>5.83</u> % | 0 | 31654 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 71159 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.09</u> % | | 3622 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 74781 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 175000 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 399604 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 100.03 % |
| 15 | Adjusted funding target attainment percentage | 15 | 102.43 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 100.02 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| 06/26/2024 | 350000 | 0 | | | | | |
| 06/28/2024 | 150000 | 0 | | | | | |
| 10/10/2024 | 350000 | 0 | | | | | |
| 01/15/2025 | 425000 | 0 | | | | | |
| 03/10/2025 | 463694 | 0 | | | | | |
| | | | Totals ▶ | 18(b) | 1738694 | 18(c) | 0 |

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

| | | |
|---|------------|---------|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1670394 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

| | | | | |
|-------------------------|------------------------|------------------------|------------------------|---|
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|-----------|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | 30 | 0 |

Part VIII Minimum Required Contribution For Current Year

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

| | | |
|--|------------|---------|
| a Target normal cost (line 6c) | 31a | 1621868 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 5780 |

| | | |
|---|---------------------|-------------|
| 32 Amortization installments: | Outstanding Balance | Installment |
| a Net shortfall amortization installment | 0 | 0 |
| b Waiver amortization installment..... | 0 | 0 |

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

| | | |
|---|-----------|---------|
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | 34 | 1616088 |
|---|-----------|---------|

| | | | |
|--|-------------------|--------------------|---------------|
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |

36 Additional cash requirement (line 34 minus line 35)..... **36** 1616088

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1670394

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

| | | |
|--|------------|-------|
| a Total (excess, if any, of line 37 over line 36) | 38a | 54306 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | 38b | 0 |

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

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

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

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

| | | |
|--|--|---|
| SCHEDULE 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> 2024 This Form is Open to Public Inspection. |
|--|--|---|

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

| | | |
|--|--|------------|
| A Name of plan G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST | B Three-digit plan number (PN) ▶ | 101 |
| C Plan sponsor's name as shown on line 2a of Form 5500 G.I. ASSOCIATES, LLC | D Employer Identification Number (EIN) 39-1994360 | |

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)

BANK FIVE NINE

155 WEST WISCONSIN AVENUE
OCONOMOWOC, WI 53066

| (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 | NONE | 89405 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

AMP WEALTH MANAGMENT

421 E. SILVER SPRING DR., STE. 3
WHITEFISH BAY, WI 53217

| (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 | NONE | 38776 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CLIFTONLARSONALLEN LLP

41-0746749

| (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 | NONE | 34020 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

DUNBAR, BENDER, & ZAPF, INC.

25-1650062

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 11 | NONE | 11045 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | | |
|---|--|---|
| <p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> | <p>Financial Transaction Schedules</p> <p>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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p> | <p style="font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection.</p> |
|---|--|---|

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

| | | |
|--|--|-------------------|
| <p>A Name of plan G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>101</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 G.I. ASSOCIATES, LLC</p> | <p>D Employer Identification Number (EIN) 39-1994360</p> | |

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | | |

| | Amount received during reporting year | | | Amount overdue | |
|-----------------------------|---------------------------------------|--------------|-----------------------------------|----------------|--------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | | |

| | Amount received during reporting year | | | Amount overdue | |
|-----------------------------|---------------------------------------|--------------|-----------------------------------|----------------|--------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | | |

| | Amount received during reporting year | | | Amount overdue | |
|-----------------------------|---------------------------------------|--------------|-----------------------------------|----------------|--------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| | | |
|------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| □ | | |

| | | | | | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | | Amount overdue |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| | | |
|------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| □ | | |

| | | | | | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | | Amount overdue |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| | | |
|------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| □ | | |

| | | | | | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | | Amount overdue |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| | | |
|------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| □ | | |

| | | | | | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | | Amount overdue |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| | | |
|------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| □ | | |

| | | | | | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | | Amount overdue |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | |
|---|------------------------------------|---|--|------------------|-----------------------|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| G.I. ASSOCIATES, LLC | PLAN SPONSOR | EXPENSES PAID FOR ANOTHER PLAN OUT OF PLAN ASSETS. | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | 17745 | | |

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| | | |
|--|--|--|
| 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> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST | B Three-digit plan number (PN) ▶ 101 |
| C Plan sponsor's name as shown on line 2a of Form 5500 G.I. ASSOCIATES, LLC | D Employer Identification Number (EIN) 39-1994360 |

| | |
|---------------|--------------------------------------|
| 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.

| | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 8318 | 888694 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 0 | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 3677181 | 275435 |
| (2) U.S. Government securities | 1c(2) | 92738 | 2981771 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 1261536 | 1097933 |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 10071118 | 11759200 |
| (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) | 765476 | 756730 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | 1174285 | 1032576 |

| 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 | 17050652 | 18792339 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 381 | 2892 |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 381 | 2892 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 17050271 | 18789447 |

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) | 1738694 | |
| (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) | | 1738694 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 26530 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 76536 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 68297 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | 59731 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 231094 |
| (2) Dividends: (A) Preferred stock..... | 2b(2)(A) | 294204 | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 34361 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds..... | 2b(4)(A) | 9022475 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 9891735 | |
| (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) | 2535633 | |
| (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) | | -8746 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 3955980 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2006064 | |
| (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) | | 2006064 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 34020 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 128182 | |
| (7) Actuarial fees | 2i(7) | 11045 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 37493 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 210740 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 2216804 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1739176 |
| 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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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 | | 17745 |
| e Was this plan covered by a fidelity bond? | 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? | | 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 544337.

| | | |
|--|---|---|
| SCHEDULE R (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> | 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST</u> | B Three-digit plan number (PN) ▶ | <u>101</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>G.I. ASSOCIATES, LLC</u> | D Employer Identification Number (EIN) <u>39-1994360</u> | |

| | |
|---------------|----------------------|
| 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): 45-4104995

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 | 15 |
|--|---|----|

| | |
|----------------|---|
| 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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION
PLAN AND TRUST**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2024 AND 2023



CPAs | CONSULTANTS | WEALTH ADVISORS

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**G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
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YEARS ENDED DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITORS' REPORT

Board of Directors
G.I. Associates, LLC
Milwaukee, Wisconsin

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of G.I. Associates, LLC Defined Benefit Pension Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of G.I. Associates, LLC Defined Benefit Pension Plan and Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 G.I. Associates, LLC Defined Benefit Pension Plan and Trust 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 G.I. Associates, LLC Defined Benefit Pension Plan and Trust's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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 the 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 G.I. Associates, LLC Defined Benefit Pension Plan and Trust'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 G.I. Associates, LLC Defined Benefit Pension Plan and Trust's ability to continue as a going concern for a reasonable period of time.


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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions and schedule of nonexempt transactions for the year ended December 31, 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 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.



CliftonLarsonAllen LLP

Racine, Wisconsin
August 25, 2025

**G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

| | 2024 | 2023 |
|--|---------------|---------------|
| ASSETS | | |
| INVESTMENTS (at Fair Value) | | |
| Short-Term Cash Investments | \$ 244,463 | \$ 3,627,910 |
| Fixed Income Bonds | 5,112,280 | 2,528,559 |
| Mutual Funds | 756,730 | 765,476 |
| Stocks | 11,759,200 | 10,071,118 |
| Total Investments | 17,872,673 | 16,993,063 |
| COMPANY CONTRIBUTION RECEIVABLE | 888,694 | 8,318 |
| Total Assets | 18,761,367 | 17,001,381 |
| LIABILITIES | | |
| OTHER PAYABLE | 2,892 | 381 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 18,758,475 | \$ 17,001,000 |

See accompanying Notes to Financial Statements.

**G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

| | 2024 | 2023 |
|---|---------------|---------------|
| ADDITIONS: | | |
| INVESTMENT INCOME | | |
| Net Appreciation in Fair Value of Investments | \$ 1,588,461 | \$ 352,147 |
| Interest and Dividends | 487,809 | 566,115 |
| Total Investment Income | 2,076,270 | 918,262 |
| COMPANY CONTRIBUTIONS | 1,738,694 | 1,574,587 |
| Total Additions | 3,814,964 | 2,492,849 |
| DEDUCTIONS: | | |
| BENEFITS PAID TO PARTICIPANTS | 1,987,890 | 1,058,967 |
| ADMINISTRATIVE EXPENSES | 69,599 | 199,232 |
| Total Deductions | 2,057,489 | 1,258,199 |
| NET INCREASE | 1,757,475 | 1,234,650 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of Year | 17,001,000 | 15,766,350 |
| End of Year | \$ 18,758,475 | \$ 17,001,000 |

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the G.I. Associates, LLC Defined Benefit Pension Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory cash balance plan covering substantially all employees of G.I. Associates, LLC, Milwaukee G.I. Specialists, S.C., Gastroenterology Consultants, Ltd. and Gastroenterology Specialists, S.C. (collectively, the Company). Effective January 1, 2011, a hypothetical account is maintained for each participant and pay credits are credited to the participant's account for the benefit of the individual. Participants who were actively employed during 2011 were credited with a lump sum opening balance equivalent to the present value of accrued pension benefits under the Plan's benefit provisions. It is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and amendments.

Contributions

Company contributions are computed under the unit credit method which recognizes the cost of benefits over the period in which the employee's service has been rendered. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023 . The Company's funding policy is to contribute an amount ranging from the ERISA defined minimum required contribution to the maximum amount that could be deducted for federal income tax purposes. Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

The Plan administrator will maintain a cash balance account on behalf of each participant. Annually, the cash balance account of each participant will be credited with an amount equal to either a flat dollar amount or a percentage of the participant's compensation during the Plan year as follows:

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

| | |
|---|--|
| I. David Carron, M.D., Steven Lipscomb, M.D., Daniel Geenen, M.D., Ricardo Li, M.D., Nalini Guda, M.D., Lyndon Hernandez, M.D., David Staff, M.D., Helen Lantz, M.D., Raj Santharam, M.D., Joseph P. Kim, M.D., Alan Mayer, M.D., and Maria Rivera, M.D. | 21.00% of compensation |
| II. Aravind Vijayapal, M.D. | 16.30% of compensation |
| III. Aaron Baltz, M.D., James Kwiatt, M.D., Brian Moloney, M.D., Jamal Qureshi, M.D., Alexander Ulitsky, M.D., Syed Hussain, Julia A. Leo, M.D., Nicole Griglione, M.D., Erica Samuel, M.D., William J. Blosky, M.D., Nathaniel Jest, M.D., Mario J Velez, M.D., and Jacob C. Laine, M.D. | 16.00% of compensation |
| IV. Robert Kwech | 14.25% of compensation |
| V. Michael Schmalz, M.D. | 6.1225% of compensation or \$15,000, whichever is less |
| VI. All other participants not described in I - V above | 2.00% of compensation |

As of each credit date (December 31), each participant's cash balance account will also be credited with an amount equal to:

- 1) The amount of the participant's cash balance account as of the immediately preceding credit date, multiplied by
- 2) The lesser of (i) 5.00%; or (ii) the third segment rate described in Internal Revenue Service (IRS) Section 430(h)(2)(C)(iii) for the month of September during the prior Plan year. The third segment rate used was 4.52% and 3.58% for the years ended December 31, 2024 and 2023, respectively. Effective January 1, 2021, the interest crediting rate increased to a flat 5.00% for non-highly compensated employees. Effective January 1, 2022, the interest credit rate increased to a flat 5.00% for highly compensated employees.

**G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Benefit Options (Continued)

Upon reaching the normal retirement date, age 62 and the fifth anniversary of his/her initial entry date, a participant shall be entitled to the normal retirement benefit or may elect to defer the commencement of the normal retirement benefit to the participant's termination date, or a date specified in the election. On termination of service due to death or disability, a participant or designated beneficiary may elect to receive the benefit as soon as administratively feasible. If a participant separates from service before reaching the normal retirement date, the participant may elect to receive his or her accrued benefit as soon as administratively feasible. Generally, the form of payment shall be in the normal form of benefit (life annuity payable in monthly installments). For a participant who dies before the date his or her benefits are to begin, and that has a surviving spouse, payment is in the form of a qualified pre-retirement survivor annuity.

A participant may, in lieu of the amount and form of the benefits otherwise provided for in the Plan document, choose an optional form of payment which is the actuarial equivalent of the normal form of benefit specified in the Plan document. Such optional form of benefit shall include the following:

- 1) Payment in one lump sum.
- 2) Payment as a joint and 50%, 75%, or 100% survivor annuity.
- 3) Payment as a rollover distribution to an eligible retirement plan specified by the distributee.

Vesting

Generally, a participant's accrued benefit shall become fully vested upon a participant's death, disability, attainment of retirement age, upon termination of the Plan, and upon partial termination of the Plan. Accrued benefits vest as follows:

| <u>Years of Service</u> | <u>Vesting Percent</u> |
|-------------------------|----------------------------|
| Less than 3 | 0% |
| 3 or More | 100% |

Forfeitures

Forfeited nonvested accounts are used to reduce the Company's contributions, as determined under the funding method used by the Plan's actuary. At December 31, 2024 and 2023, there were no forfeited nonvested accounts.

Administrative Expenses

The majority of administrative expenses are paid out of the Plan assets for the years ended December 31, 2024 and 2023.

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation 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 4 for discussion on fair value measurements.

Security transactions are recognized on the date the transaction is settled by the delivery or receipt of the security and the receipt or payment of cash. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through August 25, 2025, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to:

- a) Retired or terminated employees or their beneficiaries,
- b) Beneficiaries of employees who have died, and
- c) Present employees or their beneficiaries.

Benefits under the Plan are based on a percentage of the employees' annual compensation. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The participant's primary social security benefit is integrated in the present value computation. The Plan's valuation date is as of the beginning of the Plan year.

The significant actuarial assumptions used in the valuation as of December 31, 2023 were:

- a) Life Expectancy of Participants (the IRC 430 Combined Healthy Mortality Table)
- b) Return on Assets (5.50%)
- c) Annual Earnings Crediting Rate for Cash Balance Accounts (3.58%)
- d) Average Retirement Age (62)

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

The following is a summary of actuarial present value of accumulated Plan benefits as of December 31, 2023:

Actuarial Present Value of Accumulated Plan Benefits:

| | |
|--|---------------|
| Vested Benefits: | |
| Participants Currently Receiving Payments | \$ - |
| Other Participants | 16,577,626 |
| Total Vested Benefits | 16,577,626 |
| Nonvested Benefits | |
| Total Actuarial Present Value of Accumulated Plan Benefits | \$ 16,620,417 |

The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the year ended December 31, 2023:

| | |
|--|---------------|
| Actuarial Present Value of Accumulated Plan Benefits - | |
| Beginning of Year | \$ 15,319,112 |
| Increase (Decrease) During the Year Attributable to: | |
| Increase in Benefits Accumulated | 1,574,587 |
| Increase Due to Passage of Time | 736,414 |
| Benefits Paid | (1,009,696) |
| Actuarial Present Value of Accumulated Plan Benefits - End of Year | \$ 16,620,417 |

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1. Had the valuations been performed as of December 31, there would be no material differences.

NOTE 4 FAIR VALUE OF INVESTMENTS

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 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

Short-Term Cash Investments – Valued at cost, which approximates fair value.

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Municipal and Corporate Bonds – Valued with an institutional bid evaluation or an institutional mid evaluation. A bid evaluation is an estimated price at which a dealer would pay for a security (typically in an institutional round lot). A mid evaluation is the average of the estimated price at which a dealer would sell a security and the estimated price at which a dealer would pay for a security (typically in an institutional round lot). Oftentimes, these evaluations are based on proprietary models which pricing vendors establish for these purposes. In some cases, there may be manual sources used when primary price vendors do not supply prices.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Stocks – Valued using the official close (for NASDAQ only), last trade, bid or the ask offer price reported on the active market on which the individual securities are traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

| | 2024 | | | |
|------------------------------------|---------------|--------------|---------|---------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Short-Term Cash Investments | \$ - | \$ 244,463 | \$ - | \$ 244,463 |
| Fixed Income Bonds | - | 5,112,280 | - | 5,112,280 |
| Mutual Funds | 756,730 | - | - | 756,730 |
| Stocks | 11,759,200 | - | - | 11,759,200 |
| Total Investments at Fair Value | \$ 12,515,930 | \$ 5,356,743 | \$ - | \$ 17,872,673 |

| | 2023 | | | |
|------------------------------------|---------------|--------------|---------|---------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Short-Term Cash Investments | \$ - | \$ 3,627,910 | \$ - | \$ 3,627,910 |
| Fixed Income Bonds | - | 2,528,559 | - | 2,528,559 |
| Mutual Funds | 765,476 | - | - | 765,476 |
| Stocks | 10,071,118 | - | - | 10,071,118 |
| Total Investments at Fair Value | \$ 10,836,594 | \$ 6,156,469 | \$ - | \$ 16,993,063 |

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 PLAN TERMINATION

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

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

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

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

NOTE 6 PLAN TAX STATUS

The Plan obtained its latest determination letter on June 2, 2021, in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

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

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 RISKS AND UNCERTAINTIES

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

Plan contributions are made, and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Charles Schwab is the custodian as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees paid by the Plan and retained by Charles Schwab amounted to \$89,405 and \$85,354 for the years ended December 31, 2024 and 2023, respectively.

NOTE 9 CONCENTRATION OF CREDIT RISK

The Plan's cash balances are held at various financial institutions located in Wisconsin. Accounts at these institutions are insured by a government agency up to \$250,000. At times the balances in these accounts may exceed the insured limit.

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

| | 2024 | 2023 |
|---|---------------|---------------|
| Net Assets Available for Benefits per Financial Statements | \$ 18,758,475 | \$ 17,001,000 |
| Outstanding Checks | 30,972 | 49,271 |
| Net Assets Available for Benefits per Form 5500 | \$ 18,789,447 | \$ 17,050,271 |

**G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of net increase per the financial statements to Form 5500 for the years ended December 31:

| | 2024 | 2023 |
|---------------------------------------|--------------|--------------|
| Net Increase per Financial Statements | \$ 1,757,475 | \$ 1,234,650 |
| Change in Outstanding Checks | (18,299) | 49,271 |
| Net Increase per Form 5500 | \$ 1,739,176 | \$ 1,283,921 |

Checks issued are recorded on the Form 5500 when they clear the bank and on the financial statements when they are issued.

NOTE 11 NONEXEMPT TRANSACTION

During the year ended December 31, 2024, the Company inadvertently paid from Plan assets certain expenses that were not allowable expenses. This is deemed a prohibited transaction in accordance with ERISA and the IRC. The Company is in the process of restoring payments made into the Plan, and filing the required Form 5330 with the IRS to pay the appropriate excise tax.

**G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
E.I.N. 45-4104995 PLAN NO. 101
SCHEDULE G, PART III—NONEXEMPT TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024**

| Identity of Party Involved | Relationship to Plan, Employer or Other Party-In-Interest | Description of Transactions including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Purchase Price | Selling Price | Lease Rental | Expenses Incurred in Connection with Transaction | Cost of Asset | Current Value of Asset | Net Gain or (Loss) on Each Transaction |
|----------------------------|---|---|----------------|---------------|--------------|--|---------------|------------------------|--|
| G.I. Associates, LLC | Plan Sponsor | Expenses paid for another plan out of plan assets | \$ - | \$ - | \$ - | \$ - | \$17,745 | \$ - | \$ - |

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
E.I.N. 45-4104995 PLAN NO. 101
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|-----|---|---|-----------|------------------|
| | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
| * | Johnson Bank | Money Market Account | \$ 11,777 | \$ 11,777 |
| * | TD Ameritrade | FDIC Insured Deposit Account | 232,686 | 232,686 |
| | California Municipal | Municipal Bond | 67,987 | 64,469 |
| | Colorado Municipal | Municipal Bond | 110,212 | 98,097 |
| | Georgia Municipal | Municipal Bond | 28,641 | 29,363 |
| | GNMA Municipal | Municipal Bond | 17,697 | 17,783 |
| | Indiana Municipal | Municipal Bond | 77,452 | 67,345 |
| | Maine Municipal | Municipal Bond | 25,854 | 27,915 |
| | Maryland Municipal | Municipal Bond | 15,213 | 14,251 |
| | Massachusetts Municipal | Municipal Bond | 96,193 | 95,536 |
| | Minnesota Municipal | Municipal Bond | 10,173 | 9,921 |
| | Monterey County Municipal | Municipal Bond | 55,693 | 56,252 |
| | New Jersey Municipal | Municipal Bond | 92,416 | 84,978 |
| | New York Municipal | Municipal Bond | 54,428 | 40,171 |
| | North Carolina Municipal | Municipal Bond | 15,632 | 15,027 |
| | Ohio Municipal | Municipal Bond | 127,827 | 105,894 |
| | Public Fin Auth | Municipal Bond | 54,888 | 54,299 |
| | Rhode Island Municipal | Municipal Bond | 40,021 | 40,705 |
| | Texas Municipal | Municipal Bond | 50,022 | 47,738 |
| | US Treasury | Municipal Bond | 2,934,697 | 2,964,985 |
| | Abbvie | Corporate Bond | 37,821 | 37,236 |
| | Albemarle Corp | Corporate Bond | 25,786 | 21,759 |
| | Campbell Soup Co | Corporate Bond | 23,338 | 21,511 |
| | Cardinal Health Inc | Corporate Bond | 38,525 | 34,415 |
| | Conagra Brands Inc. | Corporate Bond | 45,013 | 42,397 |
| | CVS Health Corporation | Corporate Bond | 40,661 | 33,708 |
| | General Motors Company | Corporate Bond | 26,333 | 21,944 |
| | Goldman Sachs | Corporate Bond | 86,759 | 81,013 |
| | Grand Canyon University | Corporate Bond | 55,959 | 50,908 |
| | Hewlett Packard Enterprise Co Sr Note | Corporate Bond | 52,582 | 51,907 |
| | International Paper Co | Corporate Bond | 36,601 | 36,019 |
| | Juniper Networks Inc. | Corporate Bond | 41,956 | 39,239 |
| | KLA Corporation | Corporate Bond | 39,425 | 41,403 |
| | Kraft Heinz Foods Company. | Corporate Bond | 84,818 | 76,386 |
| | Kroger Co | Corporate Bond | 46,959 | 42,965 |
| | Leidos Holdings Inc. | Corporate Bond | 51,568 | 47,782 |
| | Marathon Pete Corp | Corporate Bond | 40,498 | 38,038 |
| | Molson Coors Brewing Senior | Corporate Bond | 44,530 | 41,243 |
| | Morgan Stanley | Corporate Bond | 15,221 | 12,919 |
| | Mosaic Co | Corporate Bond | 38,425 | 37,743 |
| | Motorola Solutions Inc | Corporate Bond | 39,461 | 38,528 |
| | National Fuel Gas Co | Corporate Bond | 20,182 | 19,982 |

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
E.I.N. 45-4104995 PLAN NO. 101
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|-----|---|---|-----------|------------------|
| | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
| | Oneok Inc. | Corporate Bond | \$ 56,923 | \$ 46,820 |
| | Orrstown Financial Services | Corporate Bond | 30,860 | 28,420 |
| | QVC Inc. | Corporate Bond | 29,827 | 16,500 |
| | Reynolds American Inc | Corporate Bond | 39,975 | 39,794 |
| | Schwab (Charles) Corp | Corporate Bond | 51,794 | 47,575 |
| | University of St Thomas Texas | Corporate Bond | 79,979 | 56,552 |
| | Unum Group | Corporate Bond | 26,464 | 24,433 |
| | Valmont Inds Inc. | Corporate Bond | 42,564 | 40,700 |
| | Verizon Communications Inc. | Corporate Bond | 42,604 | 35,382 |
| | Westlake Chemical Corp Sr Nt | Corporate Bond | 37,193 | 34,801 |
| | Whirlpool Corp | Corporate Bond | 45,287 | 37,529 |
| | iShares Iboxx Inv Cp ETF | Mutual Fund | 232,718 | 210,475 |
| | iShares PFD and INCM Sec ETF | Mutual Fund | 188,610 | 165,060 |
| | Vanguard Shrt Trm Corp Bd ETF | Mutual Fund | 198,535 | 198,379 |
| | Vanguard Inter Trm Treas ETF | Mutual Fund | 196,257 | 182,816 |
| | Allstate | Corporate Stock | 50,225 | 41,140 |
| | Amer Electric Pwr Co | Corporate Stock | 179,476 | 201,154 |
| | American Express Co | Corporate Stock | 201,030 | 268,892 |
| | Apple Inc. | Corporate Stock | 77,582 | 331,306 |
| | Atmos Energy Corp | Corporate Stock | 180,717 | 253,471 |
| | Bank New York Mellon Corporation | Corporate Stock | 175,341 | 224,113 |
| | BIP Bermuda | Corporate Stock | 66,587 | 44,693 |
| | Blackrock Health Science | Corporate Stock | 104,897 | 91,032 |
| | Broadcom Inc. | Corporate Stock | 197,283 | 535,550 |
| | Caterpillar Inc. | Corporate Stock | 188,392 | 242,686 |
| | Charles Schwab | Corporate Stock | 130,559 | 128,010 |
| | Chevron Corporation | Corporate Stock | 168,366 | 181,774 |
| | Chubb Ltd | Corporate Stock | 187,450 | 239,000 |
| | Cohen and Steers | Corporate Stock | 230,917 | 177,337 |
| | Deutsche Telekom Ag | Corporate Stock | 184,861 | 242,472 |
| | DNP Select Income | Corporate Stock | 101,724 | 83,790 |
| | DTE Energy Co | Corporate Stock | 66,587 | 66,120 |
| | Duke Energy Co | Corporate Stock | 105,550 | 99,742 |
| | Eli Lilly & Company | Corporate Stock | 109,934 | 402,212 |
| | ExxonMobil Corporation | Corporate Stock | 122,090 | 195,347 |
| | Fastenal Co | Corporate Stock | 106,710 | 238,741 |
| | Ford Motor Co | Corporate Stock | 61,014 | 80,080 |

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
E.I.N. 45-4104995 PLAN NO. 101
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|-----|---|---|----------------------|-------------------|
| | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
| | General Dynamics Corporation | Corporate Stock | \$ 244,587 | \$ 227,919 |
| | Georgia Power Co | Corporate Stock | 102,724 | 88,128 |
| | Goldman Sachs Group Inc. | Corporate Stock | 187,961 | 271,995 |
| | Hershey Company | Corporate Stock | 187,979 | 134,464 |
| | Home Depot Inc. | Corporate Stock | 176,936 | 228,337 |
| | Honeywell International Inc. | Corporate Stock | 138,069 | 208,948 |
| | Illinois Tool Works Inc. | Corporate Stock | 127,426 | 197,777 |
| | JP Morgan Chase & Co | Corporate Stock | 223,762 | 341,107 |
| | Johnson & Johnson | Corporate Stock | 134,658 | 163,421 |
| | KLA-Tencor Corp | Corporate Stock | 55,836 | 282,294 |
| | Lockheed Martin | Corporate Stock | 125,357 | 189,031 |
| | Mckesson Corp | Corporate Stock | 171,817 | 213,716 |
| | Meta Platforms Inc. | Corporate Stock | 121,058 | 117,102 |
| | Microsoft Corp | Corporate Stock | 67,647 | 322,869 |
| | Morgan Stanley | Corporate Stock | 96,458 | 233,211 |
| | Novo-Nordisk As Vormal F | Corporate Stock | 134,782 | 116,815 |
| | Nuveen Municipal High Income | Corporate Stock | 104,096 | 78,913 |
| | Paychex Inc. | Corporate Stock | 91,992 | 202,057 |
| | Pepsico Inc. | Corporate Stock | 154,777 | 169,699 |
| | PNC Financial Services | Corporate Stock | 223,349 | 235,277 |
| | Proctor & Gamble Co | Corporate Stock | 128,085 | 198,330 |
| | Qualcomm Inc | Corporate Stock | 213,922 | 242,720 |
| | Royal Bank CDA Montreal Que | Corporate Stock | 138,881 | 216,677 |
| | RTX Corporation | Corporate Stock | 244,703 | 238,962 |
| | Sanofi | Corporate Stock | 144,049 | 130,559 |
| | Stiefel Financial Corp | Corporate Stock | 102,093 | 83,436 |
| | T-Mobile US Inc. | Corporate Stock | 257,339 | 318,293 |
| | Texas Instruments Inc. | Corporate Stock | 108,284 | 190,135 |
| | The Coca-Cola Company | Corporate Stock | 174,137 | 173,145 |
| | Tractor Supply Co | Corporate Stock | 102,364 | 217,015 |
| | Union Pac Corp | Corporate Stock | 142,337 | 203,640 |
| | Visa Inc | Corporate Stock | 140,050 | 185,832 |
| | Walmart Inc. | Corporate Stock | 179,370 | 369,170 |
| | WEC Energy Group Inc. | Corporate Stock | 161,574 | 189,773 |
| | Wells Fargo & Co | Corporate Stock | 419,665 | 409,771 |
| | | Total Assets (Held at End of Year) | <u>\$ 14,876,936</u> | <u>17,872,673</u> |

* Indicates party-in-interest

**G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
E.I.N. 45-4104995 PLAN NO. 101
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024**

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|---|------------------------------|-------------------|------------------|------------------|---|--------------|------------------|--------------------|
| Identity of Party Involved | Description of Assets | Purchase Price | Selling Price | Leased Rental | Expense Incurred With Transaction | Cost | Current Value | Net Gain (Loss) |
| Category (i) - Single Transaction in Excess of 5% of Plan Assets | | | | | | | | |
| * Johnson Bank | Money Market Account | \$ - | \$ 1,566,269 | \$ - | \$ - | \$ 1,566,269 | \$ 1,566,269 | \$ - |
| * Charles Schwab - 7489 | FDIC Insured Deposit Account | - | 879,949 | - | - | 879,949 | 879,949 | - |
| * Charles Schwab - 9368 | FDIC Insured Deposit Account | 1,566,269 | - | - | - | 1,566,269 | 1,566,269 | - |
| * Charles Schwab - 9368 | FDIC Insured Deposit Account | 906,413 | - | - | - | 906,413 | 906,413 | - |
| * Charles Schwab - 9368 | FDIC Insured Deposit Account | - | 1,490,900 | - | - | 1,490,900 | 1,490,900 | - |
| * Charles Schwab - 9368 | FDIC Insured Deposit Account | - | 892,924 | - | - | 892,924 | 892,924 | - |
| * Charles Schwab - 9368 | FDIC Insured Deposit Account | - | 925,420 | - | - | 925,420 | 925,420 | - |
| Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets | | | | | | | | |
| * Johnson Bank | Money Market Account | 901,787 | - | - | - | 901,787 | 901,787 | - |
| * Johnson Bank | Money Market Account | - | 3,916,786 | - | - | 3,916,786 | 3,916,786 | - |
| * Charles Schwab - 7489 | FDIC Insured Deposit Account | 2,850,566 | - | - | - | 2,850,566 | 2,850,566 | - |
| * Charles Schwab - 7489 | FDIC Insured Deposit Account | - | 3,100,544 | - | - | 3,100,544 | 3,100,544 | - |
| * Charles Schwab - 9368 | FDIC Insured Deposit Account | 4,748,423 | - | - | - | 4,748,423 | 4,748,423 | - |
| * Charles Schwab - 9368 | FDIC Insured Deposit Account | - | 4,863,014 | - | - | 4,863,014 | 4,863,014 | - |

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2024.

** Indicates party-in-interest*



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Plan Name: G.I. Associates, LLC Defined Benefit Pension Plan and Trust

Sponsor EIN: 39-1994360

Plan Number: 101

Plan Year: 01/01/2024 - 12/31/2024

Schedule SB, line 26a - Schedule of Active Participant Data

| Attained Age | Years of Credited Service | | | | | | | | | |
|--------------|---------------------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| | Under 1 No. | 1 to 4 No. | 5 to 9 No. | 10 to 14 No. | 15 to 19 No. | 20 to 24 No. | 25 to 29 No. | 30 to 34 No. | 35 to 39 No. | 40 & up No. |
| Under 25 | | 5 | | | | | | | | |
| 25 to 29 | 6 | 15 | 1 | | | | | | | |
| 30 to 34 | 2 | 15 | 5 | | | | | | | |
| 35 to 39 | 1 | 16 | 15 | 4 | | | | | | |
| 40 to 44 | 1 | 18 | 15 | 9 | | | | | | |
| 45 to 49 | | 8 | 9 | 16 | | | | | | |
| 50 to 54 | | 16 | 9 | 13 | | | | | | |
| 55 to 59 | | 9 | 10 | 25 | | | | | | |
| 60 to 64 | | 8 | 14 | 18 | | | | | | |
| 65 to 69 | | 3 | 7 | 4 | | | | | | |
| 70 & up | | 2 | 2 | 2 | | | | | | |

Plan Name: G.I. Associates, LLC Defined Benefit Pension Plan and Trust

Sponsor EIN: 39-1994360

Plan Number:

Plan Year: 01/01/2024 - 12/31/2024

Schedule SB, Part V - Schedule of Actuarial Assumptions and Methods

Minimum Required Contribution (IRC 430)

| | |
|------------------------------|---|
| Cost Method | IRC 430 Mandated (ARPA Shortfall = Yes) |
| Segment Rate Lookback Months | 4 |
| Asset Valuation Method | Fair market value |
| Expense Load | \$85724 |

| | <u>Pre-Retirement</u> | <u>Post Retirement</u> |
|--------------------------------|--|--|
| Interest Rates | | |
| Segment 1 | 4.75% | 4.75% |
| Segment 2 | 4.87% | 4.87% |
| Segment 3 | 5.59% | 5.59% |
| Mortality | IRC 430(h)(3)(a) (projected RP-2014) Separate male/female | IRC 430(h)(3)(a) (projected RP-2014) Separate male/female |
| Future Interest Crediting Rate | 5.00% | |
| Salary Scale | | |
| Male | 0.00% | |
| Female | 0.00% | |
| Probability of Lump Sum | 100.00% | |
| Turnover | None | |

GI Associates LLC Defined Benefit Pension Plan and Trust
EIN / PN: 39-1994360 / 101

Schedule H, Line 4j - Schedule of Reportable Transactions

| (a) Identity or Party Involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--|--|--------------------------|-------------------------|------------------------|--|-------------------------|---|------------------------------|
| Category (i) - Individual Transactions | | | | | | | | |
| Premier Business Checking Account - Acct 4244 | Cash | 0 | 1,566,269 | 0 | 0 | 1,566,269 | 1,566,269 | 0 |
| TD Bank NA - Acct 7489 | Cash | 0 | 879,949 | 0 | 0 | 879,949 | 879,949 | 0 |
| TD Bank NA - Acct 9368 | Cash | 1,566,269 | 0 | 0 | 0 | 1,566,269 | 1,566,269 | 0 |
| TD Bank NA - Acct 9368 | Cash | 906,413 | 0 | 0 | 0 | 906,413 | 906,413 | 0 |
| TD Bank NA - Acct 9368 | Cash | 0 | 1,490,900 | 0 | 0 | 1,490,900 | 1,490,900 | 0 |
| TD Bank NA - Acct 9368 | Cash | 0 | 892,924 | 0 | 0 | 892,924 | 892,924 | 0 |
| TD Bank NA - Acct 9368 | Cash | 0 | 925,420 | 0 | 0 | 925,420 | 925,420 | 0 |
| Category (iii) - Series of Transactions | | | | | | | | |
| Premier Business Checking Account - Acct 4244 | Cash | 858,318 | 0 | 0 | 0 | 858,318 | 858,318 | 0 |
| Premier Business Checking Account - Acct 4244 | Cash | 0 | 3,916,786 | 0 | 0 | 3,916,786 | 3,916,786 | 0 |
| TD Bank NA - Acct 7489 | Cash | 2,850,083 | 0 | 0 | 0 | 2,850,083 | 2,850,083 | 0 |
| TD Bank NA - Acct 7489 | Cash | 0 | 3,100,544 | 0 | 0 | 3,100,544 | 3,100,544 | 0 |
| TD Bank NA - Acct 9368 | Cash | 4,747,718 | 0 | 0 | 0 | 4,747,718 | 4,747,718 | 0 |
| TD Bank NA - Acct 9368 | Cash | 0 | 4,863,014 | 0 | 0 | 4,863,014 | 4,863,014 | 0 |

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

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


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

| | | |
|---|---|-----|
| A Name of plan G.I. Associates, LLC Defined Benefit Pension Plan and Trust | B Three-digit plan number (PN) ▶ | 101 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF G.I. Associates, LLC | D Employer Identification Number (EIN) 39-1994360 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | 17,050,173 |
| | b Actuarial value | 2b | 17,050,173 |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | 0 | 0 |
| | b For terminated vested participants | 74 | 3,032,058 |
| | c For active participants | 303 | 13,574,615 |
| | d Total | 377 | 16,606,673 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | 4.75% |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | 1,536,144 |
| | b Expected plan-related expenses | 6b | 85,724 |
| | c Target normal cost | 6c | 1,621,868 |

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

| | | |
|------------------|---|---|
| SIGN HERE |  Signature of actuary | <u>6/3/2025</u> Date |
| | <u>Sara K. DeFilippo</u> Type or print name of actuary | <u>2307318</u> Most recent enrollment number |
| | <u>Dunbar, Bender & Zapf, Inc.</u> Firm name | <u>412-263-0102</u> Telephone number (including area code) |
| | <u>400 Holiday Drive</u> <u>Suite 102</u> <u>Pittsburgh PA 15220</u> Address of the firm | |

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

| | | | | |
|---|--|-----------------------|-----------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | | |
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75% | 2nd segment: 4.87% | 3rd segment: 5.59% | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 4 |
| 22 Weighted average retirement age | | | | 22 63 |
| 23 Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

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

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

| | | | | |
|--|---------------------|--------------------|---------------|----------------------|
| Part VIII Minimum Required Contribution For Current Year | | | | |
| 31 Target normal cost and excess assets (see instructions): | | | | |
| a Target normal cost (line 6c)..... | | | | 31a 1,621,868 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b 5,780 |
| 32 Amortization installments: | Outstanding Balance | | Installment | |
| a Net shortfall amortization installment | 0 | | 0 | |
| b Waiver amortization installment | 0 | | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | | | | 34 1,616,088 |
| | Carryover balance | Prefunding balance | Total balance | |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 | |
| 36 Additional cash requirement (line 34 minus line 35)..... | | | | 36 1,616,088 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | | | | 37 1,670,394 |
| 38 Present value of excess contributions for current year (see instructions) | | | | |
| a Total (excess, if any, of line 37 over line 36) | | | | 38a 54,306 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | | 40 0 |

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

Plan Name: G.I. Associates, LLC Defined Benefit Pension Plan and Trust Sponsor EIN: 39-1994360

Plan Number: 101 Plan Year: 01/01/2024 - 12/31/2024

Schedule SB, line 19 - Discounted Employer Contributions

| Date | Deposit Amount | IRC 430 Year | Effective Rate | Quarterly Penalty Rate | Effective Interest | Late Quarterly Penalty Interest | Applied to IRC 430 Minimum |
|------------|----------------|--------------|----------------|------------------------|--------------------|---------------------------------|----------------------------|
| 03/10/2025 | \$463,694 | 2024 | 4.75% | 9.75% | (24,837) | 0 | \$438,857 |
| 01/15/2025 | 425,000 | 2024 | 4.75% | 9.75% | (19,994) | 0 | 405,006 |
| 10/10/2024 | 350,000 | 2024 | 4.75% | 9.75% | (12,336) | 0 | 337,664 |
| 06/28/2024 | 150,000 | 2024 | 4.75% | 9.75% | (3,366) | 0 | 146,634 |
| 06/26/2024 | 350,000 | 2024 | 4.75% | 9.75% | (7,767) | 0 | 342,233 |
| Totals | \$1,738,694 | | | | | | \$1,670,394 |

Plan Name: G.I. Associates, LLC Defined Benefit Pension Plan and Trust

Sponsor EIN: 39-1994360

Plan Number: 101

Plan Year: 01/01/2024 - 12/31/2024

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

The age reported is the weighted average of the Normal Retirement Ages for all active employees as of the valuation date, rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's Normal Retirement Age. Each participant's rate of retirement is assumed to be 100% at his or her assumed retirement age.

| Age | Retirement Probability | Weight |
|-----|------------------------|--------|
| 62 | 100% | 83.50 |
| 63 | 100% | 3.30 |
| 64 | 100% | 2.64 |
| 65 | 100% | 2.31 |
| 66 | 100% | 1.98 |
| 67 | 100% | 0.99 |
| 68 | 100% | 2.31 |
| 70 | 100% | 0.66 |
| 71 | 100% | 0.33 |
| 73 | 100% | 0.99 |
| 75 | 100% | 0.66 |
| 76 | 100% | 0.33 |

Weighted Retirement Age is 62.75

GI Associates LLC Defined Benefit Pension Plan and Trust
EIN / PN: 39-1994360 / 101

Schedule H, Line 4i - Schedule of Assets Acquired and Disposed of Within Year

| (a) Identity of issue, borrower, lessor, or similar party | (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (c) Cost of Acquisitions | (d) Proceeds of Dispositions |
|---|--|-----------------------------|---------------------------------|
| Nvidia Corp | Corporate Stocks | 163,176 | 298,881 |

Plan Name: G.I. Associates, LLC Defined Benefit Pension Plan and Trust Sponsor EIN: 39-1994360

Plan Number: 101 Plan Year: 01/01/2024 - 12/31/2024

Schedule SB, Part V - Summary of Plan Provisions

Effective Date: 01/01/2011

Plan Year End: 12/31

Eligible Employees: All employees (excluding CBA (union employees), leased employees, non-resident aliens, self-employed employees)

Eligibility Requirements:
 Minimum Age: 21
 Minimum Service: 1 year(s)
 Entry Dates: First day of each plan quarter (coincident with or next following)

Benefit Formula: Cash balance

| Class/Named Participant | Amount/Percentage |
|---|--|
| I. David Carron, M.D., Steven Lipscomb, M.D., Daniel Geenen, M.D., Ricardo Li, M.D., Nalini Guda, M.D., Lyndon Hernandez, M.D., David Staff, M.D., Helen Lantz, M.D., Raj Santharam, M.D., Joseph P. Kim, M.D., Alan Mayer, M.D., and Maria Rivera, M.D. | I. 21.00% of compensation |
| II. Aravind Vijayapal, M.D. | II. 16.30% of compensation |
| III. Aaron Baltz, M.D., James Kwiatt, M.D., Brian Moloney, M.D., Jamal Qureshi, M.D., Alexander Ulitsky, M.D., Syed M. Hussain, Julia A. Leo, M.D., Nicole Griglione, M.D., Erica Samuel, M.D., William J. Blosky, M.D., Nathaniel Jest, M.D., Mario J. Velez, M.D., and Jacob C. Laine, M.D. | III. 16.00% of compensation |
| IV. Robert Kwech | IV. 14.25% of compensation |
| V. Michael Schmalz, M.D. | V. 6.1225% of compensation or \$15,000.00, whichever is less |
| VII. All other participants not described in I - V above. | VII. 2.00% of compensation |

Interest Credit Rate (current year): 5.00%

Normal Retirement:
 Age: 62
 Service: 5 Anniversaries of participation
 Date: First day of calendar month coincident or next following NRA

Early Retirement: N/A

Normal Benefit Form: Single life annuity

| | | |
|-----------------------|-----------------------|---------------------------------|
| Actuarial Equivalence | <u>Pre-Retirement</u> | <u>Post Retirement</u> |
| Interest Rates | 5.00% | 5.50% |
| Mortality | None | 2024 Applicable (IRC 417(e)(3)) |

GI Associates LLC Defined Benefit Pension Plan and Trust
EIN / PN: 39-1994360 / 101

Schedule H, Line 4i - Schedule of Assets Held At End of Year

| (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 |
|-----|---|--|-------------|-------------------------|
| | Charles Schwab TD Bank, NA | Cash | 232,686 | 232,686 |
| | Premier Business Checking Account - Acct 4244 | Cash | 42,749 | 42,749 |
| | Abbvie 4.5% 05/5/2035 | Corporate Debt Instruments | 37,821 | 37,236 |
| | Albemarle Corp 5.45% 12/01/2044 | Corporate Debt Instruments | 25,786 | 21,759 |
| | Campbell Soup Co 4.8% 03/15/2048 | Corporate Debt Instruments | 23,338 | 21,511 |
| | Conagra Brands Inc. 5.3% 11/01/2038 | Corporate Debt Instruments | 45,013 | 42,397 |
| | CVS Health Corporation 5.125% 07/20/2045 | Corporate Debt Instruments | 40,661 | 33,708 |
| | General Motors Company 5.4% 04/01/2048 | Corporate Debt Instruments | 26,333 | 21,944 |
| | Goldman Sachs 5.75% 05/15/2036 | Corporate Debt Instruments | 31,972 | 30,926 |
| | Goldman Sachs Group Inc 4.75% 08/15/2035 | Corporate Debt Instruments | 30,143 | 28,649 |
| | Hewlett Packard Enterprise Co Sr Note 6.35% 10/15/2045 | Corporate Debt Instruments | 52,582 | 51,907 |
| | International Paper Co. Sr 5.15% 5/15/2046 | Corporate Debt Instruments | 36,601 | 36,019 |
| | Juniper Networks Inc 5.95% 03/15/2041 | Corporate Debt Instruments | 41,956 | 39,239 |
| | KLA-Tencor Corp 5.65% 11/1/2034 | Corporate Debt Instruments | 39,425 | 41,403 |
| | Kraft Foods Group Inc 5% 06/04/2042 | Corporate Debt Instruments | 84,817 | 76,386 |
| | Kroger Co 5.4% 07/15/2040 | Corporate Debt Instruments | 46,959 | 42,965 |
| | Leidos Holdings Inc | Corporate Debt Instruments | 51,568 | 47,782 |
| | Marathon Pete Corp Senior Note 5.85% 12/15/2045 | Corporate Debt Instruments | 40,498 | 38,038 |
| | Molson Coors Brewing Senior 5% 05/01/2042 | Corporate Debt Instruments | 44,530 | 41,243 |
| | Morgan Stanley Dean Witter 8.125% 04/29/2026 | Corporate Debt Instruments | 15,221 | 12,919 |
| | Motorola Inc 5.5% 9/1/2044 | Corporate Debt Instruments | 39,461 | 38,528 |
| | National Fuel Gas Co 5.2% 07/15/2025 | Corporate Debt Instruments | 20,182 | 19,982 |
| | Oneok Inc 4.95% 07/13/2047 | Corporate Debt Instruments | 56,923 | 46,820 |
| | Orrstown Finl Svcs Note 6% 12/30/2028 | Corporate Debt Instruments | 30,860 | 28,420 |
| | QVC Inc 5.95% 03/15/2043 | Corporate Debt Instruments | 29,827 | 16,500 |
| | Reynolds American Inc 5.7% 08/15/2035 | Corporate Debt Instruments | 39,975 | 39,794 |
| | Schwab (Charles) Corp 4% 12/31/2199 | Corporate Debt Instruments | 51,794 | 47,575 |
| | Unum Provident Corp 5.75% 08/15/2042 | Corporate Debt Instruments | 26,644 | 24,433 |
| | Valmont Inds Inc Sr Callable 5.25% 10/01/2054 | Corporate Debt Instruments | 42,563 | 40,700 |
| | Verizon Communications Inc Sr Med 5% 06/15/2048 | Corporate Debt Instruments | 42,604 | 35,382 |
| | Westlake Chemical Corp Sr Nt 5% 08/15/2046 | Corporate Debt Instruments | 37,193 | 34,801 |
| | Whirlpool Corp 5.15% 03/01/2043 | Corporate Debt Instruments | 45,287 | 37,529 |
| | Allstate Corp 4.750% | Corporate Stocks | 50,225 | 41,140 |
| | American Elec Pwr Inc | Corporate Stocks | 179,476 | 201,154 |
| | American Express Co | Corporate Stocks | 201,030 | 268,892 |
| | Apple Inc | Corporate Stocks | 77,582 | 331,306 |
| | Atmos Energy Corp | Corporate Stocks | 180,717 | 253,471 |
| | Bank of NY Mellon Co | Corporate Stocks | 175,341 | 224,113 |
| | BIP Bermuda Holdings 5.125% | Corporate Stocks | 66,587 | 44,693 |
| | Blackrock Health S | Corporate Stocks | 104,897 | 91,032 |
| | Broadcom Inc | Corporate Stocks | 197,283 | 535,550 |
| | Caterpillar Inc | Corporate Stocks | 188,392 | 242,686 |
| | Chevron Corporation | Corporate Stocks | 168,366 | 181,774 |
| | Chubb Limited | Corporate Stocks | 187,450 | 238,999 |
| | Coca-Cola Co | Corporate Stocks | 174,137 | 173,145 |
| | Cohen & Steers | Corporate Stocks | 230,917 | 177,337 |
| | Deutsche Telekom AG | Corporate Stocks | 184,861 | 242,472 |
| | DNP Select Income Fund Inc | Corporate Stocks | 101,724 | 83,790 |
| | DTE Energy Co 5.25% 01/12/77 | Corporate Stocks | 66,587 | 66,120 |
| | Duke Energy Holdings Corp 5.625 9/15/78 | Corporate Stocks | 105,550 | 99,742 |
| | Eli Lilly and Company | Corporate Stocks | 109,934 | 402,212 |
| | Exxon Mobil Corporation | Corporate Stocks | 122,089 | 195,347 |
| | Fastenal Co | Corporate Stocks | 106,710 | 238,741 |
| | Ford Motor Co 6.2% 01/06/2059 | Corporate Stocks | 61,014 | 80,080 |
| | General Dynamics Co | Corporate Stocks | 244,587 | 227,919 |
| | Georgia Power Company PDF 5.0% 10/1/22 | Corporate Stocks | 102,724 | 88,128 |
| | Goldman Sachs Cap | Corporate Stocks | 24,644 | 21,437 |
| | Goldman Sachs Group Inc | Corporate Stocks | 187,961 | 271,994 |
| | Hershey Company | Corporate Stocks | 187,979 | 134,464 |
| | Home Depot Inc | Corporate Stocks | 176,936 | 228,337 |
| | Honeywell International Inc | Corporate Stocks | 138,069 | 208,948 |
| | Illinois Tool Works Inc | Corporate Stocks | 127,426 | 197,777 |
| | Johnson & Johnson | Corporate Stocks | 134,658 | 163,421 |
| | Jp Morgan Chase & Co | Corporate Stocks | 223,762 | 341,107 |
| | KLA-Tencor Corp | Corporate Stocks | 55,836 | 282,294 |
| | Lockheed Martin Com | Corporate Stocks | 125,357 | 189,031 |
| | McKesson Corp | Corporate Stocks | 171,817 | 213,716 |
| | Meta Platforms Inc | Corporate Stocks | 121,058 | 117,102 |
| | Microsoft Corp | Corporate Stocks | 67,647 | 322,869 |
| | Morgan Stanley | Corporate Stocks | 96,458 | 233,211 |
| | Novo-Nordisk AS Vormal F | Corporate Stocks | 134,782 | 116,815 |
| | Nuveen Muni High Income Opp Fu | Corporate Stocks | 104,096 | 78,913 |
| | Paychex Inc | Corporate Stocks | 91,992 | 202,057 |
| | Pepsico Inc | Corporate Stocks | 154,777 | 169,699 |
| | PNC Financial Services Group | Corporate Stocks | 223,349 | 235,277 |
| | Procter & Gamble Co | Corporate Stocks | 128,085 | 198,330 |

GI Associates LLC Defined Benefit Pension Plan and Trust
EIN / PN: 39-1994360 / 101

Schedule H, Line 4i - Schedule of Assets Held At End of Year

| (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 |
|-----|---|--|-------------|-------------------------|
| | Qualcomm Inc | Corporate Stocks | 213,922 | 242,720 |
| | Royal Bank CDA Montreal Que | Corporate Stocks | 138,881 | 216,677 |
| | RTX Corp | Corporate Stocks | 244,702 | 238,962 |
| | Sanofi S A | Corporate Stocks | 144,049 | 130,559 |
| | Schwab (Charles) Corp 5.95% | Corporate Stocks | 130,559 | 128,010 |
| | Stifel Finl Corp 5.2% 10/15/47 | Corporate Stocks | 102,093 | 83,436 |
| | T-Mobile US Inc | Corporate Stocks | 257,339 | 318,293 |
| | Texas Instruments Inc | Corporate Stocks | 108,284 | 190,135 |
| | Tractor Supply Co | Corporate Stocks | 102,364 | 217,015 |
| | Union Pac Corp | Corporate Stocks | 142,337 | 203,640 |
| | Visa Inc | Corporate Stocks | 140,050 | 185,832 |
| | Walmart Inc | Corporate Stocks | 179,370 | 369,170 |
| | WEC Energy Group Inc | Corporate Stocks | 161,574 | 189,773 |
| | Wells Fargo & Company | Corporate Stocks | 289,649 | 284,823 |
| | Wells Fargo 5.625% PFD | Corporate Stocks | 130,016 | 124,950 |
| | Ishares Iboxx Inv Cp ETF | Exchange Traded Funds | 232,718 | 210,475 |
| | Ishares Trust Pfd and Incm Sec ETF | Exchange Traded Funds | 188,610 | 165,060 |
| | Vanguard Inter Term Treas ETF | Exchange Traded Funds | 196,257 | 182,816 |
| | Vanguard Shrt Trm Corp Bd ETF | Exchange Traded Funds | 198,535 | 198,379 |
| | GNMA 7.5% Due 09/20/53 | Government Fund | 7,586 | 7,615 |
| | GNMA 7% Due 06/20/53 | Government Fund | 10,111 | 10,168 |
| | US Treasury Due 01/23/25 | Government Fund | 195,183 | 199,503 |
| | US Treasury Due 03/06/25 | Government Fund | 48,910 | 49,633 |
| | US Treasury Due 04/10/25 | Government Fund | 880,566 | 889,759 |
| | US Treasury Due 04/24/25 | Government Fund | 684,792 | 690,908 |
| | US Treasury Due 05/01/25 | Government Fund | 1,125,245 | 1,134,186 |
| | Atlanta GA 4.479% 01/01/2030 | Other | 28,641 | 29,363 |
| | Baltimore Md Spl 5.625% 09/01/2033 | Other | 15,213 | 14,251 |
| | California Mun Fin Auth Fed 2.519% 10/01/2035 | Other | 20,500 | 21,839 |
| | Canby Minn 5.75% 12/1/2038 | Other | 10,173 | 9,920 |
| | Cardinal Health Inc 4.9% 09/15/2045 | Other | 38,525 | 34,415 |
| | Cibolo Canyons Tex 5.375% 08/15/2032 | Other | 50,022 | 47,738 |
| | Cleveland-Cuyahoga Cnty Ohio 6.25% 11/15/2045 | Other | 61,443 | 46,807 |
| | Colorado Hsg & Fin Auth 5.359% 05/01/2031 | Other | 55,190 | 56,235 |
| | Grand Canyon University 5.125% 10/01/2028 | Other | 55,959 | 50,908 |
| | Grandview MO Indl Dev Auth 6.25% 5/1/2045 | Other | 20,448 | 17,215 |
| | Hamilton Ohio Cmnty Auth Ppty 6.125% 12/01/2049 | Other | 41,890 | 36,875 |
| | Maine Health & Higher Edl Facs 1.659% 07/01/2027 | Other | 25,854 | 27,915 |
| | Massachusetts St Hsg Fin Agy 5.154% 06/01/2029 | Other | 55,020 | 55,889 |
| | Massachusetts St Hsg Fin Agy 5.916% 12/01/2047 | Other | 41,173 | 39,647 |
| | Monterey Cnty Calif Regl Fire 5.65% 09/01/2027 | Other | 55,693 | 56,252 |
| | Montgomery Cnty Ind 5% 07/15/2042 | Other | 57,004 | 50,130 |
| | Mosaic Co Senior Note 5.625% 11/15/2043 | Other | 38,425 | 37,743 |
| | New Jersey Economic Dev Auth R 4.097% 06/15/2037 | Other | 55,523 | 48,766 |
| | Niagara N Y Area Dev Corp 4.233% 05/01/2049 | Other | 54,428 | 40,171 |
| | Ohio Cnty W Va Cnty 4.8% 3/1/2036 | Other | 24,494 | 22,211 |
| | Placentia Calif Pub Fing Auth 4.581% 06/01/2045 | Other | 27,213 | 22,008 |
| | Public Fin Auth 5.024% 10/01/2028 | Other | 54,888 | 54,299 |
| | Regional Transn Dist Colo Priv 4% 01/15/2041 | Other | 55,022 | 42,862 |
| | Rhode Island Hsg & Mtg Fin Cor 5.351% 10/01/2030 | Other | 40,021 | 40,705 |
| | Siskiyou Cnty Ca 6.1% 6/1/2037 | Other | 20,274 | 20,622 |
| | South Jersey Port Corp 7.065% 01/01/2029 | Other | 36,893 | 31,211 |
| | South Jersey Port Corp 7.065% 01/01/2029 | Other | 0 | 5,000 |
| | University St Thomas Texas 5.073% 10/01/2050 | Other | 48,646 | 32,863 |
| | University St Thomas Texas 5.173% 10/01/2040 | Other | 31,333 | 23,689 |
| | Whamera North Carolina 8% 11/01/2028 | Other | 15,632 | 15,027 |