

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: JOHNSON FINANCIAL GROUP, INC. RETIREE MEDICAL SAVINGS ACCOUNT PLAN
1b Three-digit plan number (PN): 508
1c Effective date of plan: 01/01/2004
2a Plan sponsor's name (employer, if for a single-employer plan): JOHNSON FINANCIAL GROUP, INC.
Mailing address (include room, apt., suite no. and street, or P.O. Box): 555 MAIN STREET SUITE 280 RACINE, WI 53403-4615
2b Employer Identification Number (EIN): 39-1629756
2c Plan Sponsor's telephone number: 262-619-2682
2d Business code (see instructions): 522110

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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1249
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	415
	6a(2)	383
	6b	834
	6c	0
	6d	1217
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan JOHNSON FINANCIAL GROUP, INC. RETIREE MEDICAL SAVINGS ACCOUNT PLAN	B Three-digit plan number (PN) ▶	508
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 39-1629756	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	30394	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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JOHNSON FINANCIAL GROUP, INC. RETIREE MEDICAL SAVINGS ACCOUNT PLAN	B Three-digit plan number (PN) ▶ 508
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 39-1629756

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	488702
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15780959
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	15765427	16269661
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	15765427	16269661

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	299188	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		299188
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	776251	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		776251
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5540889	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5619447	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-78558
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		345561
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1342442

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	807814	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		807814
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	30394	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		30394
j Total expenses. Add all expense amounts in column (b) and enter total	2j		838208

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		504234
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: WIPFLI LLP

(2) EIN: 39-0758449

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Financial Statements
and Supplemental Schedules

As of December 31, 2024 and 2023 and
for the Year Ended December 31, 2024



WIPFLI

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Independent Auditor's Report

To the Plan Administrator and Participants
Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

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

We have performed audits of the accompanying financial statements of Johnson Financial Group, Inc. Retiree Medical Savings Account 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 December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits 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 Johnson Financial Group, Inc. Retiree Medical Savings Account Plan's 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 a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 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 financial statements referred to above, 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 (GAAP).
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution 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 Johnson Financial Group, Inc. Retiree Medical Savings Account 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 Johnson Financial Group, Inc. Retiree Medical Savings Account 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 Johnson Financial Group, Inc. Retiree Medical Savings Account 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 Johnson Financial Group, Inc. Retiree Medical Savings Account 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 certification, 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 GAAP.

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 GAAP.

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 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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.

"Wipfli" is the brand name under which Wipfli LLP and Wipfli Advisory LLC and its respective subsidiary entities provide professional services. Wipfli LLP and Wipfli Advisory LLC (and its respective subsidiary entities) practice in an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations, and professional standards. Wipfli LLP is a licensed independent CPA firm that provides attest services to its clients, and Wipfli Advisory LLC provides tax and business consulting services to its clients. Wipfli Advisory LLC and its subsidiary entities are not licensed CPA firms.

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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Wipfli LLP

Wipfli LLP

Milwaukee, Wisconsin

October 1, 2025

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Statements of Net Assets Available for Benefits

As of December 31,	2024	2023
Assets:		
Investments, at fair value	\$ 16,269,661	\$ 15,765,427
Net assets available for benefits	\$ 16,269,661	\$ 15,765,427

See accompanying notes to financial statements.

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31,	2024
Additions:	
Investment income:	
Interest and dividends	\$ 776,251
Net appreciation in fair value of investments	267,003
Total investment income	1,043,254
Company contributions	299,188
Total additions	1,342,442
Deductions:	
Benefits paid to participants	807,814
Administrative expenses	30,394
Total deductions	838,208
Net change	504,234
Net assets available for benefits beginning of year	15,765,427
Net assets available for benefits end of year	\$ 16,269,661

See accompanying notes to financial statements.

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Notes to Financial Statements

Note 1: Description of Plan

The following description of the Johnson Financial Group, Inc. Retiree Medical Savings Account Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

Johnson Financial Group, Inc. and its affiliated companies (the Company) established the plan effective January 1, 2004. The Plan covers the employees of the Company. All part-time and full-time associates were eligible to participate immediately following employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent tax reform acts. The Plan's Governance Committee has overall responsibility for the operation and administration of the plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Governance Committee.

On August 17, 2023, the Board of Directors approved freezing of the Plan as of December 31, 2023. As a result, no new participants were permitted to enter the Plan and no additional contributions were made following the final payroll of 2023. The Company's contribution for the last quarter of 2023 was remitted prior to year end.

Contributions

Prior to December 31, 2023, participants were permitted to contribute from 1% to 20% of eligible compensation, on an after-tax basis, up to \$10,000 annually to the Plan. These contributions were invested in a diversified mix of investments as determined by the Benefit Plan Committee at the Company. The Company partially matched participant contributions, subject to certain limitations.

The Company's matching contributions were not funded in advance and are recorded as contribution revenue only when benefits are paid. The unfunded amounts as of December 31, 2024 and 2023 are \$3,461,994 and \$3,671,392 respectively.

Participant accounts continue to be credited with interest on the Company's matching contributions each quarter. The annual interest credit is based on the average 10-year U.S. Treasury rate from the preceding calendar year. The interest credit rate for the Plan year ended December 31, 2024 was 3.97%.

Participant Accounts

Each participant's account included the participant's contributions made prior to December 31, 2023, along with an allocation of the Plan's investment earnings or losses. Participant accounts were also credited with the Company's matching contributions and related interest credits. Administrative expenses paid by the Plan were allocated to participant accounts based on account balances. The benefit to which a participant is entitled upon termination is the value of their account balance, including any Company matching contributions and associated earnings, if eligible.

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Notes to Financial Statements

Note 1: Description of Plan (Continued)

Company Contribution Entitlement

Participants became immediately entitled to their own contributions and the actual earnings thereon upon termination of employment. Eligibility for the Company's matching contributions, along with the associated interest credits, is contingent upon the participant completing ten years of service, or upon termination due to disability or death. Participants who do not meet these criteria forfeit the Company's matching contributions.

Forfeitures

As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$64 and \$31,252, respectively. These forfeited amounts are proportionally allocated among all eligible participants. During 2024, a total of \$43,889 in forfeited funds was distributed to eligible participant accounts.

Payment of Benefits

Participants have an unlimited period of time to use their available funds following termination of employment. Medical premiums include COBRA insurance, Medicare supplement, retiree medical or other coverage through their spouse's employer, individual health policy premiums or out-of-pocket health care expenses as defined by Section 213 (d) of the Internal Revenue Code (IRC). If a participant dies while actively employed with the Company, their surviving spouse (or if none, eligible tax dependents) may use their Retiree Medical Savings Account (RMSA), including matching contributions and related earnings, for RMSA allowed expenses. If no surviving spouse or eligible tax dependents exist, the account balance is forfeited to the RMSA trust.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from these estimates.

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when funds are sent to an external bank account designated for participant payments, which generally aligns with the timing of disbursements to participants.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Fees related to the administration of benefit payments and recordkeeping are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events

The Company has evaluated subsequent events through October 1, 2025, which is the date the financial statements were available to be issued.

Note 3: Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority level. Level 2 inputs consist of observable inputs other than quoted prices for identical assets. Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Notes to Financial Statements

Note 3: Fair Value Measurements (Continued)

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

Money market fund: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 488,702	\$ -	\$ -	\$ 488,702
Mutual funds	15,780,959	-	-	15,780,959
Total investment assets at fair value	\$ 16,269,661	\$ -	\$ -	\$ 16,269,661

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 481,533	\$ -	\$ -	\$ 481,533
Mutual funds	15,283,894	-	-	15,283,894
Total investment assets at fair value	\$ 15,765,427	\$ -	\$ -	\$ 15,765,427

Note 4: Information Prepared and Certified by the Custodian

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Empower Trust Company, LLC, the Custodian of the Plan.

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Notes to Financial Statements

Note 5: Party-In-Interest Transactions

Fees incurred by the Plan for custodial services are included in net appreciation in fair value of investments, as the custodian is paid with revenue sharing from the mutual funds in the Plan. Any fees not covered by revenue sharing are paid directly by the Plan. These transactions are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29CFR 408(b) of the ERISA regulations.

Note 6: Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their Company contributions.

Note 7: Tax Status

The Plan obtained its latest determination letter on January 24, 2006, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC and was tax-exempt under the provisions of Section 501(c)(9) of the IRC as a Voluntary Employee Beneficiary Association. The Plan is required to operate in conformity with the IRC to maintain its qualification.

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

Note 8: Risks and Uncertainties

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

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #39-1629756 Plan #508

December 31, 2024

(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Vanguard Treasury Money Market Inv	Money Market Fund	\$ 488,702	\$ 488,702
American Funds EuroPacific Gr	Mutual Fund	1,074,971	1,145,341
DoubleLine Low Duration Bond I	Mutual Fund	2,605,945	2,526,821
Fidelity Total Bond K6	Mutual Fund	5,028,084	4,991,625
Guggenheim Limited Duration Instl	Mutual Fund	2,622,032	2,545,221
MassMutual Mid Cap Growth I	Mutual Fund	334,500	316,777
MFS Mid Cap Value	Mutual Fund	240,849	326,343
MFS New Discovery Value	Mutual Fund	194,056	247,071
Principal Real Estate Securities Fd	Mutual Fund	426,500	505,950
T Rowe Integr US Sm-Cap Grwt Eqty I	Mutual Fund	192,693	240,321
Vanguard Institutional Index Instl	Mutual Fund	810,189	1,753,010
Vanguard Total Intl Stock Index Admiral	Mutual Fund	1,016,125	1,182,479
Total assets (held at end of year)		\$ 15,034,646	\$ 16,269,661

This schedule has been derived from information certified as complete and accurate by Empower Trust Company, LLC.

See Independent Auditor's Report

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #39-1629756 Plan #508

For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)

See Attachment A

This schedule has been derived from information certified as complete and accurate by Empower Trust Company, LLC.

See Independent Auditor's Report.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Johnson Financial Group Retiree Medical Savings Account (RMISA)

01-JAN-24 to 31-DEC-24

20-JAN-25 16:19:42

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3JFQPH	48,414.90	0.000000	17	0.00	0.000000	0	0.00	SERIES
3VUSXX	12,700.44	12,700.440000	24	(43,888.92)	(43,888.920000)	1	(43,888.92)	SERIES
4VUSXX	0.58	0.580000	12	0.00	0.000000	0	0.00	SERIES
IDBLSX	254,937.16	26,609.735245	19302	(84,403.92)	(8,774.506137)	5439	(87,107.02)	SERIES
IPRFSX	29,451.85	1,076.563048	10744	(17,040.34)	(601.340205)	5438	(13,817.97)	SERIES
IRERGX	(37,894.59)	(646.405455)	9595	(41,410.54)	(718.238365)	5434	(35,685.38)	SERIES
IVTIAX	(33,586.86)	(1,127.729127)	9607	(41,802.27)	(1,281.324409)	5434	(34,342.99)	SERIES
INDVXX	8,256.18	378.195243	11719	(8,259.37)	(444.911426)	5434	(6,055.57)	SERIES
ITQAIK	(20,939.52)	(547.181848)	8241	(8,454.55)	(186.201631)	5434	(6,251.79)	SERIES
IMEFZX	(5,237.72)	(282.894298)	7181	(10,970.91)	(519.761331)	5433	(10,535.05)	SERIES
IMVCKX	3,559.47	54.725706	8286	(11,139.59)	(330.492468)	5434	(7,217.07)	SERIES
IVINIX	(313,752.33)	(774.056583)	14327	(59,180.25)	(131.703667)	5436	(27,743.22)	SERIES
IFTKFX	5,134,783.40	585,927.934848	14444	(107,943.02)	(12,177.966402)	2798	(106,707.67)	SERIES
IGILHX	228,627.45	9,480.031883	19339	(84,592.96)	(3,487.159769)	5462	(88,199.70)	SERIES
IMWTSX	506,530.23	61,582.450393	8546	(5,049,475.11)	(599,732.486540)	3889	(5,635,069.39)	SERIES
3JFQPH	0.00	0.000000	0	(347,615.85)	0.000000	475	(347,615.85)	SERIES
1VUSXX	54,593.93	54,593.930000	19214	(16,216.18)	(16,216.180000)	5455	(16,216.18)	SERIES
5% TRANSACTIONS								
IFTKFX	4,990,399.91	569,680.355012	1222	0.00	0.000000	0	0.00	17-JUN-24
IMWTSX	11,292.27	1,341.124701	1214	(4,990,399.91)	(592,684.095868)	1222	(5,568,054.49)	17-JUN-24

LEGEND

INVESTMENT OPTION:

3JFQPH	Johnson Financial Group
4VUSXX	Vanguard Treasury Money Market Inv
IPRFSX	Principal Real Estate Securities Fd R-6
IVTIAX	Vanguard Total Intl Stock Index Admiral
ITQAIK	T. Rowe Price Integrated US Sm Gr Eq I
IMVCKX	MFS Mid Cap Value R6
IFTKFX	Fidelity Total Bond K6
IMWTSX	Metropolitan West Total Return Bond Plan
1VUSXX	Vanguard Treasury Money Market Inv
3VUSXX	Vanguard Treasury Money Market Inv
IDBLSX	DoubleLine Low Duration Bond I
IRERGX	American Funds EuroPacific Gr R6
INDVXX	MFS New Discovery Value R6
IMEFZX	MassMutual Mid Cap Growth I
IVINIX	Vanguard Institutional Index Instl
IGILHX	Guggenheim Limited Duration Instl
IJFQPH	Johnson Financial Group

See Independent Auditor's Report

Attachment A 1 of 1

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #39-1629756 Plan #508

For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)

See Attachment A

This schedule has been derived from information certified as complete and accurate by Empower Trust Company, LLC.

See Independent Auditor's Report.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

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20-JAN-25 16:19:42

01-JAN-24 to 31-DEC-24

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3JFGPH	48,414.90	0.000000	17	0.00	0.000000	0	0.00	SERIES
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IDBLSX	254,937.16	26,609.735245	19302	(84,403.92)	(8,774.506137)	5439	(87,107.02)	SERIES
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IMWTSX	506,530.23	61,582.450393	8546	(5,049,475.11)	(599,732.486540)	3889	(5,635,069.39)	SERIES
IJFGPH	0.00	0.000000	0	(347,615.85)	0.000000	475	(347,615.85)	SERIES
IVUSXX	54,593.93	54,593.930000	19214	(16,216.18)	(16,216.180000)	5455	(16,216.18)	SERIES
5% TRANSACTIONS								
IFTKFX	4,990,399.91	569,680.355012	1222	0.00	0.000000	0	0.00	17-JUN-24
IMWTSX	11,292.27	1,341.124701	1214	(4,990,399.91)	(592,684.095868)	1222	(5,568,054.49)	17-JUN-24

LEGEND

INVESTMENT OPTION:

3JFGPH	Johnson Financial Group
4VUSXX	Vanguard Treasury Money Market Inv
IPRFSX	Principal Real Estate Securities Fd R-6
IVTIAX	Vanguard Total Intl Stock Index Admiral
ITQAIK	T. Rowe Price Integrated US Sm Gr Eq I
IMVCKX	MFS Mid Cap Value R6
IFTKFX	Fidelity Total Bond K6
IMWTSX	Metropolitan West Total Return Bond Plan
IVUSXX	Vanguard Treasury Money Market Inv
3VUSXX	Vanguard Treasury Money Market Inv
IDBLSX	DoubleLine Low Duration Bond I
IRERGX	American Funds EuroPacific Gr R6
INDVXX	MFS New Discovery Value R6
IMEFZX	MassMutual Mid Cap Growth I
IVINIX	Vanguard Institutional Index Instl
IGILHX	Guggenheim Limited Duration Instl
IJFGPH	Johnson Financial Group

See Independent Auditor's Report

Attachment A 1 of 1

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #39-1629756 Plan #508

December 31, 2024

(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Vanguard Treasury Money Market Inv	Money Market Fund	\$ 488,702	\$ 488,702
American Funds EuroPacific Gr	Mutual Fund	1,074,971	1,145,341
DoubleLine Low Duration Bond I	Mutual Fund	2,605,945	2,526,821
Fidelity Total Bond K6	Mutual Fund	5,028,084	4,991,625
Guggenheim Limited Duration Instl	Mutual Fund	2,622,032	2,545,221
MassMutual Mid Cap Growth I	Mutual Fund	334,500	316,777
MFS Mid Cap Value	Mutual Fund	240,849	326,343
MFS New Discovery Value	Mutual Fund	194,056	247,071
Principal Real Estate Securities Fd	Mutual Fund	426,500	505,950
T Rowe Integr US Sm-Cap Grwt Eqty I	Mutual Fund	192,693	240,321
Vanguard Institutional Index Instl	Mutual Fund	810,189	1,753,010
Vanguard Total Intl Stock Index Admiral	Mutual Fund	1,016,125	1,182,479
Total assets (held at end of year)		\$ 15,034,646	\$ 16,269,661

This schedule has been derived from information certified as complete and accurate by Empower Trust Company, LLC.

See Independent Auditor's Report