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
GLOSAGE ENGINEERING, INC. CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2022

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)
GLOSAGE ENGINEERING, INC.

590 S. 33RD ST.
RICHMOND, CA 94804

2b Employer Identification Number (EIN) 81-3775627

2c Sponsor's telephone number 510-815-4505

2d Business code (see instructions) 238900

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**	4
b Total number of participants at the end of the plan year	**5b**	4
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)**	4
d(2) Total number of active participants at the end of the plan year	**5d(2)**	3
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.	03/20/2026	BRICEIDA GUZMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/20/2026	BRICEIDA GUZMAN
	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 568741. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	483533	703144
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	483533	703144
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	145500	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	78873	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		224373
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	4762	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		4762
i Net income (loss) (subtract line 8h from line 8c)	8i		219611
j Transfers to (from) the plan (see instructions)	8j		

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:
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	
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		X	
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 Q705152A.

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
GLOSAGE ENGINEERING, INC. CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GLOSAGE ENGINEERING, INC.

D Employer Identification Number (EIN)
81-3775627

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 12 Day 31 Year 2025

2 Assets:

a Market value	**2a**	557644
b Actuarial value	**2b**	557644

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	1	2536	2536
c For active participants	3	499266	499266
d Total	4	501802	501802

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**	5.28 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	137846
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	137846

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

02/16/2026
Date

ROBERT M. HANESS
Type or print name of actuary

23-04945
Most recent enrollment number

HANESS & ASSOCIATES, LLC
Firm name

916-276-1256
Telephone number (including area code)

P.O. BOX 836
ROCKLIN, CA 95677
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 9.07 %	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)		23369
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 5.48 %		0
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		23369
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	111.12 %
15	Adjusted funding target attainment percentage	15	109.78 %
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	110.51 %
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
02/12/2026	145500	0			
			Totals ► 18(b)	145500	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	144620

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:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.26 %	3rd segment: 5.70 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	0
22 Weighted average retirement age			**22**	61

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**	137846
b Excess assets, if applicable, but not greater than line 31a	**31b**	55842

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	82004

	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**	82004
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	144620
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	62616
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

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
Glosage Engineering, Inc. Cash Balance Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Glosage Engineering, Inc. Cash Balance Plan

D Employer Identification Number (EIN)
81-3775627

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 12 Day 31 Year 2025

2 Assets:

a Market value	**2a**	557,644
b Actuarial value	**2b**	557,644

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	1	2,536	2,536
c For active participants	3	499,266	499,266
d Total	4	501,802	501,802

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**	5.28 %

6 Target normal cost

a Present value of current plan year accruals	**6a**	137,846
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	137,846

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

Signature of actuary — 02/16/2026 Date

Robert M. Haness — 23-04945

Type or print name of actuary — Most recent enrollment number

Haness & Associates, LLC — (916) 276-1256

Firm name — Telephone number (including area code)

P.O. Box 836

US Rocklin CA 95677

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 9.07 %	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)		23,369
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 5.48 %		0
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		23,369
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	111.12 %
15	Adjusted funding target attainment percentage	15	109.78 %
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	110.51 %
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
02/12/2026	145,500				
		Totals ► 18(b)		145,500	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	144,620

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:	4.75 %	5.26 %	5.70 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	61

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**	137,846
b Excess assets, if applicable, but not greater than line 31a	**31b**	55,842

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	82,004

	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**	82,004
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	144,620

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

a Total (excess, if any, of line 37 over line 36)	**38a**	62,616
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

Actuarial Certification and Disclosures

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 12/31/2025

The Actuarial Report is comprised of the Actuarial Communications and Documents listed below for the above reference plan year:

- Valuation report including Plan Provisions and applied Actuarial Assumptions and Methods
- Form 5500 Schedule SB and its attachments
- AFTAP Certification(s)
- Pension Benefit Guaranty Corporation (PBGC) Premium Certification
- Contribution letter/communication
- Any other written, electronic or oral communications with respect to actuarial services provided in connection with the issuance of the valuation report

Additional Communications: No additional materials are incorporated into this Actuarial Report.

Compliance with Actuarial Standards: The Actuarial Standards of Practice (ASOPs) offer broad guidelines on whether the assumptions, data, methods, and models utilized in the Actuarial Report are suitable for the intended purpose, ensuring they are adequately reasonable, consistent, and comprehensive. The Actuary, in their professional judgment, has applied the pertinent ASOPs to assess, document, disclose, and present the Actuarial Report, along with the mentioned materials, to the designated recipients. Details regarding the Actuary's assessments, comments, modifications, and disclosures are outlined in this Actuarial Certification and Disclosure report.

Intended Users and Scope: The Actuarial Report is exclusively intended for the Plan Sponsor, ERISA Plan Administrator, and Trustee(s) of the Plan. It should not be relied upon for purposes beyond its specified scope, such as FAS Accounting, Participant Distribution, or Plan Termination. The report's focus is on providing the Minimum Required Contribution for the plan year, supporting compliance with Internal Revenue Code Sections 430 and 436.

Legislative Considerations: The Actuarial Report takes into account the provisions of the Pension Protection Act of 2006, incorporating modifications introduced by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA), the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PRA 2010), Moving Ahead for Progress in the 21st Century Act (MAP-21), the Cooperative and Small Employer Charity Pension Flexibility Act of 2014 (CSEC Act), the Highway and Transportation Funding Act of 2014 (HATFA), the Bipartisan Budget Act of 2015 (BBA'15), the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), the American Rescue Plan Act of 2021 (ARP), and any other amendments to the funding rules that have been enacted. It's essential to note that the report doesn't assess the likelihood or consequences of potential future changes in laws and regulations.

Reliability and Quality of Data: Data, including employer contribution(s) and plan documents, are sourced from the Plan Sponsor, ERISA Plan Administrator, Trustee(s), or their representatives. Data is relied upon for accuracy while quality reviews have been conducted consistent with ASOP 23. Inaccurate data may impact the correctness of the Actuarial Report.

Selection of Assumptions:

Asset Valuation Method: The asset valuation method employed is the Market Value of Assets (MVA). In this method, the Actuarial Value of Assets is determined by utilizing the MVA and includes interest-adjusted contribution(s) from the prior plan year not included and excludes interest adjusted contribution(s) for the current plan year made during the year. The Actuarial Value of Assets is then reduced by credit and prefunding balances elected by the Plan Sponsor. Opting for the MVA as the asset valuation method allows for the recognition of full value of market fluctuations within a plan year. Consequently, both the Actuarial Value of Assets and plan cost may exhibit less stability even when assets are prudently invested.

Measuring Obligations and Determining Contributions:

Risk Assessment: While the Actuarial Report outlines its scope, it is important to acknowledge certain events and anomalies that are now identified to transparently disclose risks and their potential impact on the Plan and its cost. Recognizing that the assessment and disclosure of these risks may reasonably anticipate differences from actual future results, it is crucial to note that these risks can significantly influence pension obligations, actuarially determined contributions, and the funded status of the Plan.

Investment Risk: As the return on the plan trust assets is subject to market return, should the actual rate of return be lower than the expected return the cost of the plan will rise and vice versa.

Actuarial Certification and Disclosures

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 12/31/2025

Asset Liability Mismatch Risk: The changes in assets are not tied to the changes in the value of liabilities.

Interest Rate Risk: If interest rates go up, plan liabilities and required contributions will go down, and vice versa.

To provide a better understanding of the effect of changing interest rates, if the Section 430 rates (the rates used for determining the required minimum funding amount) decrease by 10 percent, using data from the current valuation, the required minimum funding amount would increase by $61,245.

Longevity and Other Demographic Risks: Cessation from employment due to termination, disability or death prior to the assumed retirement date under the plan may greatly sway the total liabilities payable from the plan. However, due to the small plan population, including these more unlikely events under this plan may greatly overstate the plan liabilities and likely cause the plan to be over funded. Thus, these decrements are not considered as in all likelihood, any unfunded benefits owed under the plan may be foregone by the substantial owner.

Actual retirement of plan participants may not directly align with the assumed retirement assumption(s) used to value the liabilities for the minimum required contribution. Typically, if a participant retires earlier than normal retirement, the liabilities will be lower than expected.

Contribution Risks: The minimum required contribution as stated in this valuation is mandated. Should this amount go unfunded, certainly the liabilities of this plan will become less covered by its trust assets. The current plan funding policy indicates that the minimum required contribution will be funded; thus, this valuation has not considered the possibility of unpaid contributions. If the Plan Sponsor knows of events that might impact its abilities to fund the minimum required contribution; these events should be discussed and evaluated as to how they may or may not impact the overall funded status of the plan.

Other Risks: Changes in your workforce could affect the discrimination testing of your Plan. It is not uncommon for one or two individuals to be responsible for allowing the discrimination testing to pass.

If you would like to discuss these risks, or any other risks to your Plan please contact your Administrator assigned to your Plan.

Modeling: The CalcAir Employee Benefit Systems, Inc. pension system was utilized for computations, leveraging its parameter-driven structure for accurate actuarial results. The decision to use this software was based on its reliability, efficiency, and the Actuary's expertise.

Actuarial Professional Credentials and Certifications: I am a member of the American Society of Pension Professionals and Actuaries (ASPPA).

I am actively enrolled by the Joint Board of the Enrollment of Actuaries. I am eligible to practice with respect to qualified retirement plans and to furnish the actuarial opinion outlined in the Actuarial Report, adhering to the qualification standards established by the American Academy of Actuaries. Throughout the preparation of the Actuarial Report, there was strict adherence to the guidance outlined in all Actuarial Standards of Practice. There is no discernible connection between the intended users, the Plan, its advisors, my firm, and/or myself that would compromise the impartiality of my findings or my actuarial opinion. Given the intended purpose of the Actuarial Report, there are no restrictions imposed on the report or its findings. To the best of my knowledge, the actuarial opinion and information presented in the Actuarial Report are comprehensive and accurate, developed in accordance with applicable laws and regulations, and align with widely accepted actuarial principles.

Conclusion:

Tax Advice Disclaimer: Please be aware that if the Actuarial Communications include tax advice, such advice is not intended or written to be used, and cannot be used by any taxpayer, for the purpose of evading any penalties that may be imposed under the Internal Revenue Code or in promoting, marketing, or recommending any entity, investment plan, or arrangement to any taxpayer.

Adherence to Actuarial Standards: The content of the Actuarial Report is designed to encompass the necessary elements outlined in Actuarial Standards of Practice Nos. 1, 4, 23, 27, 35, 41, 44, 51, and 56. However, if additional information needs to be disclosed, please reach out to the Actuary directly.

Actuarial Certification and Disclosures

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 12/31/2025

Robert M. Haness, E.A.	02/16/2026	23-04945
	Date	Enrollment Number

Enrolled Actuary
Haness & Associates, LLC
P.O.Box 836
Rocklin, CA 95677-
Rob@HanessAssociates.com
Phone #: (916) 276-1256
Fax #: (916) 435-2697

Administrator of the
Glosage Engineering, Inc. Cash Balance Plan
635 S. 31st St.
Richmond, CA 94804

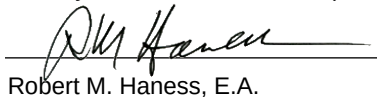
Certification of Adjusted Funding Target Attainment Percentage (AFTAP) for the 2026 Plan Year

The Pension Protection Act of 2006 (PPA) and Section 436 of the Internal Revenue Code require the calculation of a funding ratio called the Adjusted Funding Target Attainment Percentage (AFTAP) in order to determine whether the Plan is subject to new restrictions on plan amendments, lump sum distributions and benefit accruals.

Determination of AFTAP as of **December 31, 2025**

1.	Funding Target plus Target Normal Cost		$639,648
2.	a. Market Value of Assets		$557,644
	b. Discounted Receivable Contributions, Received by AFTAP Certification date		144,621
	c. Carryover Balance		0
	d. Carryover Balance Voluntary Reduction		0
	e. Carryover Balance Deemed Reduction to Avoid Restrictions		0
	e1. Deemed Reduction due to Presumed AFTAP at Beginning of Plan Year	0	
	e2. Deemed Reduction due to Presumed AFTAP at Beginning of Fourth Month	0	
	e3. Deemed Reduction at Certification of AFTAP	0	
	f. Remaining Carryover Balance (2c - 2d - 2e)		0
	g. Prefunding Balance		0
	h. Portion of Excess Contribution to Add to Prefunding Balance		0
	i. Prefunding Balance Voluntary Reduction		0
	j. Prefunding Balance Deemed Reduction to Avoid Restrictions		0
	j1. Deemed Reduction due to Presumed AFTAP at Beginning of Plan Year	0	
	j2. Deemed Reduction due to Presumed AFTAP at Beginning of Fourth Month	0	
	j3. Deemed Reduction at Certification of AFTAP	0	
	k. Remaining Prefunding Balance (2g + 2h - 2i - 2j)		0
3.	Funding Target Attainment Percentage (FTAP Exempt) (equals items (2a + 2b) divided by item 1)		109.78%
4.	Adjustment for Annuity Purchases for NHCE's during the last 2 years		$0
5.	Adjusted Funding Target Attainment Percentage (AFTAP) (equals items (2a + 2b + 4) divided by items (1 + 4))		109.78%

If FTAP Exempt (Item 3) is greater than or equal to 100% then AFTAP (Item 5) is equal to FTAP Exempt adjusted for Annuity Purchase for NHCE's (Item 4)



Robert M. Haness, E.A.	02/16/2026	23-04945
	Date	Enrollment Number

To the best of my knowledge, the information supplied in this certification is complete and accurate. I have relied on the asset, census, and plan provision information that has been provided by the Plan's third party administrator and/or Plan Administrator. Regulations for determining an AFTAP for a plan with an end of year valuation are not issued; however, this certification represents a good faith interpretation of the law.

Glosage Engineering, Inc. Cash Balance Plan

Assumptions Used for Determination of 2026 AFTAP as of **December 31, 2025**

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	4.61
Segment 2	6 - 20	5.26
Segment 3	> 20	5.70

Segment rates as of September 30, 2024 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	4.75
Segment 2	6 - 20	5.26
Segment 3	> 20	5.70

Pre-Retirement -

Mortality Table -	None	
Improvement Scale -	None	
Early Retirement Table -	None	
Turnover Table -	None	
Disability Table -	None	
Salary Scale -	None	
Interest Credit Rate -	Current Yr - 5%	Projected Yrs - 5%
Expense Load -	None	
Ancillary Ben Load -	None	

Post-Retirement -

Mortality Table -	25C - 2025 Combined
Improvement Scale -	None
Cost of Living -	None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Glosage Engineering, Inc.

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

635 S. 31st St.
Richmond, CA 94804
(510) 815-4505

Employer ID Number: 81-3775627

Three Digit Plan Number: 002

Prepared By: Hicks

Plan Provisions

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Employer: Glosage Engineering, Inc.

Type of Entity - S Corporation

EIN: 81-3775627 TIN: Plan #: 002 Plan Type: Cash Balance

Dates: Effective - 01/01/2022 Valuation - 12/31/2025

Top Heavy Years - 2023, 2024, 2025

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits -

Classification	Pay Credit Formula
A	39% of compensation
B	46% of compensation
C	3% of compensation

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: $280,000

Maximum 401(a)(17) compensation - $350,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.
Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

Plan Provisions

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Employee Census

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 12/31/2025

Key	Percent Owner	SVC PS	SVC FS	Gender	Ages PA	Ages AA	Ages ARA	Dates Birth	Dates Hire	Dates Part	Dates Retire	Compensation	Hours Worked	HCE	OEX
Abel Arias -- excluded - collectively bargained															
		0	0	M	0	22	0	06/01/04	04/27/23			$61,435.25	2,044.75		
Erick Arias Rubio -- excluded - collectively bargained															
		0	0	M	0	30	0	10/01/95	08/04/20			$83,077.90	1,658.75		
Victor Barajas -- terminated 4/22/2025 ineligible - coll barg															
		0	0	M	0	31	0	01/14/95	03/12/24			$0.00			
Francisco Bejarano Rodriguez -- terminated 5/16/2025 ineligible - coll barg															
		0	0	M	0	32	0	11/08/93	01/14/25			$17,770.71	710.00		
Roberto Berumen -- terminated 1/1/2025 ineligible - coll barg															
		1	0	M	0	59	0	08/25/66	08/25/23			$0.00			
Roberto Berumen -- terminated 1/1/2025 ineligible - coll barg															
		1	0	M	0	30	0	07/19/95	08/25/23			$0.00			
Samuel Berumen -- terminated 1/1/2025 ineligible - coll barg															
		1	0	M	0	54	0	05/08/72	08/25/23			$0.00			
Cecilia Bueno -- ineligible - minimum service															
		0	0	F	0	29	0	10/27/96	12/08/25			$1,980.00	72.00		
John Ceja -- excluded - collectively bargained															
		0	0	M	0	37	0	12/05/88	03/11/22			$81,221.27	2,039.25		
Heriberto Cuellar Mora -- terminated 9/8/2025 ineligible - coll barg															
		0	0	M	0	34	0	07/26/91	07/21/25			$17,349.49	422.50		
Carlos Davila -- terminated 2/7/2025 ineligible - coll barg															
		0	0	M	0	43	0	12/25/82	01/06/25			$4,175.08	167.00		
Juan Diaz Ortega -- excluded - collectively bargained															
		0	0	M	0	23	0	11/27/02	03/07/22			$92,338.25	2,070.75		
Laura Donan -- terminated 9/22/2025 BIS - not yet paid															
		2	0	F	24	26	62	08/21/99	04/18/22	07/01/23	09/01/61	$7,362.50	294.50		
Santos Esparza Estrella -- terminated 2/28/2025 ineligible - coll barg															
		0	0	M	0	42	0	04/20/84	01/13/25			$8,681.26	225.00		
Santiago Franco Ramirez -- excluded - collectively bargained															
		0	0	M	0	23	0	03/16/03	03/17/25			$69,538.46	1,678.75		
Ivan Gomez Magana -- excluded - collectively bargained															
		0	0	M	0	38	0	02/02/88	04/21/25			$115,283.60	1,588.00		
Jaime Guzman -- excluded - collectively bargained															
		0	0	M	0	41	0	04/30/85	07/15/20			$253,464.63	2,186.75	Y	
Jose Guzman -- excluded - collectively bargained															
		0	0	M	0	47	0	08/22/78	11/05/18			$0.00			
Juan Guzman -- excluded - collectively bargained															
		0	0	M	0	39	0	06/24/87	06/16/20			$151,886.13	2,106.25		

Employee Census

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 12/31/2025

Key	Percent Owner	SVC PS	SVC FS	Gender	Ages PA	Ages AA	Ages ARA	Dates Birth	Dates Hire	Dates Part	Dates Retire	Compensation	Hours Worked	HCE	OEX
Marko Guzman -- excluded - collectively bargained															
		0	0	M	0	20	0	02/25/06	04/07/25			$43,647.40	1,389.50		
Omar Guzman -- excluded - collectively bargained															
		0	0	M	0	20	0	03/08/06	06/27/22			$18,896.25	462.50	Y	
Jose Guzman Cornejo -- excluded - collectively bargained															
		3	0	M	0	47	0	08/22/78	11/05/18			$104,410.58	1,600.00		
Luis Guzman Cornejo															
	Y	4	19	M	38	42	61	11/05/83	09/01/17	01/01/22	01/01/45	$269,695.92	2,235.50	Y	
Briceida Guzman Llamas															
	Y	4	16	F	41	45	61	02/21/81	04/30/18	01/01/22	01/01/42	$81,600.00	1,664.00	Y	
Ricardo Guzman Paredes -- excluded - collectively bargained															
		0	0	M	0	30	0	04/02/96	10/23/24			$90,618.41	2,071.25		
Aaron Martin Gomez -- excluded - collectively bargained															
		0	0	M	0	23	0	06/04/03	12/08/25			$828.25	32.50		
Alvaro Martinez -- excluded - collectively bargained															
		0	0	M	0	48	0	06/10/78	12/11/24			$98,545.93	2,165.90		
Eduardo Mercado -- terminated 3/31/2025 ineligible - coll barg															
		0	0	M	0	47	0	07/29/78	01/24/25			$16,357.14	305.00		
Erika Murillo Llamas															
		4	28	F	29	33	61	08/30/92	05/20/19	01/01/22	01/01/54	$56,750.60	1,342.70		
Francisco Nunez Flores -- excluded - collectively bargained															
		0	0	M	0	28	0	06/01/98	12/01/22			$77,484.65	1,911.50		
Erasmo Paredes Guerrero -- excluded - collectively bargained															
		0	0	M	0	45	0	06/02/81	02/02/23			$96,201.27	2,055.75		
Gilberto Rodriguez -- excluded - collectively bargained															
		0	0	M	0	28	0	04/20/98	07/14/20			$97,718.80	1,989.50		
Carlos Romo Gonzalez -- excluded - collectively bargained															
		0	0	M	0	39	0	11/28/86	02/16/22			$96,221.63	1,939.75		
Lizbeth Serrano -- terminated 12/30/2025 ineligible - age/svc															
		0	0	F	0	23	0	04/20/03	06/23/25			$28,768.75	990.00		
Robert Stephens -- terminated 1/15/2025 ineligible - coll barg															
		0	0	M	0	54	0	11/16/71	01/13/25			$1,375.65	22.50		
Daniel Vargas -- terminated 5/28/2025 ineligible - coll barg															
		5	0	M	0	27	0	03/02/99	02/26/20			$26,831.27	687.00		
Total:												$2,171,517.03			

	Count	Compensation
Active Fully Vested Benefits	3	$408,047
Active Partially Vested Benefits	0	$0

Employee Census

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 12/31/2025

Key	Percent Owner	SVC PS	SVC FS	Gender	Ages PA	Ages AA	Ages ARA	Dates Birth	Dates Hire	Dates Part	Dates Retire	Compensation	Hours Worked	HCE	OEX
				Active Without Vested Benefits							0	$0			
				Terminated with Vested Benefits							1	$7,363			
				Terminated without Vested Benefits							0	$0			
				Terminated with Deferred Vested Benefits							0	$0			
				Terminated - Paid Out							0	$0			
				Currently Receiving Benefits							0	$0			
				Inactives							0	$0			
				Ineligibles							32	$1,756,108			

Key:

AA=Attained Age
ARA=Assumed Retirement Age
BIS=Break in Service
F=Former Key
FS=Future Service
HCE=Highly Compensated Employee
OEX=Otherwise Excludable
PA=Participation Age
PS=Past Service

Schedule of Benefits

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

	Beg Year Acc Ben Monthly Compensation	End Year Acc Ben Monthly Compensation	Current Monthly Benefit	Current Lump Sum @ Ret	Current Accrued Benefit	Current Vest Pct	Current Vested Accrued Benefit	Current Present Value of Vested Accrued Benefit	Current Death Benefit
Laura Donan -- terminated 9/22/2025 BIS - not yet paid									
	4,448.40	613.54	120.44	18,317	120.44	100	120.44	3,215	3,215
Luis Guzman Cornejo									
	23,039.84	22,474.66	21,856.57	3,393,554	7,127.53	100	7,127.53	437,941	437,941
Briceida Guzman Llamas									
	10,000.00	6,800.00	8,754.14	1,366,737	3,066.33	100	3,066.33	219,312	219,312
Erika Murillo Llamas									
	7,151.15	4,729.22	902.97	139,431	259.04	100	259.04	10,204	10,204
Totals:	$44,639.39	$34,617.42	$31,634.12	$4,918,039	$10,573.34		$10,573.34	$670,672	

Disclaimer: The PVVABs shown on this report should not be used for distribution purposes.

Present Value of Accrued Benefits

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 12/31/2025

	Accrued Benefit	PVAB Based on Plan Assumptions	PVAB Based on 417(e) Assumptions	PVAB Based on IRC Section 415	Greater of Plan or 417(e) Assumptions as Limited by 415	Vested Percent	PVVAB
Laura Donan -- terminated 9/22/2025 BIS - not yet paid							
	120.44	3,215		116,953	3,215	100	3,215
Luis Guzman Cornejo							
	7,127.53	437,941		516,410	437,941	100	437,941
Briceida Guzman Llamas							
	3,066.33	219,312		593,911	219,312	100	219,312
Erika Murillo Llamas							
	259.04	10,204		331,933	10,204	100	10,204
Totals:	$10,573.34	$670,672		$1,559,207	$670,672		$670,672

Disclaimer: The PVVABs shown on this report should not be used for distribution purposes.

Benefit Limits (415, 416 & 417(e))

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

	Benefits						Lump Sum Values		
	Projected	Accrued	Top Heavy	415 Max Projected	415 Max Accrued	415 Offset	415 Max Proj Lump Sum	Plan PVAB (Distributions Limited to 415 Limits)	417(e)	415 Maximum PVAB
Laura Donan -- terminated 9/22/2025 BIS - not yet paid										
	120.44	120.44	0.00	1,044.51	1,044.51	0.00	158,860	3,215		116,953
Luis Guzman Cornejo										
	21,856.57	7,127.53	0.00	21,856.57	8,742.63	0.00	3,393,554	437,941		516,410
Briceida Guzman Llamas										
	8,754.14	3,066.33	0.00	9,947.22	8,589.06	0.00	1,553,006	219,312		593,911
Erika Murillo Llamas										
	902.97	259.04	0.00	7,134.16	6,420.74	0.00	1,101,617	10,204		331,933
Totals:	$31,634.12	$10,573.34					$6,207,037	$670,672		$1,559,207

Account Balance Statement

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 12/31/2025

	Beginning Balance	Interest Credit	Pay Credit	Distribution	Adjustments	Ending Balance	Vested Percent	Vested Amount
Laura Donan -- terminated 9/22/2025 BIS - not yet paid								
Cash Balance								
Cash Balance	3,061.43	153.07	0.00	0.00	0.00	3,214.50	100	3,214.50
Luis Guzman Cornejo								
Cash Balance								
Cash Balance	316,913.45	15,845.67	105,181.41	0.00	0.00	437,940.53	100	437,940.53
Briceida Guzman Llamas								
Cash Balance								
Cash Balance	173,119.62	8,655.98	37,536.00	0.00	0.00	219,311.60	100	219,311.60
Erika Murillo Llamas								
Cash Balance								
Cash Balance	8,096.25	404.81	1,702.52	0.00	0.00	10,203.58	100	10,203.58
Grand Total:	$501,190.75	$25,059.53	$144,419.93	$0.00	$0.00	$670,670.21		$670,670.21

Totals for each account:

Cash Balance								
Cash Balance	$501,190.75	$25,059.53	$144,419.93	$0.00	$0.00	$670,670.21		$670,670.21

Highly Compensated/Key Employees

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Limit HCEs to Top Paid Group No

Highly Compensated Employees

Pct Own	Family Group	Birth	Hire	Term	414(q) Comp	HCE	Reason	Key	Reason
1) **Jaime Guzman** -- excluded - collectively bargained									
		04/30/85	07/15/20		$227,313.71	Y	Over $80,000 (indexed)		
2) **Omar Guzman** -- excluded - collectively bargained									
		03/08/06	06/27/22		$18,896.25	Y	5% Owner		
3) **Luis Guzman Cornejo**									
		11/05/83	09/01/17		$276,478.10	Y	5% Owner	0	5% Owner
4) **Briceida Guzman Llamas**									
		02/21/81	04/30/18		$120,000.00	Y	5% Owner	0	5% Owner

Key Status for TH Min Benefits for Current PY and Key Status used in TH Test for Next Plan Year:

0 = Key
1 = Key this Yr, Former Key next Yr for TH Test
2 = Non-Key this Yr for TH Min, Key next Yr for TH Test
3 = Former Key this Yr for TH Min, Key next Yr for TH test

Employee Summary

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

	Defined Benefit
	All
A. Total Number of Employees	36
B. Less Excludable Employees	32
(1) Minimum Age and Service	2
(2) Collective Bargaining	30
(3) Nonresident Aliens	0
(4) 500 Hours/Last Day Rule	0
(5) Excluded for Other Reasons	0
C. Total Not Excluded	4
(1) Total Benefiting	4
D. Highly Compensated Employees	2
(1) Benefiting	2
(2) Not Benefiting	0
E. Non-Highly Compensated Employees	2
(1) Benefiting	2
(2) Not Benefiting	0
F. Ratio Percentage or Exception	d

Exception codes: a=Only HCEs, b=No HCEs benefiting, d=All NHCEs benefiting

5500 Lines 5 & 6:

5.	Total Participants at the Beginning of Plan Year	4
6a(1).	Active Participants at the Beginning of the Plan Year (BOY)	4
6a(2).	Active Participants at the End of the Plan Year (EOY)	3
6b.	Retired or Separated Participants Receiving Benefits	0
6c.	Retired or Separated Participants Entitled to Future Benefits	1
6d.	Subtotal	4
6e.	Deceased Participants Whose Beneficiaries are Entitled to Benefits	0
6f.	Total Participants at the End of the Plan Year	4
6g(1).	Participants with Account Balance at BOY (N/A for DB Plans)	
6g(2).	Participants with Account Balance at EOY (N/A for DB Plans)	
6h.	Terminated Participants with Accrued Benefits not 100% Vested	0

5500-SF Line 5:

5a.	Total Participants at the Beginning of Plan Year	4
5b.	Total Participants at the End of the Plan Year	4
5c(1).	Participants with Account Balance at BOY (N/A for DB Plans)	
5c(2).	Participants with Account Balance at EOY (N/A for DB Plans)	
5d(1).	Active Participants at the Beginning of Plan Year	4
5d(2).	Active Participants at the End of the Plan Year	3
5e.	Terminated Participants with Accrued Benefits not 100% vested	0

Employee Summary (Detail)

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

	Status Code	Family Code	HCE	OE	Benefiting			Form 5500 Line								
					E	K	M	(5.)	(6a1.)	(6a2.)	(6b.)	(6c.)	(6e.)	(6g1.)	(6g2.)	(6h.)
Abel Arias	110				X	X	X									
Erick Arias Rubio	110				X	X	X									
Victor Barajas	T132 - 04/22/2025				X	X	X									
Francisco Bejarano Rodriguez	T132 - 05/16/2025				X	X	X									
Roberto Berumen	T132 - 01/01/2025				X	X	X									
Roberto Berumen	T132 - 01/01/2025				X	X	X									
Samuel Berumen	T132 - 01/01/2025				X	X	X									
Cecilia Bueno	101				X	X	X									
John Ceja	110				X	X	X									
Heriberto Cuellar Mora	T132 - 09/08/2025				X	X	X									
Carlos Davila	T132 - 02/07/2025				X	X	X									
Juan Diaz Ortega	110				X	X	X									
Laura Donan	T26 - 09/22/2025				Y	X	X	x	x			x				
Santos Esparza Estrella	T132 - 02/28/2025				X	X	X									
Santiago Franco Ramirez	110				X	X	X									
Ivan Gomez Magana	110				X	X	X									
Jaime Guzman	110		Y		X	X	X									
Jose Guzman	110				X	X	X									
Juan Guzman	110				X	X	X									
Marko Guzman	110				X	X	X									
Omar Guzman	110		Y		X	X	X									
Jose Guzman Cornejo	110				X	X	X									
Luis Guzman Cornejo	0		Y		Y	Y	X	x	x	x						
Briceida Guzman Llamas	0		Y		Y	Y	X	x	x	x						
Ricardo Guzman Paredes	110				X	X	X									
Aaron Martin Gomez	110				X	X	X									
Alvaro Martinez	110				X	X	X									
Eduardo Mercado	T132 - 03/31/2025				X	X	X									
Erika Murillo Llamas	0				Y	X	X	x	x	x						
Francisco Nunez Flores	110				X	X	X									
Erasmo Paredes Guerrero	110				X	X	X									
Gilberto Rodriguez	110				X	X	X									
Carlos Romo Gonzalez	110				X	X	X									
Lizbeth Serrano	T130 - 12/30/2025				X	X	X									
Robert Stephens	T132 - 01/15/2025				X	X	X									
Daniel Vargas	T132 - 05/28/2025				X	X	X									
Totals:								4	4	3	0	1	0	0	0	0

Benefiting:
E=Employer, K=401(k), M=401(m), OE=Otherwise Excludable
Key: Y=Benefiting, N=Not Benefiting, X=Excludable, Blank=N/A

Status Codes:
T=Terminated - Term Date, R=Retired, D=Deceased/Disabled, N=New Participant

0=Active
110=Excluded - Collectively Bargained
26=Terminated - BIS
130=Terminated - Ineligible - Age/Svc
101=Ineligible - Minimum Service
132=Terminated - Ineligible - Coll Barg

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Glosage Engineering, Inc. Cash Balance Plan

81-3775627 / 002

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 12/31/2025

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	4.61
Segment 2	6 - 20	5.26
Segment 3	> 20	5.70

Segment rates as of September 30, 2024 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

Segment #	Year	Rate %
Segment 1	0 - 5	4.75
Segment 2	6 - 20	5.26
Segment 3	> 20	5.70

Pre-Retirement -
- Mortality Table - None
- Improvement Scale - None
- Early Retirement Table - None
- Turnover Table - None
- Disability Table - None
- Salary Scale - None
- Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%
- Expense Load - None
- Ancillary Ben Load - None

Post-Retirement -
- Mortality Table - 25C - 2025 Combined
- Improvement Scale - None
- Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5% CB Projection Rate - 5%

Post-Retirement -
- Interest - 8.5%
- Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 100% Survivor Benefits

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Glosage Engineering, Inc. Cash Balance Plan

81-3775627 / 002

For the plan year 01/01/2025 through 12/31/2025

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, Part V
Summary of Plan Provisions

Glosage Engineering, Inc. Cash Balance Plan

81-3775627 / 002

For the plan year 01/01/2025 through 12/31/2025

Employer: Glosage Engineering, Inc.

Type of Entity - S Corporation

EIN: 81-3775627 TIN: Plan #: 002 Plan Type: Cash Balance

Dates: Effective - 01/01/2022 Valuation - 12/31/2025

Top Heavy Years - 2023, 2024, 2025

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits

Pay Credits -

Classification	Pay Credit Formula
A	39% of compensation
B	46% of compensation
C	3% of compensation

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

Top Heavy Minimum: Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: $280,000

Maximum 401(a)(17) compensation - $350,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.
Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

Schedule SB, Part V
Summary of Plan Provisions

Glosage Engineering, Inc. Cash Balance Plan

81-3775627 / 002

For the plan year 01/01/2025 through 12/31/2025

Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 19 -
Discounted Employer Contributions

Glosage Engineering, Inc. Cash Balance Plan

81-3775627 / 002

For the plan year 01/01/2025 through 12/31/2025

Valuation Date: 12/31/2025

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	**02/12/2026**	**$145,500**					
Applied to Additional Contribution	12/31/2025	62,997	62,616	0	0	5.28	0.00
Applied to MRC	12/31/2025	82,503	82,004	0	0	5.28	0.00
Totals for Deposited Contribution		$145,500	$144,620	$0	$0		

Schedule SB, line 22 -
Description of Weighted Average Retirement Age

Glosage Engineering, Inc. Cash Balance Plan

81-3775627 / 002

For the plan year 01/01/2025 through 12/31/2025

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

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

Glosage Engineering, Inc. Cash Balance Plan

81-3775627/002

For the plan year 01/01/2025 through 12/31/2025

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34		1								
35 to 39										
40 to 44		1								
45 to 49		1								
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up										

Funding Election Form 430(g/h)

Glosage Engineering, Inc. Cash Balance Plan

81-3775627/002

Pursuant to the prescribed funding method under Internal Revenue Code Section 430, and as permitted under Regulations 1.430(g)-1(b)(2)(iv), 1. 430(g)-1(c) and 1.430(h)(2)-1(e), I, as the Plan Sponsor, hereby provide you, Robert M. Haness, E.A., the plan's Enrolled Actuary and, additionally, to the Plan Administrator the following elections(s) for the above named plan for the plan year beginning 01/01/2025 and thereafter, if not revoked:

1. Applicable Month (Sch SB line 21b)

   ☑ Use the month containing the valuation date

   Use ☐ 1st, ☐ 2nd, ☐ 3rd, or ☐ 4th month preceding the month which includes the valuation date

2. Interest Rates (Sch SB line 21a)

   ☑ Use funding segment rates as specified in Code Section 430(h)(2)(B) and (C)

   ☐ Use the bond rates full yield curve as specified in Code Section 430(h)(2)(D)

3. Plan Assets (Sch SB line 2b)

   ☑ Use fair market value of assets

   ☐ Use average value of assets

4. Valuation Date (Sch SB line 1)

   ☐ Use beginning of plan year

   ☑ **Use end of plan year (only available for small plans with 100 or fewer participants per Reg. 1.430(g)-1(b)(2))**

5. Mortality Table (Sch SB line 23)

   ☐ Use prescribed separate mortality tables

   ☑ **Use prescribed combined mortality table (only available for small plans with 500 or fewer participants per Reg. 1.430(h)(3)-1(b)(2))**

I understand any election made above will remain in effect for the plan unless the election is revoked/changed by 1) written notification to the plan's Enrolled Actuary and the Plan Administrator on or before the filing due date (including extensions) of the Schedule SB of Form 5500 and 2) with consent of the Commissioner.

Plan Sponsor Signature

Date

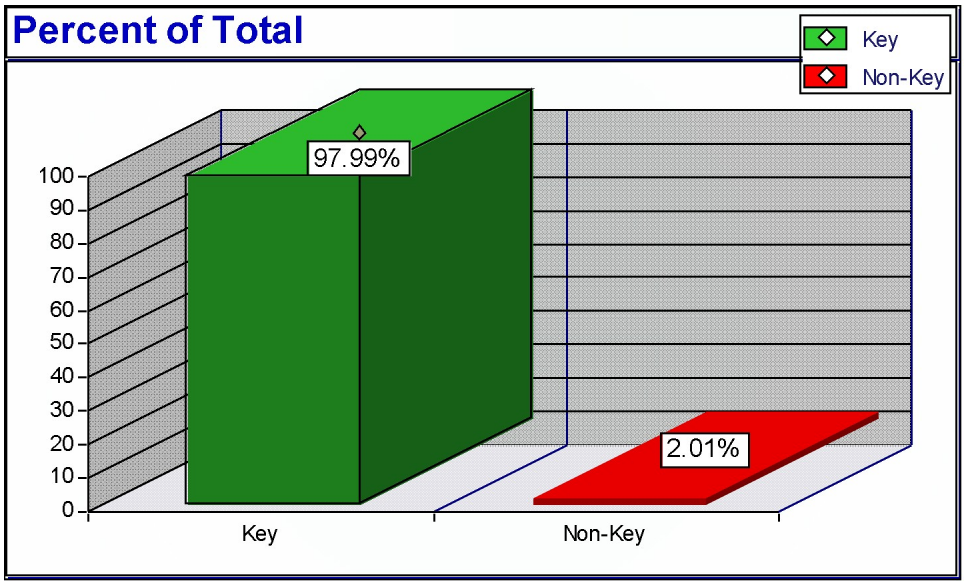
Top-Heavy Test

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

The Plan is Top-Heavy for the Next Plan Year

Employee Classification	Employees Considered	Account Bal/PVAB	Receivable	Excluded Bal/PVAB	Prior Distributions	Adjusted Bal/PVAB	Percent of Total
Key Employees	2	657,252.13	0.00	0.00	0.00	657,252.13	97.99%
Non-Key Employees	2	13,418.08	0.00	0.00	0.00	13,418.08	2.01%
Totals:	4	$670,670.21	$0.00	$0.00	$0.00	$670,670.21	100.00%



Top-Heavy Test (Detail)

Glosage Engineering, Inc. Cash Balance Plan

For the plan year 01/01/2025 through 12/31/2025

Key Status	Total Bal/PVAB	Receivable	Excluded Bal/PVAB	Distributions Current Year	Prior Year (-1)	Prior Year (-2)	Prior Year (-3)	Prior Year (-4)	Adjusted Bal/PVAB
Key Employees									
Luis Guzman Cornejo									
Key	437,940.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	437,940.53
Briceida Guzman Llamas									
Key	219,311.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	219,311.60
Subtotals:									
	$657,252.13	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$657,252.13
Non-Key Employees									
Laura Donan -- terminated 9/22/2025 BIS - not yet paid									
Non-Key	3,214.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,214.50
Erika Murillo Llamas									
Non-Key	10,203.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,203.58
Subtotals:									
	$13,418.08	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$13,418.08
Grand Total:									
	$670,670.21	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$670,670.21

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 section 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
Glosage Engineering, Inc. Cash Balance Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2022

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)
Glosage Engineering, Inc.

590 S. 33rd St.

US Richmond CA 94804

2b Employer Identification Number (EIN) 81-3775627

2c Sponsor's telephone number (510) 815-4505

2d Business code (see instructions) 238900

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**	4
b Total number of participants at the end of the plan year	**5b**	4
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)**	4
d(2) Total number of active participants at the end of the plan year	**5d(2)**	3
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	Signature of plan administrator	Date 3/20/26	Enter name of individual signing as plan administrator Briceida Guzman
SIGN HERE	Signature of employer/plan sponsor	Date 3/20/26	Enter name of individual signing as employer or plan sponsor Briceida Guzman

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 year 568741. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	483,533	703,144
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	483,533	703,144
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	145,500	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	78,873	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		224,373
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	4,762	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		4,762
i Net income (loss) (subtract line 8h from line 8c)	8i		219,611
j Transfers to (from) the plan (see instructions)	8j		

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:

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	
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		X	
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 ☒ 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? ☐ Yes ☒ No
(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.

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 the 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 ☒ No
	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 ☒ 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? ☒ 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
- ☒ 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 Q705152a .

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
Glosage Engineering, Inc. Cash Balance Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Glosage Engineering, Inc. Cash Balance Plan

D Employer Identification Number (EIN)
81-3775627

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 12 Day 31 Year 2025

2 Assets:

a Market value	2a	557,644
b Actuarial value	2b	557,644

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	1	2,536	2,536
c For active participants	3	499,266	499,266
d Total	4	501,802	501,802

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	5.28 %
6 Target normal cost		
a Present value of current plan year accruals	6a	137,846
b Expected plan-related expenses	6b	0
c Target normal cost	6c	137,846

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

Signature of actuary

02/16/2026
Date

Robert M. Haness
Type or print name of actuary

23-04945
Most recent enrollment number

Haness & Associates, LLC
Firm name

(916) 276-1256
Telephone number (including area code)

P.O. Box 836

US Rocklin CA 95677
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 9.07 %	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)		23,369
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 5.48 %		0
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		23,369
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	111.12 %
15	Adjusted funding target attainment percentage	15	109.78 %
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	110.51 %
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
02/12/2026	145,500				
			Totals ▶ 18(b)	145,500	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	144,620

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:	4.75 %	5.26 %	5.70 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	61

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	137,846
b Excess assets, if applicable, but not greater than line 31a	31b	55,842

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	82,004

	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	82,004
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	144,620

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

a Total (excess, if any, of line 37 over line 36)	38a	62,616
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