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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;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
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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>SERVICECORE 401(K) PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</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>SERVICECORE, INC.</u></p> <p><u>3615 DELGANY STREET</u> <u>3615 DELGANY STREET</u> <u>SUITE 1000</u> <u>SUITE 1000</u> <u>DENVER, CO 80216</u> <u>DENVER, CO 80216</u></p> | <p>1c Effective date of plan <u>01/01/2020</u></p> <p>2b Employer Identification Number (EIN) <u>84-2824294</u></p> <p>2c Plan Sponsor's telephone number <u>888-691-1333</u></p> <p>2d Business code (see instructions) <u>541990</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. | 09/29/2025 | MICHAEL BOORD |
| | 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 | 111 |
| 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) | 105 |
| | 6a(2) | 173 |
| | 6b | 0 |
| | 6c | 5 |
| | 6d | 178 |
| | 6e | 0 |
| | 6f | 178 |
| | 6g(1) | 71 |
| 6g(2) | 123 | |
| 6h | 0 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D

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 | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input checked="" type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> 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 I (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—Small Plan 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 |
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | |
|---|--|
| A Name of plan SERVICECORE 401(K) PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SERVICECORE, INC. | D Employer Identification Number (EIN) 84-2824294 |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

| | | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| 1 Plan Assets and Liabilities: | | | |
| a Total plan assets | 1a | 1937043 | 4438488 |
| b Total plan liabilities | 1b | 0 | 0 |
| c Net plan assets (subtract line 1b from line 1a) | 1c | 1937043 | 4438488 |
| 2 Income, Expenses, and Transfers for this Plan Year: | | (a) Amount | (b) Total |
| a Contributions received or receivable: | | | |
| (1) Employers | 2a(1) | 471030 | |
| (2) Participants | 2a(2) | 962692 | |
| (3) Others (including rollovers) | 2a(3) | 736028 | |
| b Noncash contributions | 2b | 0 | 2535708 |
| c Other income | 2c | 365958 | |
| d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | 2d | | |
| e Benefits paid (including direct rollovers) | 2e | 12027 | |
| f Corrective distributions (see instructions) | 2f | 0 | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | 0 | |
| h Administrative service providers (salaries, fees, and commissions) | 2h | 22236 | 34263 |
| i Other expenses | 2i | 0 | |
| j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) | 2j | | |
| k Net income (loss) (subtract line 2j from line 2d) | 2k | | 2501445 |
| l Transfers to (from) the plan (see instructions) | 2l | | 0 |

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

| | | Yes | No | Amount |
|--|-----------|-----|----|--------|
| a Partnership/joint venture interests | 3a | | X | 0 |
| b Employer real property | 3b | | X | 0 |
| c Real estate (other than employer real property) | 3c | | X | 0 |
| d Employer securities | 3d | | X | 0 |
| e Participant loans | 3e | | X | 0 |
| f Loans (other than to participants) | 3f | | X | 0 |
| g Tangible personal property | 3g | | X | 0 |

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| Part II | Compliance Questions |
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| | | Yes | No | Amount |
|--|-----------|-----|----|--------|
| 4 During the plan year: | | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | 0 |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. | 4b | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? | 4c | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | 4d | | X | |
| e Was the plan covered by a fidelity bond? | 4e | X | | 300000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | 4i | | X | |
| j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4j | | X | |
| k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | 4k | X | | |
| l Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 4n | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes 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 _____.

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

| | | |
|---|--|------------|
| A Name of plan SERVICECORE 401(K) PLAN | B Three-digit plan number (PN) | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SERVICECORE, INC. | D Employer Identification Number (EIN) 84-2824294 | |

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| Part I | Distributions |
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All references to distributions relate only to payments of benefits during the plan year.

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| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | |
| 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): <u>04-6568107</u> | | |
| 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 | |

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| 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.) |
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| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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| Part III | Amendments |
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| 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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| 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. |
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| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 a Does the ESOP hold any preferred stock? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

COLONIAL SURETY COMPANY
123 Tice Boulevard, Suite 250
Woodcliff Lake, NJ 07677

(Qualifying)

ERISA Fidelity Bond

Name Insured: ServiceCore 401(k)

Bond Number: 2R8057609E **Terms:** 05/02/2024 to 05/02/2025 **Bond Amount:** \$300,000.00 **Premium:** \$286.62

In consideration of the agreed premium, COLONIAL SURETY COMPANY, a Pennsylvania corporation (the "Company"), hereby agrees to indemnify the employee benefit plan(s) identified on Rider 1 attached hereto (the "Insured" or the "Insured Plan") against any loss of money or other property by reason of, and only by reason of, acts of fraud or dishonesty, directly or in connivance with others, on the part of any Employee or Employees as defined by this bond, said indemnity not to exceed the amount identified on Rider 1 attached hereto. In no event shall the obligation of the Company to indemnify the Insured under this bond be interpreted or construed to be greater than the amount specified in Rider 1 with respect to a loss sustained by the Insured as a result of an act of fraud or dishonesty or a series of related acts of fraud or dishonesty, regardless of the number of Employees whose conduct resulted in said loss. The maximum indemnity amount set forth in Rider 1 is an aggregate amount which applies per occurrence, such that if two or more Employees, acting together in a fraudulent or dishonest act or series of fraudulent or dishonest acts, cause loss to the Plan, the total amount of the indemnity to be paid under this paragraph shall not exceed the maximum amount set forth in Rider 1.

THE FOREGOING AGREEMENT IS SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

TERM OF BOND

Section 1: The term of this bond begins at 12:01 A.M. on standard time after the effective date of the Company's written acceptance, at the address of the insured above given, and ends at 12:01 A.M., standard time, on the effective date of the cancellation of the bond in its entirety.

EXCLUSION

Section 2: This bond does not apply to loss, or to that part of any loss, as the case may be, the proof of which, either as to its factual existence or as to its amount, is dependent upon an inventory computation or a profit and loss computation. In addition, the bond does not apply to the defense of any legal proceedings brought against the Insured, the Employee or Employees who caused loss to the Insured, or any other person or entity, to fees, costs or expenses incurred or paid by or on behalf of the Insured Plan or employer that sponsors the Insured Plan in prosecuting or defending any legal proceedings whether or not such proceedings result or would result in a loss to the Insured Plan covered by this bond. In addition, the Company shall not be liable for any of the costs, fees and other expenses incurred by or on behalf of the Insured Plan in establishing the existence or the amount of loss covered under this bond. Moreover, this bond does not cover any loss of money or other property resulting from any cause other than one or more fraudulent or dishonest acts by an Employee or Employees.

DISCOVERY PERIOD

Section 3: Loss is covered under this bond only (a) if sustained through any act or acts committed by any Employee or Employees while this bond is in force as to such Employees, and (b) if discovered no later than one year from the end of the bond term or sooner cancellation of this bond in its entirety as provided in Section 10, or from its cancellation or termination in its entirety in any other manner, whichever shall first happen.

DEFINITION OF EMPLOYEE

Section 4: The words "Employee" or "Employees," as used in this bond, shall mean only those persons who handle funds or other property of the Insured, who are employed by the employer that sponsors the Insured Plan and are in the regular service of said employer, provided that said employer compensates said person by salary or wages and further provided (1) said employer has the right to govern and direct said person(s) in the performance of their services (2) said persons are engaged in such a service within any of the States of the United States of America, the District of Columbia, Guam, Puerto Rico, Northern Mariana Islands, or the United States Virgin Islands. "Employee" shall not mean or include persons not subject to the day-to-day direction of the employer that sponsors the Insured Plan, such as brokers, broker-dealers, service providers, investment managers, investment advisers, vendors or independent contractors. As used in this paragraph, persons that "handle" plan funds are intended to include those Employees, and only those Employees, (1) described in 29 C.F.R. §2580.412-6 as being deemed to handle or to be "handling" funds or other property of a plan so as to require bonding and (2) are not a person deemed exempt from the bonding requirements as described in Field Assistance Bulletin 2008-04, Q-15 and certain regulations cited therein. In no event shall the terms "handling property" or "handle property" as used in this bond be interpreted or construed as having a meaning broader than the definitions of those terms as set forth in 29 C.F.R. §2580.412-6, Field Assistance Bulletin 2008-04 (and regulations cited therein) and such subsequently issued guidance that modifies augments or restates the definitions set forth therein.

FRAUDULENT OR DISHONEST ACT

Section 5: A fraudulent or dishonest act of an employee shall mean an act encompassing all those risks of loss, that might arise through dishonest or fraudulent acts in handling funds as delineated in 29 C.F.R. §2580.412-6 (and such subsequently issued guidance that modifies, augments or restates the definitions set forth therein and as set forth in 29 C.F.R. § 2580.412-9).

MERGER OR CONSOLIDATION

Section 6: If any natural persons shall be taken into the regular service of the employer that sponsors the Insured plan through merger or consolidation with some other concern, the Insured and/or the employer that sponsors the Insured shall give the Company written notice thereof and shall pay an additional premium in an amount determined in the sole discretion of the Company.

NON-ACCUMULATION OF LIABILITY

Section 7: The Company's liability under this bond and all continuations therefore shall not be cumulative, and regardless of the number of years this bond is continued in force, and, regardless of the number of annual premiums that may be payable or paid, the Company's aggregate liability on account of any occurrence giving rise to a loss as to which the Company is obligated to indemnify the Insured Plan shall not exceed the maximum of this bond whether said loss occurred during the term of any one or more years or as the result of fraud or dishonesty on the part of one or more Employees.

LIMIT OF LIABILITY UNDER THIS BOND AND OTHER INSURANCE

Section 8: With respect to loss or losses caused by an Employee which are chargeable to such Employee as provided in Section 5 and which occur partly under this bond and partly under other bonds or policies issued by the Company to the Insured or to any predecessor in interest of the Insured and in which the period for discovery has not expired at the time any such loss or losses thereunder are discovered, the total liability of the Company under this bond and under such other bonds or policies shall not exceed, in the aggregate, the amount carried under this bond in connection with such loss or losses or the amount available to the Insured under such other bonds or policies as limited by the terms and conditions thereof, for any such loss or losses, if the latter amount be the larger. In the event of a loss or series of losses caused by fraud or dishonesty by an Employee acting in concert with any person or entity that is covered by any other bond in favor of the Insured Plan, the liability of the Company hereunder, together with any amounts paid or payable under such other bond, shall not be greater than the amount of said loss.

RECOVERY FROM EMPLOYEES FOLLOWING BOND PAYMENT

Section 9: In the event the Company issues payment under this bond to the Insured, and the amount of the loss incurred by the Insured exceeds the amount paid by the Company, the Insured shall have the first right to recover from the Employee(s) responsible for said loss provided that in the event the Insured recovers any amounts in excess of the difference between the amount of the loss and the amount paid under this bond, the Insured shall pay to the Company any and all such amounts in excess of the difference between the amount of the loss and the amount paid by the Company under this bond.

CANCELLATION AS TO ANY EMPLOYEE

Section 10: This bond shall be deemed cancelled as to any Employee: (a) immediately upon discovery by the sponsor of the Insured Plan, or by any partner or officer thereof not in collusion with such Employee, of any fraudulent or dishonest act on the part of such Employees, or (b) at 12:01 A.M., standard time, upon the effective date specified in a written notice served upon the sponsor of the Insured Plan or sent by mail. Such date, if the notice be served, shall be not less than ten days after such service, or, if sent by mail, not less than fifteen days after the date of mailing. The mailing by Company of notice, as aforesaid, to the sponsor of the Insured Plan at its principal office shall be sufficient proof of notice.

CANCELLATION AS TO BOND IN ITS ENTIRETY

Section 11: This bond shall be deemed cancelled in its entirety at 12:01 A.M., standard time, upon the effective date specified in a written notice served by the Insured, or the employer that sponsors the Insured Plan, upon the Company or by the Company upon the Insured, or sent by mail. Such date, if served by the Company, shall not be less than ten days after such service, or if sent by the Company by mail, not less than fifteen days after the date of mailing. The mailing by the Company of notice, as aforesaid, to the Insured or to the employer that sponsors the Insured Plan at its principal office shall be sufficient proof of notice. The Company shall refund to the Insured the unearned premium computed pro rata if this bond be cancelled at the instance of the Company. There are no premium refunds if the Insured or the employer that sponsors the Insured Plan cancels the policy as stated and agreed to by application, receipt of policy and payment of premium.

PRIOR FRAUD, DISHONESTY OR CANCELLATION

Section 12: No Employee, to the best of the knowledge of the Insured or the employer that sponsors the Insured Plan, has committed any fraudulent or dishonest act in the service of the Insured or the employer that sponsors the Insured Plan or otherwise. If prior to the issuance of this bond, any fidelity insurance in favor of the Insured that covers one or more of the Employees shall have been cancelled as to any of such Employees by reason of (a) the discovery of any fraudulent or dishonest act on the part of such Employees, or (b) the giving of written notice of cancellation by the insurer issuing said fidelity insurance, whether the Company or not, and if such Employees shall not have been reinstated under the coverage of said fidelity insurance or superseding fidelity insurance, the Company shall not be liable under this bond on account of any loss incurred by the Insured through any fraudulent or dishonest act by any such Employee unless the Company shall agree in writing to include such Employee within the coverage of this bond.

LOSS – NOTICE – PROOF – LEGAL PROCEEDINGS

Section 13: At the earliest practical moment, and in no event later than fifteen days after discovery of any fraudulent or dishonest act on the part of any Employee by the Insured or the employer that sponsors the Insured Plan, the Insured shall give the Company written notice thereof and within four months after such discovery shall file with the Company affirmative proof of loss, itemized and duly sworn to, and shall upon request of the Company render every assistance, not pecuniary, to facilitate the investigation and adjustment of any loss. No suit to recover on account of loss under this bond shall be brought before the expiration of two months from the filing of proof as aforesaid on account of such loss, nor after the expiration of fifteen months from the discovery as aforesaid of the fraudulent or dishonest act causing such loss. If any limitation in this bond for giving notice, filing claim or bringing suit is prohibited or made void by any law controlling the construction of this bond, such limitation shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

CHANGING AMOUNT OF COVERAGE

Section 14: The maximum amount of indemnity set forth in Rider 1 may be increased upon written request of the Insured and written agreement by the Company without impairing the continuity hereunder. However, no agreement regarding any such increase under this paragraph shall operate to modify or extend the Discovery Period described in Section 3.

OTHER INSURANCE

Section 15: If there is available to the Insured any other insurance or indemnity covering any loss covered by this bond, the Company shall be liable hereunder only for that part of such loss which is in excess of the amount recoverable or recovered from such other insurance or indemnity.

Named Insured: ServiceCore 401(k)
Bond Number: 2R8057609E

Bond Amount: \$300,000.00
Premium: \$286.62

SIGNED, SEALED AND DATED: 8th day of April A.D., 2024.

COLONIAL SURETY COMPANY, Inc. 1930
123 Tice Boulevard, Suite 250 ~ Woodcliff Lake, NJ 07677 (201)-573-8788

Bond Number: 2R8057609E

COLONIAL SURETY COMPANY

A handwritten signature in black ink, appearing to read "Wayne Nunziata", is written over the printed name.

By: Wayne Nunziata, President

COLONIAL SURETY COMPANY

-Inc. 1930-

123 Tice Boulevard, Suite 250
Woodcliff Lake, NJ 07677
201-573-8788

Bond No: 2R8057609E

RIDER #1

This Bond is subject to riders attached hereof as follows:

- (1) **Name Insured:** ServiceCore 401(k)
- (2) **Address of employer that sponsors Insured plan:**
1667 Cole Blvd
Lakewood, CO 80401
- (3) **The maximum amount of liability for any and all losses shall be equal to:**
Three hundred thousand dollars and zero cents (\$300,000.00)

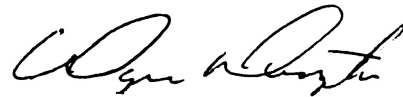
unless an Extended Coverage Endorsement is in place. This endorsement provides for automatic daily increases to bond limits which cover the present and anticipated growth of a two (2) year, three (3) year, or five (5) year term bond. The bond limit will automatically increase as the plan's value increases according to the Department of Labor compliance rules. The endorsement supersedes the limit indicated by the bond and does not require future rider modification.

- (4) **Automatic Extended Coverage Endorsement:** No
- (5) **Bond Term:** 05/02/2024 to 05/02/2025
- (6) **Type of Plan:** 401(k)

Sealed and dated this 8th day of April A.D., 2024.

This bond shall not become effective until it has been properly approved and is null and void at initiation in the event of nonpayment for the premium by good funds.

COLONIAL SURETY COMPANY



By: Wayne Nunziata President