

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: CIRCLE GRAPHICS 401K PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan): CIRCLE GRAPHICS INC.
2b Employer Identification Number (EIN): 20-3076268
2c Plan Sponsor's telephone number: 303-532-2370
2d Business code (see instructions): 323100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 1295 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 1124 |
|   | <b>6a(2)</b>                               | 988  |
|   | <b>6b</b>                                  | 3    |
|   | <b>6c</b>                                  | 138  |
|   | <b>6d</b>                                  | 1129 |
|   | <b>6e</b>                                  | 0    |
|   | <b>6f</b>                                  | 1129 |
|   | <b>6g(1)</b>                               | 626  |
| <b>6g(2)</b>  | 542  |      |
| <b>6h</b>   | 55   |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |      |

**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 3H

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" 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)

|  |   |
|--|---|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>  |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                            |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                          |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>2</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                     |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                          |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                             |

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

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**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.

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**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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>CIRCLE GRAPHICS 401K PLAN</b></p>                                    | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>CIRCLE GRAPHICS INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>20-3076268</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 71-0294708 | 86509         | DH1911                                | 507   | 01/01/2024              | 12/31/2024 |

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

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |              |
|----------------------------|--|--------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |              |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 4 459162     |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 5            |
| <b>6</b>                   | Contracts With Allocated Funds:  |              |
| <b>a</b>                   | State the basis of premium rates ▶   |              |
| <b>b</b>                   | Premiums paid to carrier .....   | 6b           |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | 6c           |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | 6d           |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |              |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |              |
| <b>7</b>                   | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  |              |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP PENSION FUNDING |              |
| <b>b</b>                   | Balance at the end of the previous year .....  | 7b 269204    |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | 7c(1) 41934  |
|                            | (2) Dividends and credits.....   | 7c(2)        |
|                            | (3) Interest credited during the year.....   | 7c(3) 6196   |
|                            | (4) Transferred from separate account .....  | 7c(4)        |
|                            | (5) Other (specify below).....<br>▶ *  | 7c(5) 248428 |
|                            | (6) Total additions .....  | 7c(6) 296558 |
| <b>d</b>                   | Total of balance and additions (add lines 7b and 7c(6)) .....  | 7d 565762    |
| <b>e</b>                   | Deductions:  |              |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | 7e(1) 80926  |
|                            | (2) Administration charge made by carrier.....   | 7e(2) 9188   |
|                            | (3) Transferred to separate account .....  | 7e(3)        |
|                            | (4) Other (specify below).....<br>▶ *  | 7e(4) 16486  |
| (5) Total deductions ..... | 7e(5) 106600   |              |
| <b>f</b>                   | Balance at the end of the current year (subtract line 7e(5) from line 7d).....   | 7f 459162    |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|          |  |                 |                 |
|----------|--|-----------------|-----------------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

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

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>CIRCLE GRAPHICS 401K PLAN</b></p>                                    | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>CIRCLE GRAPHICS INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>20-3076268</b></p> |                   |

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**AMERICAN UNITED LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 35-0145825 | 60895         | G37845                                | 0   | 01/01/2024              | 04/30/2024 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|--------------------------------------|-------------------------------|

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

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

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

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

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

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

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

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

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |   |
|--|----------|---|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |   |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶ **GROUP ANNUITY CONTRACT**

|  |                            |              |
|--|----------------------------|--------------|
| <b>b</b> Balance at the end of the previous year .....   | <b>7b</b>                  | 109284       |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>               |              |
|  | <b>7c(2)</b>               |              |
|  | <b>7c(3)</b>               | 379          |
|  | <b>7c(4)</b>               |              |
|  | <b>7c(5)</b>               |              |
| (6) Total additions .....  | <b>7c(6)</b>               | 379          |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>                  | 109663       |
| <b>e</b> Deductions:   | <b>7e(1)</b>               |              |
|  | <b>7e(2)</b>               |              |
|  | <b>7e(3)</b>               | 109663       |
|  | <b>7e(4)</b>               |              |
|  | (5) Total deductions ..... | <b>7e(5)</b> |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>                  | 0            |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|          |  |                 |                 |
|----------|--|-----------------|-----------------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

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

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>CIRCLE GRAPHICS 401K PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CIRCLE GRAPHICS INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>20-3076268</b> |            |

**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

**VOYA RETIREMENT INSURANCE & ANNUITY**

**71-0294708**

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

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

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

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

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

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

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

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

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**(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 64                  | SERVICE PROVIDER  | 270437   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

VOYA RETIREMENT ADVISORS, LLC

02-0488491

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26                     | SERVICE PROVIDER  | 892  | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

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

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>CIRCLE GRAPHICS 401K PLAN</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CIRCLE GRAPHICS INC.</b>             | <b>D</b> Employer Identification Number (EIN)<br><b>20-3076268</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---|-----------------------|-----------------|
| <b>Assets</b>   |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>          | 219602          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>         | 22579318        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 378488          |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         | 296338          |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 23177408              | 25734711        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 23177408              | 25734711        |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 655712     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 2151468    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 61303      |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2868483   |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 18840      |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 6196       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 25036     |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 766061     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 766061    |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 2430037   |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 2324      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 6091941   |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 3285735 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 3285735 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         | 31574   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:   |               |         |         |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 48272   |         |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 58794   |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....  | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....   | <b>2i(11)</b> | 110263  |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 217329  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 3534638 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2557303 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan .....  | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**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: **BROCK AND COMPANY CPAS P.C.**

(2) EIN: **84-0930288**

**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  |
|--|-------------------------------------|-------------------------------------|---------|
| <b>a</b> 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.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 5964    |
| <b>b</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.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>c</b> 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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>d</b> 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.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>g</b> 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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>h</b> 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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| <b>j</b> 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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>n</b> 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.  | <input type="checkbox"/>            | <input type="checkbox"/>            |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|  |   |  |
|--|---|--|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|--|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>CIRCLE GRAPHICS 401K PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CIRCLE GRAPHICS INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-3076268</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|  |   |  |
|--|---|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | 1 |  |
| <b>2</b> 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):<br>EIN(s): <u>71-0294708</u> |   |  |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |   |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | 3 |  |

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|---|

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| <b>4</b> 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 |
| <b>If the plan is a defined benefit plan, go to line 8.</b>   |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | 6a                           |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | 6b                           |                             |                              |
| <b>c</b> 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                           |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>  |                              |                             |                              |
| <b>7</b> 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 |
| <b>8</b> 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 |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|  |                                   |                                   |                               |                             |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>10</b> 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 |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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 |
| <b>12</b> 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:

|   |            |  |
|---|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....   | <b>14b</b> |  |
| <b>c</b> 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).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 Q702844A.



**Circle Graphics 401(k) Plan**

**Independent Auditor's Report and  
Financial Statements**

March 1, 2025 (Plan Merger Date),  
December 31, 2024 and 2023

# Circle Graphics 401(k) Plan

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## **Independent Auditor's Report**

To the Plan Administrator of the  
Circle Graphics 401(k) Plan:

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed audits of the financial statements of the Circle Graphics 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the period from January 1, 2025 through March 1, 2025 (Plan Merger Date) and for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023, and for the period from January 1, 2025 through March 1, 2025 (Plan Merger Date) and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Emphasis of Matter - Plan Merger***

As further discussed in Note 1 to the financial statements, the Plan was merged into the Aon Pooled Employer Plan effective March 1, 2025. Our opinion is not modified with respect to this matter.

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4a: Schedule of Delinquent Participant Contributions for the period from January 1, 2025 through March 1, 2025, and for the year ended December 31, 2024, and Schedule H, Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2024, are presented for the purpose 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

*Brook and Company CPAs P.C.*

Certified Public Accountants

Boulder, Colorado  
October 3, 2025

# Circle Graphics 401(k) Plan

## Statements of Net Assets Available for Benefits

|  | March 1,<br>2025<br>(Plan Merger<br>Date) | December 31,<br>2024 | December 31,<br>2023 |
|--|---|----------------------|----------------------|
| <b>ASSETS</b>                                  |   |                      |                      |
| <b>Investments (Notes 2, 3, and 4):</b>        |   |                      |                      |
| Registered investment companies, at fair value | \$ -                                      | \$ 24,940,034        | \$ 22,536,155        |
| Investment contracts, at contract value        | -   | 459,162              | 378,488              |
| Money market fund, at fair value               | -   | 39,177               | 43,163               |
| <b>Total investments</b>                       | <b>-</b>                                  | <b>25,438,373</b>    | <b>22,957,806</b>    |
| <b>Receivables:</b>                            |   |                      |                      |
| Employer contributions                         | -   | -                    | 4,163                |
| Participant contributions                      | -   | -                    | 10,196               |
| Notes receivable from participants             | -   | 296,338              | 219,602              |
| <b>Total receivables</b>                       | <b>-</b>                                  | <b>296,338</b>       | <b>233,961</b>       |
| <b>Total assets</b>                            | <b>-</b>                                  | <b>25,734,711</b>    | <b>23,191,767</b>    |
| <b>LIABILITIES</b>                             |   |                      |                      |
| <b>Excess contributions payable</b>            | <b>-</b>                                  | <b>17,763</b>        | <b>27,745</b>        |
| <b>Net assets available for benefits</b>       | <b>\$ -</b>                               | <b>\$ 25,716,948</b> | <b>\$ 23,164,022</b> |

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

# Circle Graphics 401(k) Plan

## Statements of Changes in Net Assets Available for Benefits

|  | Period From<br>January 1,<br>2025 through<br>March 1,<br>2025<br>(Plan Merger<br>Date) | Year Ended<br>December 31,<br>2024 |
|--|--|------------------------------------|
| <b>Additions to (deductions from) net assets attributed to:</b>                |  |                                    |
| <b>Investment income (Note 2):</b>   |  |                                    |
| Net appreciation in fair value of investments                                  | \$ 578,884   | \$ 2,430,037                       |
| Interest and dividends   | 1,360  | 772,257                            |
| <b>Total investment income</b>   | <b>580,244</b>   | <b>3,202,294</b>                   |
| <b>Other income:</b>   |  |                                    |
| Interest income on notes receivable from participants                          | 3,715  | 18,840                             |
| Other income (loss)  | (77)   | 2,324                              |
| <b>Total other income</b>  | <b>3,638</b>   | <b>21,164</b>                      |
| <b>Contributions:</b>  |  |                                    |
| Employer, net of forfeitures   | 125,264  | 651,549                            |
| Participant  | 335,251  | 2,141,272                          |
| Rollover   | -  | 61,303                             |
| <b>Total contributions</b>   | <b>460,515</b>   | <b>2,854,124</b>                   |
| Less: excess contributions   | -  | (21,592)                           |
| <b>Net contributions</b>   | <b>460,515</b>   | <b>2,832,532</b>                   |
| <b>Payments:</b>   |  |                                    |
| Distributions to participants  | (651,914)  | (3,285,735)                        |
| Administrative fees  | (19,468)   | (217,329)                          |
| <b>Total payments</b>  | <b>(671,382)</b>   | <b>(3,503,064)</b>                 |
| <b>Net increase in net assets available for benefits<br/>prior to transfer</b> | <b>373,015</b>   | <b>2,552,926</b>                   |
| <b>Transfer due to Plan merger (Note 1)</b>                                    | <b>(26,089,963)</b>  | <b>-</b>                           |
| <b>Net assets available for benefits, beginning of period</b>                  | <b>25,716,948</b>  | <b>23,164,022</b>                  |
| <b>Net assets available for benefits, end of period</b>                        | <b>\$ -</b>  | <b>\$ 25,716,948</b>               |

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

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 1 – Description of the Plan

The following description of the Circle Graphics (the “Company,” “Plan Administrator,” or “Plan Sponsor”) 401(k) Plan (the “Plan”) provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan’s provisions.

**General.** The Plan is a defined contribution plan, which went into effect June 1, 2006, that is generally available to all employees of the Company and Participating Employers (collectively, the “Employer”) age 21 years or older who have completed three months of service. The Plan excludes union employees, nonresident aliens, and leased employees from participation in the Plan. Employees may enter the Plan on the first of the month coincident with or following the date they meet the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation.

**Plan Merger.** Effective March 1, 2025, the Plan was merged into the Aon Pooled Employer Plan (“Aon PEP”). In connection with the merger, the following:

- All assets and liabilities of the Plan became the assets and liabilities of the Aon PEP as of the effective date of the merger, March 1, 2025.
- All participants in the Plan became participants in the Aon PEP effective March 1, 2025.
- A blackout period commenced February 27, 2025 and ended the week of March 17, 2025.

**Plan Amendments.** During 2024, the Plan was amended as follows:

- Effective June 3, 2024, the Plan document was amended and restated.
- Effective February 12, 2024, Jondo LTD and Transfor Digital Media Marketing Inc. were removed as Participating Employers in the Plan.
- Effective January 1, 2024, the Plan document was amended and restated. In connection with the amendment and restatement, the Plan’s elective deferral contribution limit was amended to be 75% of compensation.

**Contributions.** The following types of contributions are allowable under the Plan:

- Salary Deferral Contributions – Prior to March 1, 2025, participants had the option to contribute a percentage of their eligible pre-tax compensation, as defined in the Plan document, or a specified dollar amount each payroll period, subject to limitations. Participants also could elect to make an after-tax Roth contribution to the Plan. A participant’s total contribution cannot exceed \$23,500 (\$31,000 if 50 or older) and \$23,000 (\$30,500 if 50 or older) in calendar years 2025 and 2024, respectively.
- Discretionary Employer Matching Contributions – Prior to March 1, 2025, the Employer had the option to make matching amounts to eligible participants each payroll period. For the period from January 1, 2025 through March 1, 2025 and for the year ended December 31, 2024, the Employer matched 50% of a participant’s salary deferral contributions subject to the lesser of \$2,500 or 8% of the participant’s eligible compensation.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 1 – Description of the Plan (continued)

- Discretionary Employer Nonelective Contributions – Prior to March 1, 2025, the Employer had the option to make a discretionary Employer nonelective contribution to those eligible participants who were actively employed as of the last day of the Plan year, with certain exceptions for participants who die, become disabled, or retire during the year. This contribution was allocated to each eligible participant's account in the ratio that each participant's compensation bears to the compensation of all eligible participants. For the period from January 1, 2025 through March 1, 2025 and for the year ended December 31, 2024, the Employer did not make a discretionary Employer nonelective contribution.
- Rollover Contributions – Prior to March 1, 2025, certain amounts distributed to participants from other qualified employee benefit plans could be rolled into the Plan.

All contributions are allocated to the Plan's investment funds at the direction of the participants.

**Participant Accounts.** Each participant's account is credited with the participant's contributions (salary deferral and rollovers, if any) and an allocation of (a) the Employer's contribution (discretionary matching and nonelective), if any, (b) fund earnings or losses, and (c) administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

**Vesting.** Participants are immediately vested in their salary deferral contributions, rollover contributions, and related earnings thereon. With certain exceptions, discretionary Employer matching and nonelective contributions were subject to a five year graded vesting schedule.

**Forfeitures.** When certain terminations of participation occur, the non-vested portion of a participant's account represents a forfeiture. Forfeitures can be used to reduce future Employer contributions, used to restore previously forfeited amounts to participant accounts, or can be used to pay administrative expenses of the Plan. For the period from January 1, 2025 through March 1, 2025, forfeitures of \$10,066 were used to pay administrative expenses. During 2024, forfeitures of \$5,515 were used to reduce Employer contributions and \$109,163 were used to pay administrative expenses. As of March 1, 2025, December 31, 2024 and 2023, the balance in the unutilized forfeitures account was \$0, \$42,392, and \$59,513, respectively.

**Investment Options.** Participants had the option to direct their investments into various registered investment companies, an investment contract with insurance company, and a money market fund.

**Notes Receivable from Participants.** Participants had the option to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of (i) \$50,000 or (ii) 50% of their vested account balance. Loan terms range from 1 month up to a maximum of 5 years (10 years if used for the purchase of a principal residence). The loans are secured by the balance in the participant's account and bear a reasonable rate of interest commensurate with local prevailing rates at the date the loan is granted as determined by the Plan administrator. Principal and interest payments are paid ratably through payroll deductions.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 1 – Description of the Plan (continued)

**Payment of Benefits.** Benefits to participants or beneficiaries generally were payable as a lump sum, substantially equal installments, or partial withdrawals equal to the value of their vested account balance upon retirement, disability, death or termination of the participant. A terminated employee with a balance of less than a certain dollar threshold, as defined by the Plan document, could be automatically paid out by the Plan upon termination. Additionally, participants had the option to request in-service withdrawals of their rollover contributions account, for a deemed severance of employment, for a qualified reservist distribution, upon attainment of age 59½, or upon incurring a financial hardship, as defined in the Plan document, if certain criteria were met.

### Note 2 – Summary of Significant Accounting Policies

**Basis of Accounting and Use of Estimates.** The financial statements of the Plan are prepared using the accrual method of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition.** The Plan's investments are stated at fair value, except for the Plan's investments in investment contracts with insurance companies which are stated at contract value (see Note 4). 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor, custodians, and trustee. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants.** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

**Excess Contributions Payable.** Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Code ("IRC") are recorded as a liability with a corresponding reduction to contributions. The Plan distributes the excess contributions after the Plan's year end.

**Contributions.** Participant contributions and the related Employer matching contribution are recognized in the period in which participant contributions are withheld from compensation.

**Benefits Payments.** Benefits are recorded when paid.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 2 – Summary of Significant Accounting Policies (continued)

**Expenses.** Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Also included in administrative expenses are recordkeeping charges, withdrawal charges, and other administrative expenses. Certain investment related expenses are included in net appreciation in fair value of investments.

### Note 3 – Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 under FASB ASC 820 are described below:

**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 to the valuation methodology include:

- 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; and
- 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 value measurement.

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

There have been no changes in the methodologies used at March 1, 2025, December 31, 2024 and 2023. The following is a description of the valuation methodologies used for assets measured at fair value:

- Registered Investment Companies ("RICs") and the Money Market Fund ("MMF") are valued at the quoted net asset value ("NAV") of shares/units held by the Plan at year end.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

### Note 3 – Fair Value Measurements (continued)

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

The following tables set forth by level, within the fair value ("FV") hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| Fair Value Measurements at December 31, 2024 |  |   |  |                      |
|--|--|---|--|----------------------|
|  | Quoted<br>Prices in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 | Total                |
| RICs   | \$ 24,940,034  | \$ -  | \$ -   | \$ 24,940,034        |
| MMF  | 39,177   | -   | -  | 39,177               |
| <b>Total Assets at Fair Value</b>            | <b>\$ 24,979,211</b>   | <b>\$ -</b>   | <b>\$ -</b>                                      | <b>\$ 24,979,211</b> |

| Fair Value Measurements at December 31, 2023 |   |   |  |                      |
|--|---|---|--|----------------------|
|  | Quoted<br>Prices in Active<br>Markets for<br>Identical<br>Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 | Total                |
| RICs   | \$ 22,536,155   | \$ -  | \$ -   | \$ 22,536,155        |
| MMF  | 43,163  | -   | -  | 43,163               |
| <b>Total Assets at Fair Value</b>            | <b>\$ 22,579,318</b>  | <b>\$ -</b>   | <b>\$ -</b>                                      | <b>\$ 22,579,318</b> |

### Note 4 – Investment Contracts with Insurance Companies

**AUL Stable Value Account.** In 2015, the Plan entered into a traditional benefit-responsive investment contract, the Stable Value Account ("SVA"), with American United Life Insurance Company ("AUL"). AUL maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The guaranteed rate, which may not be less than 0%, is established by the contract issuer 35 days prior to January 1st and stays in effect for the subsequent calendar year. The investment contract permits either party to terminate the agreement with 90 days notice.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 4 – Investment Contracts with Insurance Companies (continued)

This contract meets the fully benefit-responsive criteria and, therefore, is reported at contract value. Contract value is the relevant measurement attribute for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by AUL, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, except that participants may not transfer any amount from the SVA to a competing investment. A participant who transfers funds from the SVA to a non-competing investment may not transfer funds from the non-competing investment to the SVA or a competing investment until 90 days from the date of their last transfer from the SVA. A competing investment available under the investment contract is an investment with an average effective duration of three years or less, a money market investment account, a stable value investment account that is not the AUL SVA, or any other investment account deemed competing by AUL.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2023 was \$109,284. The investment contract did not have a defined maturity specified in the contract.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) the Plan's sponsor's rejection of the new Guaranteed Rate declared for the SVA, (2) Plan termination, (3) partial Plan termination, (4) bankruptcy of the Plan sponsor, (5) other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (6) contract termination.

In connection with the Plan's change in service providers from AUL / One America to Voya in 2023, the Plan Sponsor exercised a put option that allowed the Plan to continue to transact at contract value with the issuer through the investment contract's date of liquidation in April 2024.

**VOYA Fixed Account.** During 2023, the Plan entered into a traditional benefit-responsive investment contract, the Voya Fixed Account ("Fixed Account"), with Voya Retirement Insurance and Annuity Company ("VRIAC"). VRIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 1%. Such interest rates are reviewed on a regular basis for resetting.

This contract meets the fully benefit-responsive criteria and, therefore, is reported at contract value. Contract value is the relevant measurement attribute for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VRIAC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, subject to certain restrictions.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 4 – Investment Contracts with Insurance Companies (continued)

There are certain restrictions on transfers from the investment contract when competing funds are involved. Direct transfers from the Fixed Account to a competing fund may not be made. Transfers from the Fixed Account will prevent transfers to a competing fund for 90 days.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at March 1, 2025, December 31, 2024 and 2023 was \$0, \$459,162 and \$269,204, respectively. The investment contract does not have a defined maturity specified in the contract.

Certain events, such as non-benefit Surrenders, limit the ability of the Plan to transact at contract value with the issuer. In the event of a non-benefit Surrender, a market value adjustment per the investment contract's formula will apply.

In connection with the Plan's merger into the Aon PEP (See Note 1), the Plan Sponsor exercised a put option that allowed the Plan to continue to transact at contract value with the issuer.

### Note 5 – Certified Information

The following information disclosed in the accompanying financial statements and ERISA-required supplemental schedule was obtained by management and agreed to or derived from information certified as complete and accurate by AUL, VRIAC, and Voya Institutional Trust Company ("VITC"), the qualified institutions of the Plan.

- Investments, as shown in the Statements of Net Assets Available for Benefits as of March 1, 2025, December 31, 2024 and 2023;
- Notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of March 1, 2025, December 31, 2024 and 2023;
- Investment amounts, as shown in Notes 3 and 4;
- Investment income, as shown in the Statements of Changes in Net Assets Available for Benefits for the period from January 1, 2025 through March 1, 2025 and for the year ended December 31, 2024;
- Interest income on notes receivable from participants, as shown in the Statements of Changes in Net Assets Available for Benefits for the period from January 1, 2025 through March 1, 2025 and for the year ended December 31, 2024; and
- Transfer due to Plan merger, as shown in the Statement of Changes in Net Assets Available for Benefits for the period from January 1, 2025 through March 1, 2025; and
- The investment information presented in the Schedule of Assets (Held at End of Year) as of December 31, 2024, as shown in the supplemental schedule.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

### Note 6 – Reconciliation 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 and 2023:

|   | <u>2024</u>          | <u>2023</u>          |
|---|----------------------|----------------------|
| Net assets available for benefits per the financial statements  | \$ 25,716,948        | \$ 23,164,022        |
| Add: excess contributions payable                               | 17,763               | 27,745               |
| Less: contributions receivable                                  | -                    | (14,359)             |
| Net assets available for benefits per the Form 5500 (unaudited) | <u>\$ 25,734,711</u> | <u>\$ 23,177,408</u> |

The following is a reconciliation of excess contributions / corrective distributions per the financial statements to the Form 5500 for the period from January 1, 2025 through March 1, 2025:

|                                       | <u>Excess<br/>Contributions/<br/>Corrective<br/>Distributions</u> |
|---------------------------------------|---|
| Amounts per the financial statements  | \$ -  |
| Add: 2024 accruals                    | <u>17,763</u>   |
| Amounts per the Form 5500 (unaudited) | <u>\$ 17,763</u>  |

The following is a reconciliation of Employer contributions, participant contributions, and excess contributions / corrective distributions per the financial statements to the Form 5500 for the year ended December 31, 2024:

|                                       | <u>Employer<br/>Contributions</u> | <u>Participant<br/>Contributions</u> | <u>Excess<br/>Contributions/<br/>Corrective<br/>Distributions</u> |
|---------------------------------------|-----------------------------------|--------------------------------------|---|
| Amounts per the financial statements  | \$ 651,549                        | \$ 2,141,272                         | \$ 21,592   |
| Add: 2023 accruals                    | 4,163                             | 10,196                               | 27,745  |
| Less: 2024 accruals                   | -                                 | -                                    | (17,763)  |
| Amounts per the Form 5500 (unaudited) | <u>\$ 655,712</u>                 | <u>\$ 2,151,468</u>                  | <u>\$ 31,574</u>  |

### Note 7 – Tax Status

The Plan Sponsor has adopted a VRIAC Non-Standardized Pre-Approved Profit Sharing Plan (“pre-approved plan”). The pre-approved plan received an opinion letter from the IRS on June 30, 2020, which stated that the pre-approved plan is qualified under the applicable sections of the Internal Revenue Code (“IRC”). Although the pre-approved plan and the Plan have been amended since receiving the IRS opinion letter, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Sponsor believes that the Plan is qualified under Section 401(a) of the IRC and the related Trust is tax exempt as of March 1, 2025, December 31, 2024 and 2023. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 7 – Tax Status (continued)

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of March 1, 2025, December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Note 8 – Party-In-Interest Transactions

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

Certain Plan investments were investment contracts with insurance companies and a money market fund offered by AUL, VRIAC, and Voya. As AUL, VRIAC, and VITC are the qualified institutions of the Plan, these transactions qualify as party-in-interest transactions. Additionally, the Plan maintained notes receivable from participants. Fees paid for services rendered by parties-in-interest were based on customary and reasonable rates for such services.

### Note 9 – Nonexempt Prohibited Transactions

During 2024, the Company had nonexempt prohibited transactions related to participant contributions and loan repayments not remitted to the trust in a timely manner as listed on Schedule H, Line 4a: Schedule of Delinquent Participant Contributions. The Company intends to correct these late contributions and loan repayments by remitting the principal amount plus lost earnings into the Aon PEP's trust as soon as administratively feasible.

### Note 10 – Concentrations

As of December 31, 2024 and 2023, there were two and three investments, respectively, which individually represented more than 10% of net assets available for Plan benefits. See supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2024.

### Note 11 – Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 3, 2025, which is the date the financial statements were available to be issued.

# Circle Graphics 401(k) Plan

Schedule H, Line 4a:

**Schedule of Delinquent Participant Contributions**

EIN: 20-3076268

PN: 001

Period from January 1, 2025 through March 1, 2025

| Participant Contributions Transferred Late to Plan | Check Here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/> | Total That Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--|---|---|--------------------------------------|--|--|
|  |   | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |  |
| \$ 5,964   | <input checked="" type="checkbox"/>   | \$ 5,964  | \$ -                                 | \$ -                                     | \$ -   |

# Circle Graphics 401(k) Plan

Schedule H, Line 4a:

**Schedule of Delinquent Participant Contributions**

EIN: 20-3076268

PN: 001

Year ended December 31, 2024

| Participant Contributions Transferred Late to Plan | Check Here if Late Participant Loan Repayments are Included | Total That Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--|---|---|--------------------------------------|--|--|
|  |   | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |  |
| \$ 5,964   | <input checked="" type="checkbox"/>                         | \$ 5,964  | \$ -                                 | \$ -                                     | \$ -   |

# Circle Graphics 401(k) Plan

## Schedule H, Line 4i: Schedule of Assets

(Held at End of Year)

EIN: 20-3076268

PN: 001

December 31,

2024

| Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | Description of Investment   | Current<br>Value     |
|--|---|----------------------|
| <b>Registered Investment Companies:</b>                    |   |                      |
| AllianceBernstein  | AB Large Cap Grw Fnd Z  | \$ 1,868,819         |
| American Funds   | American Funds Am Balanced R6   | 205,065              |
| BlackRock  | BlackRock Mid-Cap Grw Eq Por K  | 381,198              |
| Cohen & Steers   | Cohen&Steers Inst RI Shares   | 54,816               |
| Dodge & Cox  | Dodge & Cox Income Fd I   | 519,836              |
| Fidelity   | Fidelity 500 Index Fund   | 2,488,495            |
| Fidelity   | Fidelity Intl Index Fnd   | 369,727              |
| Fidelity   | Fidelity Mid Cap Idx Fd   | 383,004              |
| Fidelity   | Fidelity Sm Cp Ind Fd   | 240,859              |
| Invesco  | Inv Discovery Fd Y  | 252,355              |
| Invesco  | Invesco Small Cap Value Fd R6   | 113,192              |
| MFS  | MFS Intl Diversification Fd   | 158,906              |
| MFS  | MFS Mid Cap Value Fund R6   | 78,965               |
| Putnam   | Putnam Lrg Cp Val Fd - CI R6  | 116,810              |
| Nuveen   | Nuveen Lifcyc Ind 2065 Fd R6  | 680,482              |
| Nuveen   | Nuveen Lifcyc Ind 2010 Fd R6  | 22,568               |
| Nuveen   | Nuveen Lifcyc Ind 2015 Fd R6  | 45,744               |
| Nuveen   | Nuveen Lifcyc Ind 2020 Fd R6  | 242,166              |
| Nuveen   | Nuveen Lifcyc Ind 2025 Fd R6  | 1,617,446            |
| Nuveen   | Nuveen Lifcyc Ind 2030 Fd R6  | 2,538,372            |
| Nuveen   | Nuveen Lifcyc Ind 2035 Fd R6  | 2,699,486            |
| Nuveen   | Nuveen Lifcyc Ind 2040 Fd R6  | 2,180,447            |
| Nuveen   | Nuveen Lifcyc Ind 2045 Fd R6  | 3,030,318            |
| Nuveen   | Nuveen Lifcyc Ind 2050 Fd R6  | 2,500,981            |
| Nuveen   | Nuveen Lifcyc Ind 2055 Fd R6  | 1,646,205            |
| Nuveen   | Nuveen Lifcyc Ind 2060 Fd R6  | 483,818              |
| Nuveen   | Nuveen Lifcyc Ind Rt In Fd R6   | 19,954               |
| <b>Total Registered Investment Companies</b>               |   | <b>24,940,034</b>    |
| <b>Investment Contracts With Insurance Company:</b>        |   |                      |
| * VRIAC  | Voya Fixed Account, 1.50%   | 459,162              |
| <b>Money Market Fund:</b>                                  |   |                      |
| * Voya   | Voya Gvt Mny Mkt Fd A (Hold Acct)   | 39,177               |
| * Participants   | <b>Loans to Participants</b><br>(interest rates between 4.25% and 9.50%,<br>various maturity dates) | <b>296,338</b>       |
| <b>Total Assets (Held at End of Year)</b>                  |   | <b>\$ 25,734,711</b> |

\* Represents a party-in-interest.



## Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

CIRCLE GRAPHICS 401(K) PLAN

EIN#20-3076268

Plan# 551911

As of December 31, 2024

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date | (d) Cost | (e) Current Value |
|-----|--|---|----------|-------------------|
|     | AB Large Cap Grw Fnd Z                                   | Registered Investment Company   |          | \$1,868,818.79    |
|     | American Funds Am Balanced R6                            | Registered Investment Company   |          | \$205,064.63      |
|     | BlackRock Mid-Cap Grw Eq Por K                           | Registered Investment Company   |          | \$381,197.70      |
|     | Cohen&Steers Inst RI Shares                              | Registered Investment Company   |          | \$54,815.90       |
|     | Dodge & Cox Income Fd I                                  | Registered Investment Company   |          | \$519,836.11      |
|     | Fidelity 500 Index Fund                                  | Registered Investment Company   |          | \$2,488,494.87    |
|     | Fidelity Intl Index Fnd                                  | Registered Investment Company   |          | \$369,726.36      |
|     | Fidelity Mid Cap Idx Fd                                  | Registered Investment Company   |          | \$383,004.29      |
|     | Fidelity Sm Cp Ind Fd                                    | Registered Investment Company   |          | \$240,859.11      |
|     | Inv Discovery Fd Y                                       | Registered Investment Company   |          | \$252,354.90      |
|     | Invesco Small Cap Value Fd R6                            | Registered Investment Company   |          | \$113,192.01      |
|     | MFS Intl Diversification Fd R6                           | Registered Investment Company   |          | \$158,905.36      |
|     | MFS Mid Cap Value Fund R6                                | Registered Investment Company   |          | \$78,965.04       |
|     | Nuveen Lifcyc In 2010 F R6                               | Registered Investment Company   |          | \$22,568.25       |
|     | Nuveen Lifcyc In 2015 F R6                               | Registered Investment Company   |          | \$45,743.49       |
|     | Nuveen Lifcyc In 2020 F R6                               | Registered Investment Company   |          | \$242,166.15      |
|     | Nuveen Lifcyc In 2025 F R6                               | Registered Investment Company   |          | \$1,617,446.12    |
|     | Nuveen Lifcyc In 2030 F R6                               | Registered Investment Company   |          | \$2,538,372.34    |
|     | Nuveen Lifcyc In 2035 F R6                               | Registered Investment Company   |          | \$2,699,485.53    |
|     | Nuveen Lifcyc In 2040 F R6                               | Registered Investment Company   |          | \$2,180,447.44    |
|     | Nuveen Lifcyc In 2045 F R6                               | Registered Investment Company   |          | \$3,030,318.38    |
|     | Nuveen Lifcyc In 2050 F R6                               | Registered Investment Company   |          | \$2,500,981.46    |
|     | Nuveen Lifcyc In 2055 F R6                               | Registered Investment Company   |          | \$1,646,204.64    |
|     | Nuveen Lifcyc In 2060 F R6                               | Registered Investment Company   |          | \$483,818.20      |
|     | Nuveen Lifcyc In 2065 F R6                               | Registered Investment Company   |          | \$680,482.14      |
|     | Nuveen Lifcyc In Rt I F R6                               | Registered Investment Company   |          | \$19,954.20       |
|     | Putnam Lrg Cp Val Fd - CI R6                             | Registered Investment Company   |          | \$116,810.36      |
| *   | Voya Fixed Account (4450)                                | Insurance Company General Account   |          | \$459,162.19      |
| *   | Voya Gv Mny Mkt F A (Hld Acct)                           | Registered Investment Company   |          | \$39,177.45       |
|     | LOAN FUND  | Participant Loans - Rates 8.75% to 9.50%  |          | \$296,338.47      |
|     | TOTAL  |   |          | \$25,734,711.88   |

\* denotes party-in-interest

Column (d) is not required as the Plan investments are totally participant directed.



**Circle Graphics 401(k) Plan**

**Independent Auditor's Report and  
Financial Statements**

March 1, 2025 (Plan Merger Date),  
December 31, 2024 and 2023

# Circle Graphics 401(k) Plan

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#### **Schedule H, Line 4a: Schedule of Delinquent Participant Contributions**

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## **Independent Auditor's Report**

To the Plan Administrator of the  
Circle Graphics 401(k) Plan:

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed audits of the financial statements of the Circle Graphics 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the period from January 1, 2025 through March 1, 2025 (Plan Merger Date) and for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023, and for the period from January 1, 2025 through March 1, 2025 (Plan Merger Date) and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Emphasis of Matter - Plan Merger***

As further discussed in Note 1 to the financial statements, the Plan was merged into the Aon Pooled Employer Plan effective March 1, 2025. Our opinion is not modified with respect to this matter.

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4a: Schedule of Delinquent Participant Contributions for the period from January 1, 2025 through March 1, 2025, and for the year ended December 31, 2024, and Schedule H, Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2024, are presented for the purpose 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

*Brook and Company CPAs P.C.*

Certified Public Accountants

Boulder, Colorado  
October 3, 2025

# Circle Graphics 401(k) Plan

## Statements of Net Assets Available for Benefits

|  | March 1,<br>2025<br>(Plan Merger<br>Date) | December 31,<br>2024 | December 31,<br>2023 |
|--|---|----------------------|----------------------|
| <b>ASSETS</b>                                  |   |                      |                      |
| <b>Investments (Notes 2, 3, and 4):</b>        |   |                      |                      |
| Registered investment companies, at fair value | \$ -                                      | \$ 24,940,034        | \$ 22,536,155        |
| Investment contracts, at contract value        | -   | 459,162              | 378,488              |
| Money market fund, at fair value               | -   | 39,177               | 43,163               |
| <b>Total investments</b>                       | <b>-</b>                                  | <b>25,438,373</b>    | <b>22,957,806</b>    |
| <b>Receivables:</b>                            |   |                      |                      |
| Employer contributions                         | -   | -                    | 4,163                |
| Participant contributions                      | -   | -                    | 10,196               |
| Notes receivable from participants             | -   | 296,338              | 219,602              |
| <b>Total receivables</b>                       | <b>-</b>                                  | <b>296,338</b>       | <b>233,961</b>       |
| <b>Total assets</b>                            | <b>-</b>                                  | <b>25,734,711</b>    | <b>23,191,767</b>    |
| <b>LIABILITIES</b>                             |   |                      |                      |
| <b>Excess contributions payable</b>            | <b>-</b>                                  | <b>17,763</b>        | <b>27,745</b>        |
| <b>Net assets available for benefits</b>       | <b>\$ -</b>                               | <b>\$ 25,716,948</b> | <b>\$ 23,164,022</b> |

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

# Circle Graphics 401(k) Plan

## Statements of Changes in Net Assets Available for Benefits

|  | Period From<br>January 1,<br>2025 through<br>March 1,<br>2025<br>(Plan Merger<br>Date) | Year Ended<br>December 31,<br>2024 |
|--|--|------------------------------------|
| <b>Additions to (deductions from) net assets attributed to:</b>                |  |                                    |
| <b>Investment income (Note 2):</b>   |  |                                    |
| Net appreciation in fair value of investments                                  | \$ 578,884   | \$ 2,430,037                       |
| Interest and dividends   | 1,360  | 772,257                            |
| <b>Total investment income</b>   | <b>580,244</b>   | <b>3,202,294</b>                   |
| <b>Other income:</b>   |  |                                    |
| Interest income on notes receivable from participants                          | 3,715  | 18,840                             |
| Other income (loss)  | (77)   | 2,324                              |
| <b>Total other income</b>  | <b>3,638</b>   | <b>21,164</b>                      |
| <b>Contributions:</b>  |  |                                    |
| Employer, net of forfeitures   | 125,264  | 651,549                            |
| Participant  | 335,251  | 2,141,272                          |
| Rollover   | -  | 61,303                             |
| <b>Total contributions</b>   | <b>460,515</b>   | <b>2,854,124</b>                   |
| Less: excess contributions   | -  | (21,592)                           |
| <b>Net contributions</b>   | <b>460,515</b>   | <b>2,832,532</b>                   |
| <b>Payments:</b>   |  |                                    |
| Distributions to participants  | (651,914)  | (3,285,735)                        |
| Administrative fees  | (19,468)   | (217,329)                          |
| <b>Total payments</b>  | <b>(671,382)</b>   | <b>(3,503,064)</b>                 |
| <b>Net increase in net assets available for benefits<br/>prior to transfer</b> | <b>373,015</b>   | <b>2,552,926</b>                   |
| <b>Transfer due to Plan merger (Note 1)</b>                                    | <b>(26,089,963)</b>  | <b>-</b>                           |
| <b>Net assets available for benefits, beginning of period</b>                  | <b>25,716,948</b>  | <b>23,164,022</b>                  |
| <b>Net assets available for benefits, end of period</b>                        | <b>\$ -</b>  | <b>\$ 25,716,948</b>               |

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

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 1 – Description of the Plan

The following description of the Circle Graphics (the “Company,” “Plan Administrator,” or “Plan Sponsor”) 401(k) Plan (the “Plan”) provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan’s provisions.

**General.** The Plan is a defined contribution plan, which went into effect June 1, 2006, that is generally available to all employees of the Company and Participating Employers (collectively, the “Employer”) age 21 years or older who have completed three months of service. The Plan excludes union employees, nonresident aliens, and leased employees from participation in the Plan. Employees may enter the Plan on the first of the month coincident with or following the date they meet the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation.

**Plan Merger.** Effective March 1, 2025, the Plan was merged into the Aon Pooled Employer Plan (“Aon PEP”). In connection with the merger, the following:

- All assets and liabilities of the Plan became the assets and liabilities of the Aon PEP as of the effective date of the merger, March 1, 2025.
- All participants in the Plan became participants in the Aon PEP effective March 1, 2025.
- A blackout period commenced February 27, 2025 and ended the week of March 17, 2025.

**Plan Amendments.** During 2024, the Plan was amended as follows:

- Effective June 3, 2024, the Plan document was amended and restated.
- Effective February 12, 2024, Jondo LTD and Transfor Digital Media Marketing Inc. were removed as Participating Employers in the Plan.
- Effective January 1, 2024, the Plan document was amended and restated. In connection with the amendment and restatement, the Plan's elective deferral contribution limit was amended to be 75% of compensation.

**Contributions.** The following types of contributions are allowable under the Plan:

- Salary Deferral Contributions – Prior to March 1, 2025, participants had the option to contribute a percentage of their eligible pre-tax compensation, as defined in the Plan document, or a specified dollar amount each payroll period, subject to limitations. Participants also could elect to make an after-tax Roth contribution to the Plan. A participant's total contribution cannot exceed \$23,500 (\$31,000 if 50 or older) and \$23,000 (\$30,500 if 50 or older) in calendar years 2025 and 2024, respectively.
- Discretionary Employer Matching Contributions – Prior to March 1, 2025, the Employer had the option to make matching amounts to eligible participants each payroll period. For the period from January 1, 2025 through March 1, 2025 and for the year ended December 31, 2024, the Employer matched 50% of a participant's salary deferral contributions subject to the lesser of \$2,500 or 8% of the participant's eligible compensation.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 1 – Description of the Plan (continued)

- Discretionary Employer Nonelective Contributions – Prior to March 1, 2025, the Employer had the option to make a discretionary Employer nonelective contribution to those eligible participants who were actively employed as of the last day of the Plan year, with certain exceptions for participants who die, become disabled, or retire during the year. This contribution was allocated to each eligible participant's account in the ratio that each participant's compensation bears to the compensation of all eligible participants. For the period from January 1, 2025 through March 1, 2025 and for the year ended December 31, 2024, the Employer did not make a discretionary Employer nonelective contribution.
- Rollover Contributions – Prior to March 1, 2025, certain amounts distributed to participants from other qualified employee benefit plans could be rolled into the Plan.

All contributions are allocated to the Plan's investment funds at the direction of the participants.

**Participant Accounts.** Each participant's account is credited with the participant's contributions (salary deferral and rollovers, if any) and an allocation of (a) the Employer's contribution (discretionary matching and nonelective), if any, (b) fund earnings or losses, and (c) administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

**Vesting.** Participants are immediately vested in their salary deferral contributions, rollover contributions, and related earnings thereon. With certain exceptions, discretionary Employer matching and nonelective contributions were subject to a five year graded vesting schedule.

**Forfeitures.** When certain terminations of participation occur, the non-vested portion of a participant's account represents a forfeiture. Forfeitures can be used to reduce future Employer contributions, used to restore previously forfeited amounts to participant accounts, or can be used to pay administrative expenses of the Plan. For the period from January 1, 2025 through March 1, 2025, forfeitures of \$10,066 were used to pay administrative expenses. During 2024, forfeitures of \$5,515 were used to reduce Employer contributions and \$109,163 were used to pay administrative expenses. As of March 1, 2025, December 31, 2024 and 2023, the balance in the unutilized forfeitures account was \$0, \$42,392, and \$59,513, respectively.

**Investment Options.** Participants had the option to direct their investments into various registered investment companies, an investment contract with insurance company, and a money market fund.

**Notes Receivable from Participants.** Participants had the option to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of (i) \$50,000 or (ii) 50% of their vested account balance. Loan terms range from 1 month up to a maximum of 5 years (10 years if used for the purchase of a principal residence). The loans are secured by the balance in the participant's account and bear a reasonable rate of interest commensurate with local prevailing rates at the date the loan is granted as determined by the Plan administrator. Principal and interest payments are paid ratably through payroll deductions.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 1 – Description of the Plan (continued)

**Payment of Benefits.** Benefits to participants or beneficiaries generally were payable as a lump sum, substantially equal installments, or partial withdrawals equal to the value of their vested account balance upon retirement, disability, death or termination of the participant. A terminated employee with a balance of less than a certain dollar threshold, as defined by the Plan document, could be automatically paid out by the Plan upon termination. Additionally, participants had the option to request in-service withdrawals of their rollover contributions account, for a deemed severance of employment, for a qualified reservist distribution, upon attainment of age 59½, or upon incurring a financial hardship, as defined in the Plan document, if certain criteria were met.

### Note 2 – Summary of Significant Accounting Policies

**Basis of Accounting and Use of Estimates.** The financial statements of the Plan are prepared using the accrual method of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition.** The Plan's investments are stated at fair value, except for the Plan's investments in investment contracts with insurance companies which are stated at contract value (see Note 4). 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor, custodians, and trustee. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants.** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

**Excess Contributions Payable.** Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Code ("IRC") are recorded as a liability with a corresponding reduction to contributions. The Plan distributes the excess contributions after the Plan's year end.

**Contributions.** Participant contributions and the related Employer matching contribution are recognized in the period in which participant contributions are withheld from compensation.

**Benefits Payments.** Benefits are recorded when paid.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 2 – Summary of Significant Accounting Policies (continued)

**Expenses.** Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Also included in administrative expenses are recordkeeping charges, withdrawal charges, and other administrative expenses. Certain investment related expenses are included in net appreciation in fair value of investments.

### Note 3 – Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 under FASB ASC 820 are described below:

**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 to the valuation methodology include:

- 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; and
- 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 value measurement.

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

There have been no changes in the methodologies used at March 1, 2025, December 31, 2024 and 2023. The following is a description of the valuation methodologies used for assets measured at fair value:

- Registered Investment Companies ("RICs") and the Money Market Fund ("MMF") are valued at the quoted net asset value ("NAV") of shares/units held by the Plan at year end.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

### Note 3 – Fair Value Measurements (continued)

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

The following tables set forth by level, within the fair value ("FV") hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| Fair Value Measurements at December 31, 2024 |  |   |  |                      |
|--|--|---|--|----------------------|
|  | Quoted<br>Prices in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 | Total                |
| RICs   | \$ 24,940,034  | \$ -  | \$ -   | \$ 24,940,034        |
| MMF  | 39,177   | -   | -  | 39,177               |
| <b>Total Assets at Fair Value</b>            | <b>\$ 24,979,211</b>   | <b>\$ -</b>   | <b>\$ -</b>                                      | <b>\$ 24,979,211</b> |

| Fair Value Measurements at December 31, 2023 |   |   |  |                      |
|--|---|---|--|----------------------|
|  | Quoted<br>Prices in Active<br>Markets for<br>Identical<br>Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 | Total                |
| RICs   | \$ 22,536,155   | \$ -  | \$ -   | \$ 22,536,155        |
| MMF  | 43,163  | -   | -  | 43,163               |
| <b>Total Assets at Fair Value</b>            | <b>\$ 22,579,318</b>  | <b>\$ -</b>   | <b>\$ -</b>                                      | <b>\$ 22,579,318</b> |

### Note 4 – Investment Contracts with Insurance Companies

**AUL Stable Value Account.** In 2015, the Plan entered into a traditional benefit-responsive investment contract, the Stable Value Account ("SVA"), with American United Life Insurance Company ("AUL"). AUL maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The guaranteed rate, which may not be less than 0%, is established by the contract issuer 35 days prior to January 1st and stays in effect for the subsequent calendar year. The investment contract permits either party to terminate the agreement with 90 days notice.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 4 – Investment Contracts with Insurance Companies (continued)

This contract meets the fully benefit-responsive criteria and, therefore, is reported at contract value. Contract value is the relevant measurement attribute for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by AUL, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, except that participants may not transfer any amount from the SVA to a competing investment. A participant who transfers funds from the SVA to a non-competing investment may not transfer funds from the non-competing investment to the SVA or a competing investment until 90 days from the date of their last transfer from the SVA. A competing investment available under the investment contract is an investment with an average effective duration of three years or less, a money market investment account, a stable value investment account that is not the AUL SVA, or any other investment account deemed competing by AUL.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2023 was \$109,284. The investment contract did not have a defined maturity specified in the contract.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) the Plan's sponsor's rejection of the new Guaranteed Rate declared for the SVA, (2) Plan termination, (3) partial Plan termination, (4) bankruptcy of the Plan sponsor, (5) other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (6) contract termination.

In connection with the Plan's change in service providers from AUL / One America to Voya in 2023, the Plan Sponsor exercised a put option that allowed the Plan to continue to transact at contract value with the issuer through the investment contract's date of liquidation in April 2024.

**VOYA Fixed Account.** During 2023, the Plan entered into a traditional benefit-responsive investment contract, the Voya Fixed Account ("Fixed Account"), with Voya Retirement Insurance and Annuity Company ("VRIAC"). VRIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 1%. Such interest rates are reviewed on a regular basis for resetting.

This contract meets the fully benefit-responsive criteria and, therefore, is reported at contract value. Contract value is the relevant measurement attribute for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VRIAC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, subject to certain restrictions.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 4 – Investment Contracts with Insurance Companies (continued)

There are certain restrictions on transfers from the investment contract when competing funds are involved. Direct transfers from the Fixed Account to a competing fund may not be made. Transfers from the Fixed Account will prevent transfers to a competing fund for 90 days.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at March 1, 2025, December 31, 2024 and 2023 was \$0, \$459,162 and \$269,204, respectively. The investment contract does not have a defined maturity specified in the contract.

Certain events, such as non-benefit Surrenders, limit the ability of the Plan to transact at contract value with the issuer. In the event of a non-benefit Surrender, a market value adjustment per the investment contract's formula will apply.

In connection with the Plan's merger into the Aon PEP (See Note 1), the Plan Sponsor exercised a put option that allowed the Plan to continue to transact at contract value with the issuer.

### Note 5 – Certified Information

The following information disclosed in the accompanying financial statements and ERISA-required supplemental schedule was obtained by management and agreed to or derived from information certified as complete and accurate by AUL, VRIAC, and Voya Institutional Trust Company ("VITC"), the qualified institutions of the Plan.

- Investments, as shown in the Statements of Net Assets Available for Benefits as of March 1, 2025, December 31, 2024 and 2023;
- Notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of March 1, 2025, December 31, 2024 and 2023;
- Investment amounts, as shown in Notes 3 and 4;
- Investment income, as shown in the Statements of Changes in Net Assets Available for Benefits for the period from January 1, 2025 through March 1, 2025 and for the year ended December 31, 2024;
- Interest income on notes receivable from participants, as shown in the Statements of Changes in Net Assets Available for Benefits for the period from January 1, 2025 through March 1, 2025 and for the year ended December 31, 2024; and
- Transfer due to Plan merger, as shown in the Statement of Changes in Net Assets Available for Benefits for the period from January 1, 2025 through March 1, 2025; and
- The investment information presented in the Schedule of Assets (Held at End of Year) as of December 31, 2024, as shown in the supplemental schedule.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

### Note 6 – Reconciliation 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 and 2023:

|   | <u>2024</u>          | <u>2023</u>          |
|---|----------------------|----------------------|
| Net assets available for benefits per the financial statements  | \$ 25,716,948        | \$ 23,164,022        |
| Add: excess contributions payable                               | 17,763               | 27,745               |
| Less: contributions receivable                                  | -                    | (14,359)             |
| Net assets available for benefits per the Form 5500 (unaudited) | <u>\$ 25,734,711</u> | <u>\$ 23,177,408</u> |

The following is a reconciliation of excess contributions / corrective distributions per the financial statements to the Form 5500 for the period from January 1, 2025 through March 1, 2025:

|                                       | <u>Excess<br/>Contributions/<br/>Corrective<br/>Distributions</u> |
|---------------------------------------|---|
| Amounts per the financial statements  | \$ -  |
| Add: 2024 accruals                    | <u>17,763</u>   |
| Amounts per the Form 5500 (unaudited) | <u>\$ 17,763</u>  |

The following is a reconciliation of Employer contributions, participant contributions, and excess contributions / corrective distributions per the financial statements to the Form 5500 for the year ended December 31, 2024:

|                                       | <u>Employer<br/>Contributions</u> | <u>Participant<br/>Contributions</u> | <u>Excess<br/>Contributions/<br/>Corrective<br/>Distributions</u> |
|---------------------------------------|-----------------------------------|--------------------------------------|---|
| Amounts per the financial statements  | \$ 651,549                        | \$ 2,141,272                         | \$ 21,592   |
| Add: 2023 accruals                    | 4,163                             | 10,196                               | 27,745  |
| Less: 2024 accruals                   | -                                 | -                                    | (17,763)  |
| Amounts per the Form 5500 (unaudited) | <u>\$ 655,712</u>                 | <u>\$ 2,151,468</u>                  | <u>\$ 31,574</u>  |

### Note 7 – Tax Status

The Plan Sponsor has adopted a VRIAC Non-Standardized Pre-Approved Profit Sharing Plan (“pre-approved plan”). The pre-approved plan received an opinion letter from the IRS on June 30, 2020, which stated that the pre-approved plan is qualified under the applicable sections of the Internal Revenue Code (“IRC”). Although the pre-approved plan and the Plan have been amended since receiving the IRS opinion letter, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Sponsor believes that the Plan is qualified under Section 401(a) of the IRC and the related Trust is tax exempt as of March 1, 2025, December 31, 2024 and 2023. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

# Circle Graphics 401(k) Plan

## Notes to Financial Statements

March 1, 2025 (Plan Merger Date), December 31, 2024 and 2023

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### Note 7 – Tax Status (continued)

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of March 1, 2025, December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Note 8 – Party-In-Interest Transactions

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

Certain Plan investments were investment contracts with insurance companies and a money market fund offered by AUL, VRIAC, and Voya. As AUL, VRIAC, and VITC are the qualified institutions of the Plan, these transactions qualify as party-in-interest transactions. Additionally, the Plan maintained notes receivable from participants. Fees paid for services rendered by parties-in-interest were based on customary and reasonable rates for such services.

### Note 9 – Nonexempt Prohibited Transactions

During 2024, the Company had nonexempt prohibited transactions related to participant contributions and loan repayments not remitted to the trust in a timely manner as listed on Schedule H, Line 4a: Schedule of Delinquent Participant Contributions. The Company intends to correct these late contributions and loan repayments by remitting the principal amount plus lost earnings into the Aon PEP's trust as soon as administratively feasible.

### Note 10 – Concentrations

As of December 31, 2024 and 2023, there were two and three investments, respectively, which individually represented more than 10% of net assets available for Plan benefits. See supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2024.

### Note 11 – Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 3, 2025, which is the date the financial statements were available to be issued.

# Circle Graphics 401(k) Plan

Schedule H, Line 4a:

**Schedule of Delinquent Participant Contributions**

EIN: 20-3076268

PN: 001

Period from January 1, 2025 through March 1, 2025

| Participant Contributions Transferred Late to Plan | Check Here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/> | Total That Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--|---|---|--------------------------------------|--|--|
|  |   | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |  |
| \$ 5,964   | <input checked="" type="checkbox"/>   | \$ 5,964  | \$ -                                 | \$ -                                     | \$ -   |

# Circle Graphics 401(k) Plan

Schedule H, Line 4a:

**Schedule of Delinquent Participant Contributions**

EIN: 20-3076268

PN: 001

Year ended December 31, 2024

| Participant Contributions Transferred Late to Plan | Check Here if Late Participant Loan Repayments are Included | Total That Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--|---|---|--------------------------------------|--|--|
|  |   | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |  |
| \$ 5,964   | <input checked="" type="checkbox"/>                         | \$ 5,964  | \$ -                                 | \$ -                                     | \$ -   |

# Circle Graphics 401(k) Plan

## Schedule H, Line 4i: Schedule of Assets

(Held at End of Year)

EIN: 20-3076268

PN: 001

December 31,

2024

| Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | Description of Investment   | Current<br>Value     |
|--|---|----------------------|
| <b>Registered Investment Companies:</b>                    |   |                      |
| AllianceBernstein  | AB Large Cap Grw Fnd Z  | \$ 1,868,819         |
| American Funds   | American Funds Am Balanced R6   | 205,065              |
| BlackRock  | BlackRock Mid-Cap Grw Eq Por K  | 381,198              |
| Cohen & Steers   | Cohen&Steers Inst RI Shares   | 54,816               |
| Dodge & Cox  | Dodge & Cox Income Fd I   | 519,836              |
| Fidelity   | Fidelity 500 Index Fund   | 2,488,495            |
| Fidelity   | Fidelity Intl Index Fnd   | 369,727              |
| Fidelity   | Fidelity Mid Cap Idx Fd   | 383,004              |
| Fidelity   | Fidelity Sm Cp Ind Fd   | 240,859              |
| Invesco  | Inv Discovery Fd Y  | 252,355              |
| Invesco  | Invesco Small Cap Value Fd R6   | 113,192              |
| MFS  | MFS Intl Diversification Fd   | 158,906              |
| MFS  | MFS Mid Cap Value Fund R6   | 78,965               |
| Putnam   | Putnam Lrg Cp Val Fd - CI R6  | 116,810              |
| Nuveen   | Nuveen Lifcyc Ind 2065 Fd R6  | 680,482              |
| Nuveen   | Nuveen Lifcyc Ind 2010 Fd R6  | 22,568               |
| Nuveen   | Nuveen Lifcyc Ind 2015 Fd R6  | 45,744               |
| Nuveen   | Nuveen Lifcyc Ind 2020 Fd R6  | 242,166              |
| Nuveen   | Nuveen Lifcyc Ind 2025 Fd R6  | 1,617,446            |
| Nuveen   | Nuveen Lifcyc Ind 2030 Fd R6  | 2,538,372            |
| Nuveen   | Nuveen Lifcyc Ind 2035 Fd R6  | 2,699,486            |
| Nuveen   | Nuveen Lifcyc Ind 2040 Fd R6  | 2,180,447            |
| Nuveen   | Nuveen Lifcyc Ind 2045 Fd R6  | 3,030,318            |
| Nuveen   | Nuveen Lifcyc Ind 2050 Fd R6  | 2,500,981            |
| Nuveen   | Nuveen Lifcyc Ind 2055 Fd R6  | 1,646,205            |
| Nuveen   | Nuveen Lifcyc Ind 2060 Fd R6  | 483,818              |
| Nuveen   | Nuveen Lifcyc Ind Rt In Fd R6   | 19,954               |
| <b>Total Registered Investment Companies</b>               |   | <b>24,940,034</b>    |
| <b>Investment Contracts With Insurance Company:</b>        |   |                      |
| * VRIAC  | Voya Fixed Account, 1.50%   | 459,162              |
| <b>Money Market Fund:</b>                                  |   |                      |
| * Voya   | Voya Gvt Mny Mkt Fd A (Hold Acct)   | 39,177               |
| * Participants   | <b>Loans to Participants</b><br>(interest rates between 4.25% and 9.50%,<br>various maturity dates) | <b>296,338</b>       |
| <b>Total Assets (Held at End of Year)</b>                  |   | <b>\$ 25,734,711</b> |

\* Represents a party-in-interest.

# Circle Graphics 401(k) Plan

Schedule H, Line 4a:

**Schedule of Delinquent Participant Contributions**

EIN: 20-3076268

PN: 001

Year ended December 31, 2024

| Participant Contributions Transferred Late to Plan | Check Here if Late Participant Loan Repayments are Included | Total That Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected Under VFCP and PTE 2002-51 |
|--|---|---|--------------------------------------|--|--|
|  |   | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |  |
| \$ 5,964   | <input checked="" type="checkbox"/>                         | \$ 5,964  | \$ -                                 | \$ -                                     | \$ -   |