

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I</u>	1b Three-digit plan number (PN) ▶ <u>017</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) <u>FORVIS MAZARS, LLP</u> <u>910 E. ST. LOUIS STREET, SUITE 400</u> <u>SPRINGFIELD, MO 65806</u>	1c Effective date of plan <u>01/01/1987</u> 2b Employer Identification Number (EIN) <u>44-0160260</u> 2c Plan Sponsor's telephone number <u>417-831-7283</u> 2d Business code (see instructions) <u>541211</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	Filed with authorized/valid electronic signature.	03/13/2026	AMY SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor FORVIS MAZARS RETIREMENT COMMITTEE 910 E. ST. LOUIS STREET, SUITE 400 SPRINGFIELD, MO 65806	3b Administrator's EIN 44-0160260 3c Administrator's telephone number 417-831-7283
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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 FORVIS, LLP c Plan Name FORVIS, LLP EMPLOYEES' SAVINGS PLAN I	4b EIN 44-0160260 4d PN 017
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5 Total number of participants at the beginning of the plan year	5	5007
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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	6a(1)	2847
a(2) Total number of active participants at the end of the plan year	6a(2)	2471
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	2707
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	5178
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	18
f Total. Add lines 6d and 6e.....	6f	5196
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	4963
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	5196
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	98

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2R 2S 2T 3B

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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 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 **06/01/2024** and ending **05/31/2025**

A Name of plan FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I	B Three-digit plan number (PN) ▶	017
C Plan sponsor's name as shown on line 2a of Form 5500 FORVIS MAZARS, LLP	D Employer Identification Number (EIN) 44-0160260	

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

(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)

FORVIS MAZARS WEALTH ADVISORS

43-1815436

(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?
26 50	NONE	121471	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(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?
15 50 64	NONE	68172	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71	NONE	23927	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"/>

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
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0
(d) Enter name and EIN (address) of source of indirect compensation SEE ATTACHMENT 35-6447892	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SEE ATTACHMENT	
(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:

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 06/01/2024 and ending 05/31/2025			
A Name of plan FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">017</td> </tr> </table>	B Three-digit plan number (PN) ▶	017
B Three-digit plan number (PN) ▶	017		
C Plan sponsor's name as shown on line 2a of Form 5500 FORVIS MAZARS, LLP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 44-0160260</td> </tr> </table>	D Employer Identification Number (EIN) 44-0160260	
D Employer Identification Number (EIN) 44-0160260			

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	0	2721
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	25197638	33989681
(2) Participant contributions	1b(2)	30500	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17204844	16810758
(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)	7835	8740
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3176392	4106057
(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)	477175877	564009417
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	260920697	335721036

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	783713783	954648410
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		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	783713783	954648410

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)	33991145	
(B) Participants.....	2a(1)(B)	40753186	
(C) Others (including rollovers).....	2a(1)(C)	63084027	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		137828358
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	740224	
(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)	280719	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1020943
(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)	16511564	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		16511564
(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)		
(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)		38484310
c Other income	2c		27493680
d Total income. Add all income amounts in column (b) and enter total	2d		221338855

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50201102	
(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)		50201102
f Corrective distributions (see instructions)	2f		15846
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)	68222	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	121622	
(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)		189844
j Total expenses. Add all expense amounts in column (b) and enter total	2j		50406792

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		170932063
l Transfers of assets:			
(1) To this plan	2l(1)		2564
(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: **DMJPS PLLC**

(2) EIN: **56-0570567**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	928911
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I	B Three-digit plan number (PN)	017
C Plan sponsor's name as shown on line 2a of Form 5500 FORVIS MAZARS, LLP	D Employer Identification Number (EIN) 44-0160260	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1** **0**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 82-3967259

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3**

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	
6 c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A.



FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

May 31, 2025 and 2024

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

May 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Forvis Mazars, LLP Employees' Savings Plan I
Springfield, Missouri

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

We have performed an audit of the financial statements of Forvis Mazars, LLP ("the Company") Employees' Savings Plan I ("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). The financial statements comprise the statements of net assets available for benefits, as of May 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended May 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-5 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank, 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, similar institution, or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution, Charles Schwab Trust Bank, as of and for the year ended May 31, 2025, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit 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, 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 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 audit 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 audit. 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 these 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, which raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except, as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events considered in the aggregate that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 Matters

The supplemental Schedule of Assets Held at End of Year and Schedule of Delinquent Contributions for the year ended May 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements, but is supplementary information required by the DOL'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 audit 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to, or derived from, the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to, or is derived from, the certified investment information, is presented, in all material respects, in conformity with the DOL'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).

DMQPS PLLC

Certified Public Accountants
Greensboro, North Carolina

March 11, 2026

**FORVIS MAZARS, LLP EMPLOYEES' SAVINGS
PLAN I**

FINANCIAL STATEMENTS

May 31, 2025 and 2024

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

May 31, 2025 and 2024

	2025	2024
ASSETS		
Assets		
Investments		
Investments at fair value	\$ 916,552,672	\$ 755,309,253
Total Investments	916,552,672	755,309,253
Receivables		
Participants' contributions	-	30,500
Employer's contributions	33,989,681	25,197,638
Notes receivable from participants	4,106,057	3,176,392
Total Receivables	38,095,738	28,404,530
Net Assets Available for Benefits	\$ 954,648,410	\$ 783,713,783

See auditor's report and notes to financial statements.

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended May 31, 2025

Changes in Net Assets Attributed to:

Investment Income	
Net appreciation in fair value of investments	\$ 65,977,990
Interest and dividends	17,251,788
	<hr/>
Total Investment Income	83,229,778
	<hr/>
Interest Income on Notes Receivable From Participants	280,719
	<hr/>
Contributions:	
Participants	40,753,186
Employer	33,991,145
Rollovers	63,084,027
	<hr/>
Total Contributions	137,828,358
	<hr/>
Deductions:	
Benefits paid to participants or beneficiaries	(50,216,948)
Administrative expenses	(189,844)
	<hr/>
Total Deductions	(50,406,792)
	<hr/>
Increase in Net Assets Available for Benefits	170,932,063
Net Assets Available for Benefits, beginning	783,713,783
Transfers to Plan	2,564
	<hr/>
Net Assets Available for Benefits, ending	\$ 954,648,410
	<hr/> <hr/>

See auditor's report and notes to financial statements.

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I**NOTES TO FINANCIAL STATEMENTS****May 31, 2025 and 2024****A. DESCRIPTION OF PLAN**

The following description of the Forvis Mazars, LLP (“the Company”) Employees’ Savings Plan I (“the Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. FORVIS, LLP acquired certain assets of Mazars USA LLP (“Mazars USA”) effective June 1, 2024. Immediately following that transaction, FORVIS, LLP changed its name to Forvis Mazars, LLP. The Plan was amended on June 6, 2024 to change the name from FORVIS, LLP Employees Savings Plan I to Forvis Mazars, LLP Employees’ Savings Plan I effective June 1, 2024.

1. General

The Plan is a defined contribution plan covering all eligible employees and partners of the Company as defined in the Plan documents. All employees and partners are eligible except for Union Employees, Non-resident Aliens and Leased Employees, and employees whose Social Security number ends in an odd number. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

2. Contributions

Participants may contribute Pre-Tax and/or Roth 401(k) contributions to the Plan of up to 80% percent of their annual compensation, as defined in the Plan document, subject to certain limitations as prescribed by federal law. Participants who have attained age fifty (50) before the end of the Plan year are eligible to make catch-up contributions. They may also rollover amounts into the Plan from another qualified plan.

Participants become eligible to contribute elective deferrals to the Plan on the same day they are hired. There are no age requirements. Participants may change their election at any time. Participants direct the investment of their contributions into various investment options offered by the Plan, or they may elect to individually direct their own account.

There is an Eligible Automatic Contribution Arrangement (“EACA”) provision in the Plan that applies to employees. Partners are not subject to the automatic enrollment provisions. Unless affirmatively elected to not participate in the Plan, all newly eligible employees are automatically enrolled in the Plan with a Pre-Tax deferral rate set at six (6) percent of eligible compensation, and their deferral rate will increase by one percent in October each year to a maximum of 10%.

The Plan provides a Non-Safe Harbor Non-Elective Contribution in the form of profit sharing and is fully discretionary on the part of the Company. The allocation period is on an annual basis.

Employer profit sharing contributed to employees’ accounts are contributed 100% to the Plan. Employer profit sharing contributed to partners’ accounts is 100% in either plan or a split of 50% between the Plan and Forvis Mazars, LLP Employees’ Savings Plan II, depending on eligibility criteria.

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

A. DESCRIPTION OF PLAN *[cont'd]***2. Contributions** *[cont'd]*

The Company elected to contribute profit sharing at approximately 5.0% of eligible employee W-2 compensation. The total amount of profit sharing to be funded to the Plan for the year ended May 31, 2025, for employees, is \$20,016,359, partially funded with \$1,095,737 in forfeitures, and an additional \$862 of employer contributions resulting in net Plan employer contributions receivable of \$18,921,484. The profit sharing contribution to partners' accounts is 13.3939% of the partners' adjusted K-1 self-employment income. The total amount of profit sharing to be funded to the Plan for the year ended May 31, 2025, for partners is \$15,068,198.

Total contributions receivable at May 31, 2025 and 2024, was \$33,989,681 and \$25,228,138, respectively. Contributions are subject to certain limitations.

3. Participant's Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and Plan earnings (losses), and may be charged with benefit payments and transaction fees related to notes receivable from participants. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

4. Vesting

Participants are vested immediately in their plan contributions plus actual earnings thereon. Vesting in the Company's profit sharing contribution portion of their accounts, plus actual earnings thereon, is based on years of service. A participant is 100% vested after three (3) years of credited service.

If participants were with either legacy Dixon Hughes Goodman, LLP ("DHG") or legacy BKD, LLP ("BKD") for years preceding June 1, 2023, then the vesting is subject to various "Special Vesting Rules." Participants should refer to the Summary Plan Description and Plan amendments for the description of detailed vesting schedules.

The Plan provides special predecessor vesting service credit for certain employees and partners who join the Company as a result of an acquisition. Under this amendment, eligible participants are credited with prior service earned with the acquired employer solely for vesting purposes. This vesting service credit applies only to participants who joined the Company in anticipation of or as a result of the acquisition and does not apply to individuals hired outside of an acquisition.

5. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000, or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates, as determined by the Plan Administrator. At May 31, 2025, outstanding loans bore an interest rate of 4.25%-9.50% depending on type and timing of loan, which is based on prime rate plus 1%. The prime rate at May 31, 2025, was 7.50%. Principal and interest are paid ratably through payroll deductions.

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

A. DESCRIPTION OF PLAN *[cont'd]***6. Payment of Benefits**

Upon termination of service, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a rollover of account balance to a qualified plan, lump-sum amount, partial payments, Qualified Joint and Survivor Annuity ("QJSA") for merged money purchase assets, or installments.

Upon death, distribution will be made as a Qualified Pre-Retirement Survivor Annuity, unless waived by the participant. Any distribution not under QJSA, will be distributed according to the above payment options.

If a terminated participant does not request a distribution and has an account balance between \$1,000 and \$7,000, the Plan may directly transfer the account balance to an individual retirement account.

The Plan permits certain in-service distributions in the form of a lump-sum payment of up to 100% of a participant's vested account balance, subject to eligibility requirements and Plan provisions.

Effective April 1, 2025, the Plan was amended to permit certain disaster recovery relief provisions, including additional distribution options for participants impacted by a federally declared disaster, in accordance with applicable Internal Revenue Code and regulatory guidance.

7. Forfeitures

Forfeitures occur when a terminated participant's entire vested account has been distributed or after five (5) consecutive vesting breaks in service have occurred. Forfeitures are used to reduce other employer contributions, added to other employer contributions, or reallocated as elected by the employer. At May 31, 2025 and 2024, forfeited non-vested accounts were \$1,082,610 and \$2,401,477, respectively. Subsequent to May 31, 2025, \$1,095,737 was used to fund employer profit sharing contributions.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**Basis of Accounting**

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

Use of Estimates

The preparation of financial statements, in conformity with GAAP, requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note D for fair value measurements.

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *[cont'd]***Investment Valuation and Income Recognition**

Purchases and sales of investments are recorded on the 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, including realized gains and losses on sales during the year and current changes in unrealized appreciation and depreciation in the market value of investments held at year end, is presented in the statement of changes in net assets available for benefits.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through March 11, 2026 the date the financial statements were available to be issued.

C. CERTIFIED INVESTMENTS

All information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at May 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest from notes receivable from participants for the year ended May 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

D. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Codification establishes a framework for measuring fair value that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three (3) levels of the fair value hierarchy under FASB Codification are described below:

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

D. FAIR VALUE MEASUREMENTS *[cont'd]*

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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 31, 2025.

Treasury/Money Market funds: Valued at the closing price reported on the active market.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds. These funds are required to publish their daily net asset value. The mutual funds held by the Plan are deemed to be actively traded.

PCRA (Personal Choice Retirement Account) Self-Directed Brokerage Accounts: PCRA accounts consist of investments of Common Stocks, ETFs, Money Market and Cash Equivalents, Government Obligations, and Mutual Funds. The inputs for these PCRA investments are observable, and therefore, are valued at fair value based on daily net asset value.

The following table sets forth, by level, within the fair value hierarchy, the Plan's investments at fair value, as of May 31, 2025:

	Level 1	Level 2	Level 3	Total
Registered Investment				
Mutual Funds	\$ 564,009,417	\$ ---	\$ ---	\$ 564,009,417
Treasury/Money Market Funds	16,813,478	---	---	16,813,478
Personal Choice Retirement Acct Self				
Directed Brokerage Accounts	319,761,958	---	---	319,761,958
Personal Choice Retirement Acct 2 Self				
Directed Brokerage Accounts	15,967,819	---	---	15,967,819
Total Assets at Fair Value	<u>\$ 916,552,672</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>\$ 916,552,672</u>

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

D. FAIR VALUE MEASUREMENTS *[cont'd]*

The following table sets forth, by level, within the fair value hierarchy, the Plan's investments at fair value, as of May 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment				
Mutual Funds	\$ 477,175,877	\$ ---	\$ ---	\$ 477,175,877
Treasury/Money Market Funds	17,204,844	---	---	17,204,844
Personal Choice Retirement Acct Self				
Directed Brokerage Accounts	252,282,018	---	---	252,282,018
Personal Choice Retirement Acct 2 Self				
Directed Brokerage Accounts	<u>8,646,514</u>	<u>---</u>	<u>---</u>	<u>8,646,514</u>
Total Assets at Fair Value	<u>\$ 755,309,253</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>\$ 755,309,253</u>

The Plan recognizes transfers between the levels, as of the actual date of the event or change in circumstances that caused the transfer. There were no gross transfers between the levels for the year ended May 31, 2025 or 2024.

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

Unaudited Information Certified by Charles Schwab Trust Bank ("the Trustee")

The accompanying financial statements include the following unaudited information, as of May 31, 2025, and for the year ended May 31, 2025, that was obtained from data prepared and certified to be complete and accurate by the Plan's Trustee:

Investments in Net Assets of the Plan:

Registered Investment Company Mutual Funds, Personal Choice Retirement Accounts, and Treasury/Money Market Funds: \$ 916,552,672

Investment Gain:

Total investment income \$ 83,229,778

E. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

F. PLAN TERMINATION

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

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I**NOTES TO FINANCIAL STATEMENTS****May 31, 2025 and 2024****G. TAX STATUS**

The prototype Plan has received a determination letter from the IRS dated September 21, 2020, that the prototype Plan is qualified under the IRC and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The prototype Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the prototype Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the prototype Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

As of May 31, 2025, and including the previous three (3) years considering extensions, the Plan's Form 5500 is open and subject to examination by tax authorities with relevant jurisdiction. Should such an examination take place, management does not anticipate any significant issues related to the open years.

H. RISKS AND UNCERTAINTIES

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

I. AMENDMENTS TO THE PLAN

The amendments and summary of material modifications were incorporated into the Adoption Agreement and Summary Plan Description.

J. SECURE 2.0

On December 29, 2022, the Consolidated Appropriations Act of 2024 was signed into law, which includes the package of retirement provisions referred to as "SECURE 2.0." These provisions continue the themes and reforms that began with the 2019 SECURE Act, focusing on getting more participants into the retirement system and finding ways for them to accumulate more assets. These changes have various effective dates starting in 2024 and forward. Since the provisions include both required and optional elements, the Plan Administrator will determine the optional provisions to elect. The Plan is amended to comply with Secure 2.0 provisions as required and chosen by the Plan Administrator.

K. ROLLOVER CONTRIBUTIONS

As stated, previously in Note A, the Company acquired certain assets of Mazars USA effective June 1, 2024. Participants who joined the Company from Mazars USA were given an option to rollover their plan balances and outstanding loans as part of a "group rollover."

Additionally, the Company acquired MSL, P.A. ("MSL") on November 1, 2024. Participants who joined the Company from MSL and had an active loan were given the option to rollover their plan balances and outstanding loans as part of a "group rollover."

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

L. DELINQUENT CONTRIBUTIONS

The Plan Administrator identified remittances that were not remitted timely. Delinquent remittances related solely to participant contributions and loans for year end May 31, 2025 and 2024 were \$3,657 and \$925,254, respectively.

The delinquent contribution amount is reported in the Supplemental Schedule H, Part IV, Line 4a Schedule of Delinquent Contributions.

The Plan Administrator funded participant's accounts with lost earnings for the May 31, 2024 delinquent remittances and will fund participant's accounts with lost earnings for the May 31, 2025 delinquent remittances. The Plan Administrator is filing the corrections through the Department of Labor's Voluntary Fiduciary Correction Program ("VFCP").

SUPPLEMENTARY INFORMATION

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

EIN: 44-0160260

Plan Number: 017

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

May 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
Mutual Funds			
	American Funds	Europacific Growth	\$ 4,012,901
	Dimensional Fund Advisors	DFA Emerging Markets Value	2,508,658
	Dimensional Fund Advisors	DFA Global Equity Instl	15,933,305
	Dimensional Fund Advisors	DFA US Small Cap Value Portfolio	8,385,864
	Dodge & Cox	Dodge & Cox Balanced Fund X	25,301,189
	Dodge & Cox	Dodge & Cox Institutional Stock	5,110,505
	Dodge & Cox	Dodge & Cox Stock Fund X	20,261,315
	Fidelity	Fidelity 500 Index	103,198,246
	Fidelity	Fidelity Total Bond K6	13,617,212
	Fidelity	Fidelity US Bond Index	4,239,604
	JP Morgan	JP Morgan Large Cap Growth R6	47,315,831
	T. Rowe Price	T. Rowe Price Midcap Growth	10,776,859
	T. Rowe Price	T. Rowe Price Midcap Value Inst	6,007,163
	Vanguard	Vanguard Midcap Index Instl	8,637,477
	Vanguard	Vanguard Real Estate Inx Instl	2,587,937
	Vanguard	Vanguard Small-Cap Growth Index Instl	7,698,047
	Vanguard	Vanguard Small-Cap Index Instl	4,561,185
	Vanguard	Vanguard Target Retirement 2020	6,296,164
	Vanguard	Vanguard Target Retirement 2025	18,479,815
	Vanguard	Vanguard Target Retirement 2030	22,302,680
	Vanguard	Vanguard Target Retirement 2035	32,147,960
	Vanguard	Vanguard Target Retirement 2040	31,163,104
	Vanguard	Vanguard Target Retirement 2045	34,921,424
	Vanguard	Vanguard Target Retirement 2050	36,022,234
	Vanguard	Vanguard Target Retirement 2055	32,568,720
	Vanguard	Vanguard Target Retirement 2060	32,342,231
	Vanguard	Vanguard Target Retirement 2065	11,826,731
	Vanguard	Vanguard Target Retirement 2070	945,003
	Vanguard	Vanguard Target Retirement Income	3,729,691
	Vanguard	Vanguard Total International Stock Instl	11,110,362
		Total Mutual Funds	<u>564,009,417</u>
	Self-Directed Brokerage Account		
	Self-Directed Brokerage Account	Personal Choice Retirement (PCRA)	319,761,958
	Self-Directed Brokerage Account	Personal Choice Retirement 2 (PCRA 2)	15,967,819
		Total Self-Directed Brokerage Accounts	<u>335,729,777</u>
	Treasury/Money Market Fund		
		Vanguard Treasury Money Market Fund	<u>16,813,478</u>
		Total Investments	<u>\$ 916,552,672</u>
			<u>\$ 4,106,057</u>

* **Participant loans** ***

* Identifies parties-in-interest

** Cost information omitted for participant-directed investments

*** The accompanying financial statements classify participant loans as notes receivable from participants.

See auditor's report.

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

EIN: 44-0160260

Plan Number: 017

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

May 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Current Value
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FOOTNOTES:

PCRA fund is comprised of holdings in the following types of Assets:

Self-Directed Brokerage Account	Interest-Bearing Cash	\$ 5,988,073
Self-Directed Brokerage Account	Common Stock	10,010,466
Self-Directed Brokerage Account	Preferred Stock	14,026
Self-Directed Brokerage Account	Mutual Funds/ETFs	153,959,876
Self-Directed Brokerage Account	U.S. Governmental Securities	261,189
Self-Directed Brokerage Account	Unit Investment Trusts	165,485,465
Self-Directed Brokerage Account	Real Estate Investment Trust (REIT)	1,764
Self-Directed Brokerage Account	Limited Partnerships	8,740
		<u>335,729,599</u>
	Transfer to/from PCRA in process	149
	Immaterial variance	29
	Total	<u><u>\$ 335,729,777</u></u>

* Identifies parties-in-interest

** Cost information omitted for participant-directed investments

*** The accompanying financial statements classify participant loans as notes receivable from participants.

See auditor's report.

**FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I
401(K) RETIREMENT PLAN**

EIN: 44-0160260

Plan Number: 017

SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT CONTRIBUTIONS

May 31, 2025

<u>Total that Constitutes Nonexempt Prohibited Transactions</u>				
Participant Contributions Transferred Late To The Plan Check Here if Participant Loan Repayments Are Included <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
5/31/2025				
\$ 3,657	-	-	\$ 3,657	-
5/31/2024 <input checked="" type="checkbox"/>				
\$ 494,633	-	-	\$ 494,633	-
38,529	-	-	38,529	-
392,092	-	-	392,092	-

See auditor's report.

**FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I
401(K) RETIREMENT PLAN**

EIN: 44-0160260

Plan Number: 017

SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT CONTRIBUTIONS

May 31, 2025

<u>Total that Constitutes Nonexempt Prohibited Transactions</u>				
Participant Contributions Transferred Late To The Plan Check Here if Participant Loan Repayments Are Included <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
5/31/2025	-	-	\$ 3,657	-
\$ 3,657	-	-	-	-
5/31/2024 <input checked="" type="checkbox"/>	-	-	\$ 494,633	-
\$ 494,633	-	-	38,529	-
38,529	-	-	392,092	-
392,092	-	-	-	-

See auditor's report.

Forvis Mazars, LLP Employees' Savings Plan I
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
May 31, 2025

EIN: 44-0160260
Plan Number: 017

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Global Investors	Not Available	Rate of 0.02% of average daily balance of asset(s)
Amana	35-6447892	Rate of 0.40% of average daily balance of asset(s)
American Century Investments	43-0821857	Rate of 0.35% of average daily balance of asset(s)
Applied Finance	Not Available	Rate of 0.10% of average daily balance of asset(s)
AQR Funds	Not Available	Rate of 0.05% of average daily balance of asset(s)
Ave Maria Mutual Funds	38-2325495	Rate of 0.10% of average daily balance of asset(s)
Baird	39-6037917	Rate of 0.05% of average daily balance of asset(s)
BlackRock	04-6171663	Rate of 0.06% of average daily balance of asset(s)
Calvert Research and Management	Not Available	Rate of 0.10% of average daily balance of asset(s)
Causeway	Not Available	Rate of 0.10% of average daily balance of asset(s)
Columbia Threadneedle	Not Available	Rate of 0.10% of average daily balance of asset(s)
Eaton Vance	20-1227352	Rate of 0.07% of average daily balance of asset(s)
Goldman Sachs	Not Available	Rate of 0.10% of average daily balance of asset(s)
GQG Partners Inc	Not Available	Rate of 0.10% of average daily balance of asset(s)
Guggenheim Investments	Not Available	Rate of 0.10% of average daily balance of asset(s)
J.P. MORGAN & CO.	Not Available	Rate of 0.07% of average daily balance of asset(s)
Lord Abbett	13-3731507	Rate of 0.10% of average daily balance of asset(s)
MFS	04-3253929	Rate of 0.10% of average daily balance of asset(s)
Nationwide	31-4177100	Rate of 0.10% of average daily balance of asset(s)
Northern Funds	39-1777365	Rate of 0.10% of average daily balance of asset(s)
T ROWE-PRICE	Not Available	Range of 0.05 - 0.22% of average daily balance of assets
Tortoise Capital Advisors, L.L.C.	Not Available	Rate of 0.10% of average daily balance of asset(s)
Tortoise Capital Advisors, LLC	Not Available	Rate of 0.10% of average daily balance of asset(s)

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

EIN: 44-0160260

Plan Number: 017

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

May 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
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* **Participant loans** ***

* Identifies parties-in-interest

** Cost information omitted for participant-directed investments

*** The accompanying financial statements classify participant loans as notes receivable from participants.

See auditor's report.

FORVIS MAZARS, LLP EMPLOYEES' SAVINGS PLAN I

EIN: 44-0160260

Plan Number: 017

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

May 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Current Value
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	Transfer to/from PCRA in process	149
	Immaterial variance	29
	Total	<u><u>\$ 335,729,777</u></u>

* Identifies parties-in-interest

** Cost information omitted for participant-directed investments

*** The accompanying financial statements classify participant loans as notes receivable from participants.

See auditor's report.