

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 05/02/2025	
A	This return/report is for: <div><div>☐ a multiemployer plan</div><div>☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div>☒ a single-employer plan</div><div>☐ a DFE (specify) _____</div></div>
B	This return/report is: <div><div>☐ the first return/report</div><div>☒ the final return/report</div><div>☐ an amended return/report</div><div>☒ a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ the DFVC program</div><div>☐ special extension (enter description)</div></div>
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	1b Three-digit plan number (PN) ▶ 002
	GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN	1c Effective date of plan 07/01/1997
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GREENSFELDER, HEMKER & GALE, P.C. 10 SOUTH BROADWAY, SUITE 2000 ST. LOUIS, MO 63102	2b Employer Identification Number (EIN) 43-1313567
		2c Plan Sponsor's telephone number 216-583-7408
		2d Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/13/2026	TERRY KRAUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/13/2026	TERRY KRAUS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 318
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 195 6a(2) 6b 0 6c 0 6d 0 6e 6f 0 6g(1) 6g(2) 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2F 2G 2J 2R

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 05/02/2025		
A Name of plan GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GREENSFELDER, HEMKER & GALE, P.C.	D Employer Identification Number (EIN) 43-1313567	

Part I	Service Provider Information (see instructions)
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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 INSTITUTIONAL PLAN SERVICES	ONE ORANGE WAY WINDSOR, CT 06095
02-0488491	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
STATE STREET BANK AND TRUST COMPANY	ONE LINCOLN STREET BOSTON, MA 02111
04-3581074	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MERCER TRUST COMPANY	1 INVESTORS WAY NORWOOD, MA 02062
04-6691601	

(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

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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 05/02/2025		
A Name of plan GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GREENSFELDER, HEMKER & GALE, P.C.	D Employer Identification Number (EIN) 43-1313567	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	ABA?MERCER TRUST COMPANY
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b Name of sponsor of entity listed in (a):	MERCER TRUST COMPANY
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c EIN-PN 04-6691601-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

<div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 05/02/2025		
A Name of plan GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GREENSFELDER, HEMKER & GALE, P.C.	D Employer Identification Number (EIN) 43-1313567	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2371593	0
(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)		
(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)	84450285	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	8405288	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	95227166	0

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	95227166	0
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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)		
(B) Participants	2a(1)(B)	9610	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9610
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)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1424514
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1414904

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4982034	
(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)		4982034
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	2657	
(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)		2657
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4984691

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6399595
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		88827571

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: KIEFER BONFANTI & CO. LLP

(2) EIN: 43-1061959

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒		
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ULMER & BERNE LLP RETIREMENT/401K PLAN AND TRUST	34-0756436	001

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 _____.

**GREENSFELDER, HEMKER & GALE, P.C.
PROFIT-SHARING AND 401(k) PLAN**

FINANCIAL STATEMENTS

MAY 2, 2025 AND DECEMBER 31, 2024

**GREENSFELDER, HEMKER & GALE, P.C.
PROFIT-SHARING AND 401(k) PLAN**

MAY 2, 2025 AND DECEMBER 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of the
Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan

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

We have performed audits of the financial statements of **Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 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 May 2, 2025 and December 31, 2024, and the related statement of changes in net assets available for benefits for the period January 1, 2025 to May 2, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of **Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) 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 May 2, 2025 and December 31, 2024, and for the period January 1, 2025 to May 5, 2025, stating that the certified investment information, as described in Note 6 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 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 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.



INDEPENDENT AUDITORS' REPORT (CONTINUED)

Other Matter

As discussed in Note 1, the Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan merged into the Ulmer & Berne, LLP Retirement/401K Plan and Trust on January 1, 2025, and transferred the remaining net assets on May 2, 2025. As a result, the comparative financial information for the prior year reflects a full year of activity, and thus, the financial statements are not directly comparable. 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 that the financial statements are 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.



INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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 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 schedule of assets held for investment purposes at year end is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule 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).

Kiefer Bonfanti & Co. LLP

St. Louis, Missouri
February 13, 2026

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>May 2, 2025</u>	<u>December 31, 2024</u>
Investments		
Investments at fair value	\$ -	\$ 81,083,339
Fully benefit-responsive investment contracts at contract value	-	11,772,234
Total Investments	-	92,855,573
Receivables		
Employer contribution	-	2,371,593
Net Assets Available for Benefits	\$ -	\$ 95,227,166

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE SHORT PLAN YEAR: JANUARY 1, 2025 TO MAY 2, 2025**

Additions to Net Assets Attributed To:	
Participant contributions	\$ 9,610
Net appreciation (depreciation) in fair value of investments:	
Collective trust funds	(1,250,516)
Self-managed accounts	(237,340)
Stable value asset fund	63,342
Total Deductions to Net Assets	(1,414,904)
Deductions from Net Assets Attributed To:	
Benefits paid to participants	4,982,034
Administrative expenses	2,657
Transfers out	88,827,571
Total Deductions from Net Assets	93,812,262
Net Decrease	(95,227,166)
Net Assets Available for Benefits, Beginning of Year	95,227,166
Net Assets Available for Benefits, End of Year	\$ -

NOTES TO FINANCIAL STATEMENTS
MAY 2, 2025 AND DECEMBER 31, 2024

NOTE 1 DESCRIPTION OF PLAN

The following description of the **Greensfelder, Hemker & Gale, P.C. Profit-Sharing and 401(k) Plan** (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was a defined contribution plan covering all non-excluded employees of **Greensfelder, Hemker & Gale, P.C.** (the Company) who had one year of service and were age twenty-one or older. Excluded employees included union employees whose employment was governed by a collective bargaining agreement under which retirement benefits were subject of good faith bargaining and leased employees. It was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was restated effective January 1, 2016 and amended December 30, 2024.

Plan Merger

On February 1, 2024, the Company merged with Ulmer Berne LLP, which was then renamed UB Greensfelder, LLP. Effective January 1, 2025, the Plan was merged with and into the Ulmer & Berne, LLP Retirement/401K Plan and Trust (surviving Plan). The Plan's participants were eligible to contribute to the surviving Plan effective January 1, 2025. On May 2, 2025, the Plan's assets totaling \$88,827,571 were transferred to the trustee of the Ulmer & Berne Plan. The Plan has no remaining assets and has ceased operations.

Contributions

Participants could make deferred salary contributions ranging from 1% to 75% of eligible pay. Participants who were the age of 50 before the end of the year could elect to defer additional amounts to the Plan. The Plan had adopted a cross-tested plan design wherein employer contributions, if any, were discretionary. Additionally, the amount of discretionary employer contributions could range from 0% to 12% of the eligible participants' pay for the Plan year reduced by forfeitures of terminated participants' non-vested accounts. Effective January 1, 2025, participants began to make contributions to the new Plan.

Participant Accounts

Each participant's salary deferral and rollover account were credited with the participant's contribution plus actual earnings thereon. Each participant's employer contribution account was credited with an allocation of the Company's contributions and Plan's earnings. Allocations of Company contributions were based on participant compensation. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

A participant's salary deferral and rollover accounts were 100% vested at all times. Vesting of a participant's employer contribution account was based on years of continuous service. A participant was 100% vested after five years of credited service or normal retirement or death. The Plan used a graded vesting schedule as follows: 2 years – 20%, 3 years – 40%, 4 years – 60%, 5 years – 100%.

The vesting schedule was also in accordance with Internal Revenue Code Section 416 for the years the Plan was determined to be top-heavy.

Notes to Financial Statements (continued)

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Forfeited Accounts

Participants who terminated their employment and were less than 100% vested in their employer's contributions forfeited their non-vested portion. Forfeitures were retained by the Plan to reduce employer contributions. The Plan had cumulative forfeitures of non-vested accounts of \$20,905 at December 31, 2024. For the period January 1, 2025 to May 2, 2025, forfeitures added from distributions of non-vested accounts and interest was \$30,988. Forfeitures of \$29,999 were used to reduce employer contributions during 2025 and the remaining amount of \$21,894 was transferred to the new Plan on May 2, 2025.

Investment Options

Participants could direct the investment of the contributions into various investment options under the Plan. The Plan offered various common and collective trust investment options for participants as well as self-managed accounts. Participants also had the option to make after-tax elective salary deferrals to a Roth 401(k). Participants could change their investment options at any time.

Payment of Benefits

Except for the special rule for participants who were five percent owners and who had attained age 70½, a participant's vested amount of his or her individual account would be paid in the form of a qualified joint and survivor annuity as soon as reasonable after the termination of service, death, disability, or attaining age sixty-five and retiring. Participants waiving the right to a qualified joint and survivor annuity would be paid as a lump-sum distribution. Participants with less than \$1,000 invested in the Plan were required to take a lump-sum distribution.

Administration

The Company was responsible for the majority of the Plan's operating expenses. Mercer Trust Company acted as custodian for the Plan's assets and Voya Financial Partners acted as the recordkeeper for the Plan.

Transactions with Parties-in-Interest

Certain investments of the Plan were in funds managed by Mercer Trust Company, the custodian of the Plan and, therefore, related transactions qualified as party-in-interest transactions.

Legal, accounting, and other professional services were provided by parties-in-interest at reasonable and customary rates.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with the liquidation basis of accounting, as the Plan merged during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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 could differ from those estimates.

The most significant estimate affecting the financial statements was the estimate of fair value. See Note 4.

Notes to Financial Statements (continued)

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (COTNINUED)

Investments Valuation and Income Recognition

The Plan's investments were stated at fair value, except for the stable value fund accounts and a percentage of the collective trust funds which were reported at contract value and net asset value, respectively. 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 measurement date. See Note 4 for a discussion of fair value measurements.

Unrealized appreciation or depreciation of investments held at year end and realized gains and losses on sales of investments during the year were determined based on fair values at the beginning of the year or purchase price if acquired during the year.

Payment of Benefits

Benefits were recorded when paid.

NOTE 3 INVESTMENTS

Investments

The Plan's investments (including gains and losses on investments bought and sold as well as held during the year) depreciated in value by \$1,424,514 for the period January 1, 2025 to May 2, 2025.

The following represents significant concentrations held within the investment assets at May 2, 2025 and December 31, 2024:

	May 2, 2025	December 31, 2024
Collective Trust Funds - Mercer		
Large-Cap Index Equity Fund	N/A	\$ 18,405,434
Stable Asset Return Fund	N/A	11,772,234

*N/A - The investment was not in excess of 10 percent of the Plan's net assets available for benefits.

Assets of the Plan were held by Mercer Trust Company. Investments were valued daily. The investment gains and losses, income, and expenses were allocated to the participant's individual account based on the daily valuation.

Self-managed accounts were held by Charles Schwab and consisted of accounts in which the participants could invest cash and cash equivalents, mutual funds, stock, and other securities. These investments were solely directed by the participants.

Investment Contracts at Contract Value

The Plan held a stable asset return fund that invested in fixed income, fully benefit-responsive guaranteed investment contracts, synthetic investment contracts, and separate account guaranteed investment contracts in which an investment contract is issued by various insurance companies or financial services institutions. For the period ended May 2, 2025 there were no investment contracts reported at contract value. For the year ended December 31, 2024, investment contracts reported at contract value totaled \$11,772,234. Mercer Trust Company maintained contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer agreed to pay a stated interest over the term of the contract and to repay principal at the end of its term.

Notes to Financial Statements (continued)

NOTE 3 INVESTMENTS CONTINUED)***Investment Contracts at Contract Value (continued)***

This fund met the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because it is the amount received by the participants if they were to initiate permitted transactions in terms of the Plan. Contract value as reported to the Plan by Mercer Trust Company represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan's ability to receive amounts due was dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations could be affected by future economic and regulatory developments.

Employer initiated events, if material, could affect the underlying economics of the investment contracts. These events include layoffs, plan termination, bankruptcy or reorganization, merger, early retirement incentive programs, tax disqualification of a trust or other events. The occurrence of one or more employer initiated events could limit the Plan's ability to transact at contract value with the issuers. Except for the employer initiated events above, the guaranteed investment contracts do not permit the issuers to terminate the agreement prior to the scheduled maturity date at an amount different from contract value. On May 2, 2025, the Plan merged with a new plan and all assets were transferred to the new Plan as of that date.

NOTE 4 FAIR VALUE MEASUREMENTS

Financial accounting standards establish a 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 inputs) and the lowest priority to unobservable inputs (level 3 inputs). The three levels of the fair value hierarchy under the standards are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

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;
- 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 significant unobservable inputs.

The asset or liabilities 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.

Notes to Financial Statements (continued)

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 2, 2025 and December 31 2024:

- Collective trust funds – funds are valued using the net asset value (NAV) per unit as a practical expedient, the quoted prices in the active market or other significant observable inputs. Each unit is calculated using an equal pro rata interest in the net assets of each fund. The funds hold investments that fall in line with the investment's stated strategy.
- Self-managed accounts – valued on the basis of readily determinable market prices in actively traded markets held in the accounts at year-end.

The inputs or methodologies used for valuing investments may not be an indication for the risk associated with investing in those securities. Furthermore, the Plan believes its valuation methods are appropriate and consistent. The use of different methodologies or assumptions could result in a different fair value measurement at the reporting date.

There was no investment fair value at May 2, 2025 as a result of the Plan Merger.

The following is a summary of the inputs used, as of December 31, 2024, involving the Plan's assets carried at fair value:

Description	Total	Fair Value Measurements at Reporting Date Using		
		(Level 1)	(Level 2)	(Level 3)
December 31, 2024				
Collective trust funds	\$ 4,856,360	3,572,321	1,283,964	75
Self-managed accounts	8,405,286	8,355,544	49,742	-
Investments measured at NAV				
Collective trust funds ^(a)	67,821,693	-	-	-
Total Investments at Fair Value	\$ 81,083,339	11,927,865	1,333,706	75

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Notes to Financial Statements (continued)

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Use Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV):

Investment	Fair Value		Investment Strategy	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
	May 2, 2025	December 31, 2024				
Large-Cap Index Equity Fund	\$ -	\$ 18,405,434	Invests in securities of U.S. companies included in the S&P 500® with the objective of replicating the total rate of return of the S&P 500.	N/A	Daily	1 day
All Cap Index Fund	-	8,690,261	Invests in common stocks included in the Russell 3000® Index with the objective of replicating the total rate of return of the Russell 3000 Index.	N/A	Daily	1 day
Small-Mid Cap Index Equity Fund	-	5,254,772	Invests in equity securities of U.S. companies included in the Russell Small Cap Completeness Index with the objective of replicating, before expenses, the total rate of return of the Russell Small Cap Completeness Index.	N/A	Daily	1 day
2025 Retirement Date Fund	-	5,174,435	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2025 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
Moderate Risk Fund	-	3,299,546	A diversified investment fund which seeks to provide long-term capital appreciation and current income.	N/A	Daily	1 day
2045 Retirement Date Fund	-	3,225,992	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2045 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
2030 Retirement Date Fund	-	2,942,620	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2030 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
2040 Retirement Date Fund	-	2,733,235	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around 2040 and is comprised mainly of stocks for significant growth potential.	N/A	Daily	1 day
International Index Equity Fund	-	2,074,898	Invests in securities of non-U.S. companies included in the Morgan Stanley Capital International All-Country World Ex-U.S. Index, which we refer to as the MSCI ACWI ex-U.S. Index, with the objective of replicating the total rate of return of the MSCI ACWI ex-U.S. Index.	N/A	Daily	1 day
Bond Core Plus Fund	-	2,027,478	Invests primarily in U.S. debt securities of varying maturities with the objective of achieving a competitive total return from current income and capital appreciation.	N/A	Daily	1 day
Aggressive Risk Fund	-	2,006,458	A diversified investment fund which seeks to provide long-term capital appreciation for participants and is comprised mainly of stocks with maximum growth potential.	N/A	Daily	1 day
Bond Index Fund	-	1,986,189	Invests in U.S. Government Obligations and U.S. dollar-denominated corporate debt securities, mortgage-backed securities, commercial mortgage-backed securities, and asset-backed securities with the objective of replicating the total rate of return of the Barclays Capital U.S. Aggregate Bond Index.	N/A	Daily	1 day
International All Cap Equity Fund	-	1,954,747	Invests primarily in equity securities of companies domiciled outside of the U.S. The Fund may invest in companies of any size located in a number of countries throughout the world.	N/A	Daily	1 day
Small-Mid Cap Equity Fund	-	1,935,515	Invests primarily in equity securities of small and medium capitalization U.S. companies with the objective of achieving long-term growth of capital. Any income received is incidental to this objective. For this purpose, small and medium capitalization companies are considered those with a market capitalization between \$100 million and \$20 billion.	N/A	Daily	1 day
2050 Retirement Date Fund	-	1,769,936	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around 2050 and is comprised mainly of stocks for significant growth potential.	N/A	Daily	1 day
2020 Retirement Date Fund	-	1,016,620	A diversified investment fund which currently seeks to provide a mix of long-term capital appreciation and stability of principal for participants planning to retire in or around the year 2020.	N/A	Daily	1 day
2055 Retirement Date Fund	-	919,331	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2055 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
2035 Retirement Date Fund	-	893,636	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2035 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day

Notes to Financial Statements (continued)

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Use Net Asset Value (Continued)

Investment	Fair Value		Investment Strategy	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
	May 2, 2025	December 31, 2024				
Conservative Risk Fund	-	570,879	A diversified investment fund which seeks to avoid significant loss of principal and is comprised primarily of bonds and shorter-term high-quality debt instruments to provide stability and income (although such Fund also has a target equity exposure of 26%).	N/A	Daily	1 day
2060 Retirement Date Fund	-	317,433	A diversified investment fund which currently seeks to provide long-term capital appreciation for participants planning to retire in or around the year 2060 and is composed mainly of stocks for higher growth potential.	N/A	Daily	1 day
Real Asset Return Fund	-	286,508	Invests in a diversified portfolio of primarily Treasury Inflation Protected Securities, or U.S. TIPS, futures contracts on physical commodities, and real estate investment trusts, or REITs with the objective of providing returns in excess of inflation as measured by the Core Consumer Price Index (which excludes food and energy). The Fund, however, can be expected to have greater volatility than the Core CPI.	N/A	Daily	1 day
Lifetime Income Retirement Fund	-	223,835	A diversified investment fund which seeks to avoid significant loss of principal for investors who are considerably beyond their retirement date and is comprised primarily of bonds and shorter-term high-quality debt instruments to provide stability and income (although such Fund also has significant target equity exposure).	N/A	Daily	1 day
Income Focused Fund	-	60,031	Invests in the ABA Bond Core Plus Fund, Class R1 shares of Western Asset Income CIT and Institutional Class shares of PIMCO Income Fund.	N/A	Daily	1 day
Alternative Alpha Fund	-	31,831	Invests in a diversified portfolio with exposure to a broad set of investments with the objective of providing long-term total returns in excess of the yield on cash-equivalent investments (although the Alternative Alpha Fund can be expected to have greater risk and volatility than cash-equivalent investments).	N/A	Daily	1 day
Diversified Growth Fund	-	16,222	A diversified investment fund which seeks to provide long-term capital appreciation for participants and is comprised mainly of stocks with maximum growth potential.	N/A	Daily	1 day
Inflation Protection Fund	-	3,851	Invests in a diversified portfolio of primarily Treasury Inflation Protected Securities, or U.S. TIPS, futures contracts on physical commodities, and real estate investment trusts, or REITs with the	N/A	Daily	1 day
Total	\$ -	\$ 67,867,350				

NOTE 5 TAX STATUS

The Plan obtained its latest determination letter on February 15, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the letter of determination. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Financial accounting standards for uncertain tax positions prohibit financial statement recognition of the impact of a tax position if the position is not "more likely than not" to be sustained on audit, based on the technical merits of the position. The Plan's Annual Return/Report of Employee Benefit Plan remains subject to examination by taxing authorities, generally for three years after they have been filed. As of February 13, 2026, no returns have been selected for examination.

Notes to Financial Statements (continued)

NOTE 6 SUMMARY OF FINANCIAL DATA CERTIFIED BY THE CUSTODIAN

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has elected to have Mercer Trust Company ("Mercer"), the Custodian of the Plan, certify as to the accuracy and completeness of the information at May 2, 2025 and December 31, 2024 and for the periods then included in the accompanying statements and instructed the Plan's independent accountants not to perform any auditing procedures with respect to such information.

Accordingly, the following information was certified by Mercer Trust Company and was not subjected to any auditing procedures except for comparing such information with the related information contained in the accompanying statements:

- A. Investments held by Mercer at fair value and contract value as of May 2, 2025 and December 31, 2024, included in the accompanying statements of net assets available for benefits.
- B. Investment income and expenses included in the statement of changes in net assets available for benefits for the period ended May 02, 2025.
- C. Investments held by Mercer as of May 02, 2025, which are included in the accompanying schedule of assets held for investment purposes at end of year.

NOTE 7 DEFERRED DISTRIBUTIONS

There were no deferred distributions as of May 2, 2025 as a result of the Plan Merger. As of December 31, 2024, \$17,122,019 were allocated to the accounts of persons who were retired or otherwise separated from the employer.

SUPPLEMENTAL SCHEDULE

GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(k) PLAN
FEIN# 43-1313567 – PLAN 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF PERIOD
FORM 5500 SCHEDULE H – LINE 4i
MAY 2, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description	Cost	Current Value
		<u>Collective Trust Funds</u>		
*	Mercer Trust Company	Large-Cap Index Equity Fund	**	
*	Mercer Trust Company	All Cap Index Fund	**	
*	Mercer Trust Company	Small-Mid Cap Index Equity Fund	**	
*	Mercer Trust Company	2025 Retirement Date Fund	**	
*	Mercer Trust Company	Small-Mid Cap Equity Fund	**	
*	Mercer Trust Company	Bond Core Plus Fund	**	
*	Mercer Trust Company	Moderate Risk Fund	**	
*	Mercer Trust Company	2045 Retirement Date Fund	**	
*	Mercer Trust Company	2030 Retirement Date Fund	**	
*	Mercer Trust Company	Intl All Cap Equity Fund	**	
*	Mercer Trust Company	2040 Retirement Date Fund	**	
*	Mercer Trust Company	International Index Equity Fund	**	
*	Mercer Trust Company	Aggressive Risk Fund	**	
*	Mercer Trust Company	Bond Index Fund	**	
*	Mercer Trust Company	2050 Retirement Date Fund	**	
*	Mercer Trust Company	2020 Retirement Date Fund	**	
*	Mercer Trust Company	2055 Retirement Date Fund	**	
*	Mercer Trust Company	2035 Retirement Date Fund	**	
*	Mercer Trust Company	Conservative Risk Fund	**	
*	Mercer Trust Company	2060 Retirement Date Fund	**	
*	Mercer Trust Company	Real Asset Return Fund	**	
*	Mercer Trust Company	Lifetime Income Retirement Fund	**	
*	Mercer Trust Company	Income Focused Fund	**	
*	Mercer Trust Company	Alternative Alpha Fund	**	
*	Mercer Trust Company	Diversified Growth Fund	**	
*	Mercer Trust Company	Inflation Protection Fund	**	
		Total Collective Trust Funds		-
*	Mercer Trust Company	Stable Asset Return Fund	**	-
		<u>Self-Managed Accounts</u>		
	Various	Unit investment trusts	**	
	Various	Mutual funds	**	
	Various	Common stocks	**	
	Various	Cash	**	
	Various	Corporate stocks	**	
	Various	US government securities	**	
	Various	Other assets	**	
		Total Self-Managed Accounts		-
Total Assets Held for Investment Purposes				\$ -

* Party in interest

** Cost omitted for participant directed investments

Note: Investment fair value is zero as a result of the Plan Merger

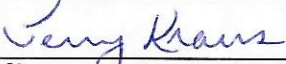
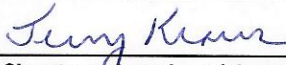
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning <u>01/01/2025</u> and ending <u>05/02/2025</u>	
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.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan GREENSFELDER, HEMKER & GALE, P.C. PROFIT-SHARING AND 401(K) PLAN	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>07/01/1997</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GREENSFELDER, HEMKER & GALE, P.C. 10 SOUTH BROADWAY, SUITE 2000 ST. LOUIS MO 63102	2b Employer Identification Number (EIN) <u>43-1313567</u> 2c Plan Sponsor's telephone number <u>216-583-7408</u> 2d Business code (see instructions) <u>541110</u>

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

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

SIGN HERE	 	<u>02/13/2026</u>	<u>TERRY KRAUS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	 	<u>02/13/2026</u>	<u>TERRY KRAUS</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312