# Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

**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** Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

**D** If the plan is a collectively-bargained plan, check here ▸ [ ]

**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
END-GAME STRATEGY, INC. DEFINED BENEFIT PENSION PLAN

**1b** Three-digit plan number (PN) ▸ 003

**1c** Effective date of plan 01/01/2009

**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)
END-GAME STRATEGY, INC.

1400 BERLIN TURNPIKE
SUITE 6
BERLIN, CT 06037

**2b** Employer Identification Number (EIN) 52-2261588

**2c** Sponsor's telephone number 860-828-3591

**2d** Business code (see instructions) 541519

**3a** Plan administrator's name and address [X] Same as Plan Sponsor.

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5a** Total number of participants at the beginning of the plan year | **5a** | 33 |
| **b** Total number of participants at the end of the plan year | **5b** | 30 |
| **c(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **5c(1)** | |
| **c(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **5c(2)** | |
| **d(1)** Total number of active participants at the beginning of the plan year | **5d(1)** | 26 |
| **d(2)** Total number of active participants at the end of the plan year | **5d(2)** | 26 |
| **e** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **5e** | 0 |

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. | 03/17/2026 | JAMES NEARY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 03/17/2026 | JAMES NEARY |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |

**6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... [X] Yes [ ] No

**If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**

**c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576741. (See instructions.)

## Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| a Total plan assets | 7a | 4840429 | 5494148 |
| b Total plan liabilities | 7b | 0 | 0 |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 4840429 | 5494148 |
| **8** Income, Expenses, and Transfers for this Plan Year | | **(a) Amount** | **(b) Total** |
| a Contributions received or receivable from: (1) Employers | 8a(1) | 350000 | |
| (2) Participants | 8a(2) | 0 | |
| (3) Others (including rollovers) | 8a(3) | 0 | |
| b Other income (loss) | 8b | 320742 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 670742 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 17023 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 0 | |
| g Other expenses | 8g | 0 | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 17023 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | 653719 |
| j Transfers to (from) the plan (see instructions) | 8j | 0 | |

## Part IV Plan Characteristic Codes

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1C 3D

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

## Part V Compliance Questions

| 10 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) | 10a | | X | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | |
| c Was the plan covered by a fidelity bond? | 10c | X | | 450000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | |

## Part VI Pension Funding Compliance

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.......... [X] Yes [ ] No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 .......... **11a** 0

**b** **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 ____________

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..........
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [X] No

**a** 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 letter ruling granting the waiver. .......... Month ______ Day ______ Year ______

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

| | | |
|---|---|---|
| **b** Enter the minimum required contribution for this plan year .......... | **12b** | |
| **c** Enter the amount contributed by the employer to the plan for this plan year .......... | **12c** | |
| **d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) .......... | **12d** | |

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? .......... [ ] Yes [ ] No [ ] N/A

## Part VII Plan Terminations and Transfers of Assets

**13a** Has a resolution to terminate the plan been adopted in any plan year? .......... [ ] Yes [X] No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year .......... **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .......... [ ] Yes [X] No

**c** 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.)

| **13c(1)** Name of plan(s): | **13c(2)** EIN(s) | **13c(3)** PN(s) |
|---|---|---|
| | | |

## Part VIII IRS Compliance Questions

**14a** 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? [X] Yes [ ] No

**14b** 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
- [X] N/A

**15** 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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q704929A.

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan
END-GAME STRATEGY, INC. DEFINED BENEFIT PENSION PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
END-GAME STRATEGY, INC.

**D** Employer Identification Number (EIN)
52-2261588

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B

**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 4840338 |
| **b** Actuarial value | **2b** | 4840338 |

| **3** Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 0 | 0 | 0 |
| **b** For terminated vested participants | 7 | 30203 | 30203 |
| **c** For active participants | 26 | 4931433 | 4935138 |
| **d** Total | 33 | 4961636 | 4965341 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 5.19 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 281799 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 281799 |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN HERE**

Signature of actuary

03/16/2026
Date

MATTHEW SICILIA
Type or print name of actuary

23-07224
Most recent enrollment number

THE PENSION SERVICE, INC.
Firm name

203-234-2229
Telephone number (including area code)

127 WASHINGTON AVENUE
FIRST FLOOR, WEST WING
NORTH HAVEN, CT 06473

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 4.73 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 41104 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.90 % | | 2014 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 43118 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 97.48 % |
| 15 | Adjusted funding target attainment percentage | 15 | 97.48 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 97.79 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 12/26/2025 | 350000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 350000 | 18(c) 0 |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|---|---|
| **a** Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 329119 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|---|---|---|---|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| 0 | 0 | 0 | 0 |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 5.03 % | 2nd segment: 5.28 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |
| **b** Applicable month (enter code) | | | **21b** | 2 |
| **22** Weighted average retirement age | | | **22** | 65 |

**23** Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 281799 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| | | |
|---|---|---|
| **32** Amortization installments: | Outstanding Balance | Installment |
| **a** Net shortfall amortization installment | 125003 | 12722 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ________ Day ________ Year ________ )_and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 294521 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 294521 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 329119 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 34598 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

## Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

**End-Game Strategy, Inc. Defined Benefit Pension Plan**

**EIN: 52-2261588 PN: 003**

**Schedule SB, line 22, – Description of Weighted Average Retirement Age:**

Normal Retirement Age – age 65.

All participants are assumed to retire at the Normal Retirement Age.

# END GAME STRATEGY, INC. DEFINED BENEFIT PENSION PLAN
## Contract Number – INC1231
## Plan Document Summary

This Plan Document Summary ("Summary") is intended to provide you with a high-level overview of the major features of your plan based on the most recently drafted plan document in our files. The Summary is not intended to replace your plan document or Summary Plan Description (SPD). If this Summary describes any provisions of your plan that have not been adopted (including provisions in an amendment to the plan that has not been signed), those provisions will not be operational until the plan or amendment has been signed and dated. Finally, if the provisions described in this Summary and the plan document or SPD conflict, the provisions of the plan document and SPD govern.

### EMPLOYER/PLAN INFORMATION
### [AA §1 / AA §2 / AA §4-5]

**EFFECTIVE DATE OF PLAN:**
- **Plan restatement effective:** January 1, 2025
- **Original effective date:** January 1, 2009

**PLAN NUMBER:** 003

**EMPLOYER INFORMATION:**

**Name:** End-Game Strategy, Inc.
**Address:**
1400 Berlin Turnpike
Suite 4
Berlin, CT 06037
**Phone:** 860-829-2200
**Email:**
**EIN:** 52-2261588

**PARTICIPATING ERs:** No

**PLAN ADMINISTRATOR:** Plan Administrator is Employer

**ENTITY TYPE:** S-Corp

**ER TAX YEAR END:** December 31

**PLAN YEAR:** Calendar Year

**TRUSTEE:**
James Neary
Donald Kimball

### COMPENSATION
### [AA §5]

**TOTAL COMPENSATION:** W-2 Compensation
- Includes unused sick, vacation or other leave
- Includes payments received from a nonqualified unfunded deferred compensation plan
- Excludes continuation payments for disabled Participants

**PLAN COMPENSATION:** No exclusions

**COMPENSATION PERIOD:** Plan Year

**COMPENSATION ONLY WHILE A PARTICIPANT:** No

### EXCLUDED EMPLOYEES
### [AA §3]

- Collectively Bargained EEs
- Nonresident Aliens with no U.S. source income
- Leased EEs

### MINIMUM AGE AND SERVICE
### [AA §4-1 / §4-3 / §4-4]

**MINIMUM AGE REQUIREMENT:** Age 21

**MINIMUM SERVICE REQUIREMENT:** One Year of Service

**YEAR OF SERVICE:** 1,000 HOS

**COMPUTATION PERIOD:** Shift to Plan Year

**NONVESTED BREAK IN SERVICE RULE:** Does not apply

**ONE-YEAR BREAK IN SERVICE RULE:** Does not apply

### ENTRY DATES
### [AA §4-2]

**ENTRY DATES:** First day of Plan Year

**TIMING OF ENTRY DATES:** Nearest

### CONTRIBUTION AND INTEREST CREDITS
### [AA §6]

**CONTRIBUTION CREDITS:**
- **Participant Groups**
  - Group A: Don Kimball
    - Contribution Credit = $125,000 for the Crediting Period
  - Group B: James Neary
    - Contribution Credit = $125,000 for the Crediting Period
  - Group C: All other eligible participants
    - Contribution Credit = 3% of Plan Compensation

- **Crediting Period**
  - Each Plan Year

**INTEREST CREDITS** (See AA §6-2)

**YEAR OF ACCRUAL SERVICE:**
- Participant must complete a Year of Accrual Service (at least 1,000 HOS), based on Plan Year, to receive a Contribution Credit for the year.

**FRESH-START RULES:**
- Effective January 1, 2015
- Determined using formula without wear-away
- Includes all Participants with an Accrued Benefit as of Fresh-Start Date and at least 1 HOS after Fresh-Start Date

**EMPLOYEE CONTRIBUTIONS:** None

## VESTING
## [AA §8]

**NORMAL VESTING SCHEDULE:** 3-year cliff

**EXCLUDED SERVICE:**
- Service before Effective Date of Plan

**INCREASE IN VESTING:** Vesting increases to 100% upon:
- Attainment of Normal Retirement Age
- Death
- Termination due to Disability

## RETIREMENT AGES, DATES & DISTRIBUTIONS
## [AA §7 / AA §9 / AA §10]

**NORMAL RETIREMENT AGE:** Age 65

**NORMAL RETIREMENT DATE:** First day of the month coinciding with or next following the date the Participant attains NRA

**EARLY RETIREMENT AGE:**
- No Early Retirement Age

**EARLY RETIREMENT DATE:** There is no ERA

**FORM OF DISTRIBUTION:**
- QJSA and lump sum
- Straight Life Annuity
- Life Annuity with term certain
- Lump sum of entire vested Accrued Benefit
- Joint and Survivor annuities with survivor percentages of 50, 75, or 100

**JOINT AND SURVIVOR ANNUITY RULES:** Subject to QJSA without modifications

**TIMING OF DISTRIBUTIONS – ABOVE $5,000:** Reasonable time following termination

**TIMING OF DISTRIBUTIONS – NOT EXCEEDING $5,000:** Reasonable time following termination

**INVOLUNTARY CASH-OUT THRESHOLD:** $5,000

**AUTOMATIC ROLLOVER RULES:** Do not apply to Cash-Outs less than $1,000

**ROLLOVERS EXCLUDED IN DETERMINING CASH-OUT THRESHOLD**

**PARTICIPANT MUST CONSENT TO DISTRIBUTIONS PRIOR TO REQUIRED BEGINNING DATE**

**REQUIRED BEGINNING DATE FOR NON-5% OWNERS.** The later of April 1 following termination or age 70 ½

**IN-SERVICE DISTRIBUTIONS:** None

## MISCELLANEOUS PROVISIONS
## [AA §11 / APPENDIX A / APPENDIX B]

**ACTUARIAL EQUIVALENCE DETERMINATION:**
- Pre-benefit commencement interest rate: 5.5 %
- Post-benefit commencement interest rate: 5.5 %
- Pre-benefit commencement mortality: None
- Post-benefit commencement mortality: GAR-94 as set forth in Revenue Ruling 2001-62
- Applied to Cash Balance Account
- Stability period is Plan Year
- Stability period is 2nd calendar month preceding the 1st day of the Stability Period

**DEFINITION OF HCE:** Top Paid Group Test does not apply

**TOP HEAVY MINIMUM:** Will be provided under another Plan. See AA §11-4.

**LOANS:** Not permitted

**ROLLOVERS:** No

**FAIL-SAFE COVERAGE:** Does not apply

**MILITARY SERVICE PROVISIONS:** Do not apply

**SPECIAL TOP HEAVY RULES FOR MORE THAN ONE PLAN UNDER AA §11-4:** Yes

| SCHEDULE SB (Form 5500) | Single-Employer Defined Benefit Plan Actuarial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br>▶ **File as an attachment to Form 5500 or 5500-SF.** | **2025**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan
End-Game Strategy, Inc. Defined Benefit Pension Plan

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
End-Game Strategy, Inc.

**D** Employer Identification Number (EIN)
52-2261588

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | 2a | 4,840,338 |
| **b** Actuarial value | 2b | 4,840,338 |

**3** Funding target/participant count breakdown:

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 0 | 0 | 0 |
| **b** For terminated vested participants | 7 | 30,203 | 30,203 |
| **c** For active participants | 26 | 4,931,433 | 4,935,138 |
| **d** Total | 33 | 4,961,636 | 4,965,341 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | 4a | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| **5** Effective interest rate | 5 | 5.19 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | 6a | 281,799 |
| **b** Expected plan-related expenses | 6b | 0 |
| **c** Target normal cost | 6c | 281,799 |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN HERE**

Matthew Sicilia (signature)

Signature of actuary — Date: 03/16/2026

Matthew Sicilia
Type or print name of actuary

23-07224
Most recent enrollment number

The Pension Service, Inc.
Firm name

(203) 234-2229
Telephone number (including area code)

127 Washington Avenue
First Floor, West Wing
US North Haven CT 06473
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 4.73 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 41,104 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.90 % | | 2,014 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| c | Total available at beginning of current plan year to add to prefunding balance | | 43,118 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 97.48 % |
| 15 | Adjusted funding target attainment percentage | 15 | 97.48 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 97.79 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 12/26/2025 | 350,000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 350,000 | 18(c) 0 |

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

| | | | |
|---|---|---|---|
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 329,119 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|---|---|---|---|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| | | | |

## Part V Assumptions Used To Determine Funding Target and Target Normal Cost

21 Discount rate:

| | 1st segment | 2nd segment | 3rd segment | |
|---|---|---|---|---|
| a Segment rates: | 5.03 % | 5.28 % | 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| b Applicable month (enter code) | 21b | 2 |
| 22 Weighted average retirement age | 22 | 65 |

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

| | | |
|---|---|---|
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | 27 | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| 28 Unpaid minimum required contributions for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | 0 |

## Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| a Target normal cost (line 6c) | 31a | 281,799 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 |

| 32 Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| a Net shortfall amortization installment | 125,003 | 12,722 |
| b Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ______ Day ______ Year ______ ) and the waived amount | 33 | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | 34 | 294,521 |

| | Carryover balance | Prefunding Balance | Total balance |
|---|---|---|---|
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 294,521 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 329,119 |

38 Present value of excess contributions for current year (see instructions)

| | | |
|---|---|---|
| a Total (excess, if any, of line 37 over line 36) | 38a | 34,598 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 |
| 40 Unpaid minimum required contributions for all years | 40 | 0 |

## Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

**End-Game Strategy, Inc. Defined Benefit Pension Plan**
**Discounted Contributions for MRC**

| | |
|---|---|
| Valuation date | 1/1/2025 |
| Prior year MRC (w/o CB's) | 288,525 |
| Current year MRC (w/o CB's) | 294,521 |
| Minimum (CY*90%, PY) | 265,069 |
| Prior year funding shortfall? | Yes |
| Effective interest rate | 5.19% |
| Quarterly contributions: | 66,267 |
| Due dates: | |
| 4/15/2025 | 66,267 |
| 7/15/2025 | 66,267 |
| 10/15/2025 | 66,267 |
| 1/15/2026 | 66,267 |

**Actual Contributions**

| Date | Amount | Adjusted for interest |
|---|---|---|
| 12/26/2025 | 350,000.00 | 329,119 |
| | 0.00 | 0 |
| | 0.00 | 0 |
| | 0.00 | 0 |
| Total | 350,000.00 | 329,119 |

EIN: 52-2261588
Plan # 003

# Schedule SB, line 32 - Schedule of Amortization Bases

## Charges/Credits

| Type of Base | | Effective Date | Interest Rate | Initial Amount | Initial Amort | Current Balance | Rem Amort | Payment |
|---|---|---|---|---|---|---|---|---|
| Shortfall | | 01/01/2023 | 5.03 / 5.28 | 140,494 | 15.00 | 125,394 | 13.00 | 12,867 |
| Shortfall | | 01/01/2024 | 5.03 / 5.28 | -26,258 | 15.00 | -24,506 | 14.00 | -2,389 |
| Shortfall | | 01/01/2025 | 5.03 / 5.28 | 24,115 | 15.00 | 24,115 | 15.00 | 2,244 |
| **Totals** | Shortfall | | | | | 125,003 | | 12,722 |

**Name of Plan:** End-Game Strategy, Inc. Defined Benefit Pension Plan
**Plan Sponsor's EIN:** 52-2261588
**Plan Number:** 003

# ACTUARIAL METHODS AND ASSUMPTIONS

**Actuarial Cost Method:** Pension Protection Act ("PPA") prescribed actuarial cost method.

**Asset Valuation Method:** Market value.

**Funding Target Liability Interest Rates:** PPA prescribed segment rates adjusted by MAP-21 and HATFA, and ARPA: 5.03%, 5.28%, 5.50%

**Effective Interest Rate:** Equivalent single interest rate used to value funding target liability: 5.19%

**Salary Increases**: None assumed.

**Mortality Assumption** Static mortality table for small plans in accordance with IRS Regulation 1.430(h)(3)-1.

**Retirement Rates:** Normal retirement age.

**Withdrawal Rates:** None assumed.

**Disability Rates:** None assumed.

**Form of Payment:** Lump sum.

**Expense Load**: Prior year expenses, rounded to nearest $1,000; included in target normal cost.

**Schedule SB, line 26 - Schedule of Active Participant Data**

YEARS OF CREDITED SERVICE

| Attained Age | Under 1 No. | Under 1 Avg. Comp | 1 To 4 No. | 1 To 4 Avg. Comp | 5 To 9 No. | 5 To 9 Avg. Comp | 10 To 14 No. | 10 To 14 Avg. Comp | 15 To 19 No. | 15 To 19 Avg. Comp | 20 To 24 No. | 20 To 24 Avg. Comp | 25 To 29 No. | 25 To 29 Avg. Comp | 30 To 34 No. | 30 To 34 Avg. Comp | 35 To 39 No. | 35 To 39 Avg. Comp | 40 & Up No. | 40 & Up Avg. Comp |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 to 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 to 34 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 to 39 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40 to 44 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 49 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 50 to 54 | 0 | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 55 to 59 | 0 | 0 | 3 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 to 64 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65 to 69 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 & Up | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Name of plan: End-Game Strategy, Inc. Defined Benefit Pension Plan
Plan sponsor's name: End-Game Strategy, Inc.

Plan number: 003
EIN: 52-2261588