

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan AABR, INC. PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1998
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) AABR, INC. 15-08 COLLEGE POINT BOULEVARD COLLEGE POINT, NY 11356
2b	Employer Identification Number (EIN) 13-1968035
2c	Plan Sponsor's telephone number 718-321-3800
2d	Business code (see instructions) 624100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	MAHENDRA HARIRAJ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 438
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 32 6a(2) 24 6b 24 6c 367 6d 415 6e 22 6f 437 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I 3D

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ 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 AABR, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AABR, INC.	D Employer Identification Number (EIN) 13-1968035
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	8731895	
b	Actuarial value	2b	7858706	
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	44	1788827	1788827
b	For terminated vested participants	365	4984621	4984621
c	For active participants	29	1118038	1124675
d	Total	438	7891486	7898123
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	0	
b	Expected plan-related expenses	6b	73942	
c	Target normal cost	6c	73942	

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 HOON LEE, ASA, EA, MAAA Type or print name of actuary MILLIMAN, INC. Firm name 150 CLOVE ROAD 8TH FLOOR LITTLE FALLS, NJ 07424 Address of the firm	03/25/2026 Date 23-08354 Most recent enrollment number 973-278-8860 Telephone number (including area code)
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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	197779
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	47961
9 Amount remaining (line 7 minus line 8)	0	149818
10 Interest on line 9 using prior year's actual return of <u>20.89</u> %	0	31297
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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 <u>5.28</u> %		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		0
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	181115

Part III Funding Percentages

14 Funding target attainment percentage	14	97.20 %
15 Adjusted funding target attainment percentage	15	97.20 %
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	95.40 %
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
07/16/2024	29164				
10/23/2024	34248				
Totals ►			18(b)	63412	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	62804

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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.12 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....

Yes



No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....

Yes



No

26 Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.

Yes



No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...

Yes



No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

73942

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

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

220532

25563

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**

99505

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

100240

100240

36 Additional cash requirement (line 34 minus line 35)**36**

0

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

62804

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

62804

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

62804

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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan AABR, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AABR, INC.	D Employer Identification Number (EIN) 13-1968035	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

THE ROOSEVELT INVESTMENT GROUP, LLC

570 LEXINGTON AVENUE
SUITE 1800
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	70671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX TRUST COMPANY

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	9811	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan AABR, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AABR, INC.	D Employer Identification Number (EIN) 13-1968035

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	528441	49448
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		794248
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	539504	486076
(B) Common	1c(4)(B)	7234305	7011261
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	108147	556304
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	321498	432467

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8731895	9329804
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8731895	9329804

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	63412	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		63412
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	288586	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		288586
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	460870	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	588793	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	788631	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1012706

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	334315	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		334315
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	70671	
(6) Bank or trust company trustee/custodial fees	2i(6)	9811	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		80482
j Total expenses. Add all expense amounts in column (b) and enter total	2j		414797

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		597909
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 567695.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan AABR, INC. PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AABR, INC.		D Employer Identification Number (EIN) 13-1968035
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 47-0533629		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

AABR, Inc. Pension Plan

EIN 13-1968035 PN 001

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedule**

June 30, 2025 and 2024

AABR, Inc. Pension Plan
Contents
December 31, 2025 and 2024

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Financial Statements

Statements of Net Assets Available for Benefits.....	4
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Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	15
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Independent Auditor's Report

Board of Directors
AABR, Inc. Pension Plan
College Point, New York

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

We have performed audits of the financial statements of AABR, Inc. Pension Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule(s), other than the information in the supplemental schedule(s) that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule(s) related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

New York, New York
April 13, 2026

Federal Employer Identification Number: 44-0160260

AABR, Inc. Pension Plan
Statements of Net Assets Available for Benefits
June 30, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	\$ 9,327,779	\$ 8,730,079
Non-interest bearing cash	2,025	1,816
Net Assets Available for Benefits	\$ 9,329,804	\$ 8,731,895

AABR, Inc. Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2025 and 2024

	2025	2024
Additions		
Investment Income		
Net appreciation in fair value of investments	\$ 949,294	\$ 1,526,938
Contributions		
Employer	63,412	205,088
Total Additions	1,012,706	1,732,026
Deductions		
Benefits paid to participants	334,315	530,933
Administrative expenses	80,482	73,943
Total Deductions	414,797	604,876
Net Increase	597,909	1,127,150
Net Assets Available for Benefits, Beginning of Year	8,731,895	7,604,745
Net Assets Available for Benefits, End of Year	\$ 9,329,804	\$ 8,731,895

Note 1. Description of the Plan

General

The following description of the AABR, Inc. Pension Plan, formerly known as Association for the Advancement of Blind and Retarded, Inc. Defined Benefit Pension Plan (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined benefit pension plan which includes eligible employees over the age of 21 with at least one year of service, defined as at least 1,000 hours. The Plan complies with the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was established on July 1, 1988 and amended on July 1, 2021. The sponsor of the Plan is AABR, Inc. (the Organization). The Plan has been frozen since June 30, 2007, ceasing all future benefit accruals for all plan participants.

The Board of Directors is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan's Third-Party Administrator is Professional Capital Services, LLC (PCS or the TPA), and the Trustee is AdvisorTrust, Inc., an affiliate of the TPA. The Roosevelt Investment Group, Inc. serves as Investment Advisor to the Plan, and Milliman, Inc. serves as actuary for the Plan. Effective July 1, 2025, Plan management contracted with Sentinel Group to provide third-party administrative and other services.

AdvisorTrust, Inc. is the trustee of the Unified Managed Account Fund that invests in individual assets, which are held by Charles Schwab in a brokerage account. Matrix Trust Company is an affiliate of Charles Schwab that certifies the individual investments of the Unified Managed Fund account.

Contributions

The Plan is entirely funded by AABR, Inc. The amount of funding required is based on actuarial calculations. Participants are neither required nor permitted to make contributions to the Plan. Although it has not expressed any intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits and Vesting

Pension benefits are based on the highest average monthly compensation for three consecutive completed calendar years of employment within the last ten consecutive completed calendar years of service. No compensation is reflected after the freeze date of June 30, 2007. The Plan permits early retirement for employees who have reached the ages 55 to 65. If employees are terminated from the Plan other than for death, disability, or retirement, employees will be entitled to receive only the vested portion of their accrued benefit. The remainder of the accrued benefit will be forfeited. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity, payable monthly. The annual retirement income benefit is the greater of the participant's frozen entry age accrued benefit or the sum of 1% of the participant's final average earnings through or up to June 30, 2007, multiplied by the number of years of their benefit accrual service completed after the fresh start date (June 30, 1999) and 0.65% of the excess, if any, of the participant's final average earnings over the Social Security average monthly wage multiplied by the lesser of (a) the number of the participant's years of benefit accrual service completed after the fresh start date, or (b) 35 reduced (but not below zero) by the number of the participant's years of benefit accrual service counted in the computation of their frozen entry age accrual benefit from above.

AABR, Inc. Pension Plan
Notes to Financial Statements
June 30, 2025 and 2024

Vesting is based on years of service. An employee was 20% vested after two years of service, increasing by 20% for each additional year of service such that after six years, each participant was fully vested. Due to the freezing of the Plan, anyone not 100% vested as of the freeze date of June 30, 2007 will not be 100% vested.

If a partially or fully vested participant dies before retirement benefits have begun, the annual death benefit shall be payable to the spouse (or other beneficiary) who will receive 100% of the accrued benefit, reduced for early commencement to reflect the automatic form of payment.

Due to the freezing of the Plan, the disability annuity benefit accrual service was also frozen. Participants who were already receiving disability annuity credit benefit accruals at the point of the freeze ceased to receive any additional benefit accruals. Newly disabled participants after the freeze will not receive any disability annuity benefit accruals. Death (and Disability) Benefits.

Funding Policy

The Plan is financed by the Organization's contributions in accordance with the Plan agreement and by the excess of income from investments over the operating expenses of the Plan.

The Plan is subject to ERISA minimum funding requirements. The Plan did not meet the minimum funding requirement of \$197,256 as of and for the year ended June 30, 2023 as the full payment was not made by 8½ months after the end of the plan year which is March 15, 2024. A funding shortfall payment of \$110,956 was made on March 22, 2024, which was recorded as a contribution during the plan year ending June 30, 2024.

There is no ERISA minimum funding requirement as of and for the years ended June 30, 2025 and 2024.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Organization and are excluded from these financial statements. Administrative expenses relate to investment management services and actuarial services. Certain administrative functions are performed by officers or employees of the Organization. No such officer or employee receives compensation from the Plan. All plan expenses paid by the Organization are not reimbursable by the Plan.

Accumulated Plan Benefits

Accumulated plan benefits, see Note 6, are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- (A) Retired or terminated employees or their beneficiaries
- (B) Beneficiaries of employees who have died
- (C) Present employees or their beneficiaries

Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Note 3. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (A) Benefits attributable to employee contributions, taking into account those paid out before termination
- (B) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination
- (C) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below
- (D) All other vested benefits (that is, vested benefits not insured by the PBGC)
- (E) All nonvested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 4. Certification of Plan Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Matrix Trust Company, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of June 30, 2025 and 2024
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended June 30, 2025 and 2024
- Investment information included in the accompanying schedule of assets (held at end of year) as of June 30, 2025

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Note 5. Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended June 30, 2025 and 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Equities, exchange traded funds, and real estate investment trusts: Valued at the closing price reported on the active market on which the individual securities are traded.

AABR, Inc. Pension Plan
Notes to Financial Statements
June 30, 2025 and 2024

Corporate bonds: Valued using quoted prices for identical or similar securities in markets that are not active, or based on observable market data including recent transactions, benchmark yields, interest rate curves, and issuer-specific credit spreads.

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2025 and 2024:

	2025		
	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Quoted Prices in Active Markets for Identical Assets (Level 2)
	Total Fair Value		
Equities - Preferred Stocks	\$ 486,076	\$ 486,076	\$ -
Equities - Common Stocks	7,011,261	7,011,261	-
Exchange Traded Fund	556,304	556,304	-
Real Estate Investment Trusts (REITs)	432,467	432,467	-
Corporate bonds	794,248	-	794,248
Total investment reported in the fair value hierarchy	9,280,356	\$ 8,486,108	\$ 794,248
Cash equivalents	47,423		
	<u>\$ 9,327,779</u>		

	2024	
	Fair Value Measurements Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)
	Total Fair Value	
Equities - Preferred Stocks	\$ 539,504	\$ 539,504
Equities - Common Stocks	7,234,305	7,234,305
Exchange Traded Fund	108,147	108,147
Real Estate Investment Trusts (REITs)	321,498	321,498
Total investment reported in the fair value hierarchy	8,203,454	\$ 8,203,454
Cash equivalents	526,625	
	<u>\$ 8,730,079</u>	

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. There were no Level 3 securities at June 30, 2025. There were no Level 2 and 3 securities at June 30, 2024.

Note 6. Accumulated Plan Benefits

An actuary from Milliman, Inc. determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The plan utilizes a valuation as of the beginning of each plan year, which was incorrectly presented in 2024 financial statements as end of the year information. This error is being corrected in the current year by presenting the actuarial present value of accumulated plan benefits as of July 1, 2024, the date of the latest valuation by the Plan's independent actuary, is as follows:

Vested benefits	
Participants receiving benefits	\$ 1,801,587
Other participants	<u>6,075,024</u>
Total vested benefits	7,876,611
Nonvested benefits	<u>6,671</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 7,883,282</u></u>

AABR, Inc. Pension Plan
Notes to Financial Statements
June 30, 2025 and 2024

Changes in the actuarial present value of accumulated plan benefits for the year July 1, 2023 to June 30, 2024 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year, as previously stated	\$ 7,883,282
Revised	<u>235,094</u>
Actuarial present value of accumulated plan benefits at beginning of year, as revised	<u>8,118,376</u>
Benefit payments	(530,933)
Reduction in discount period	392,807
Benefits accumulated and actuarial loss	144,328
Changes in actuarial assumptions	<u>(241,296)</u>
Net decrease	<u>(235,094)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 7,883,282</u></u>

The change in actuarial assumptions during the year ended June 30, 2024, is due to the statutory mortality tables for funding were updated from IRS 2023 Small Plan Optional Combined Static Mortality Tables to Statutory generational tables for 2024 based on Pri-2012 mortality table, with projections to anticipate greater future longevity using IRS-modified projection scale MP-2021, with separate rates for non-annuitants and annuitants.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2024. Had the valuations been performed as of June 30, there would be no material differences.

AABR, Inc. Pension Plan
Notes to Financial Statements
June 30, 2025 and 2024

Significant assumptions underlying the actuarial computations are:

	July 1, 2024
Interest rates for lump-sum conversion	IRC 417(e) Segment rates of 5.18%, 5.41%, and 5.62%
Discount rate - present value of accumulated plan benefits	5.00%
Discount rates - funding	Stabilized segment rates ranging from 4.75% to 5.59% over 20 years; Nonstabilized segment rates ranging from 4.64% to 5.12% over 20 years
Mortality tables - present value of accumulated plan benefits	Statutory generational mortality tables for 2024 based on the Pri-2012 mortality table, projected using IRS-modified improvement scale MP-2021, with separate rates for annuitants and non-annuitants.
Rates of retirement	100% at age 65
Salary increases	N/A

There is a factor to reflect anticipated administrative expenses associated with providing benefits. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Upon termination of the Plan, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 7. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

The trustee of the Plan is AdvisorTrust, Inc., an affiliate of the recordkeeper of the Plan. Fees paid by the Plan to these entities qualify as party-in-interest transactions and totaled \$9,811 and \$10,716 for the years ended June 30, 2025 and 2024, respectively. Investment advisory fees paid by the Plan to The Roosevelt Investment Group, Inc. totaled \$70,671 and \$63,226 for the years ended June 30, 2025 and 2024, respectively.

The Organization provides certain administrative services at no cost to the Plan.

Note 8. Tax Status

The Plan has obtained its latest determination letter on October 28, 2020, in which the Internal Revenue Services stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 9. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 10. Subsequent Events

Subsequent events have been evaluated through April 13, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedule

AABR, Inc. Pension Plan
EIN 13-1968035 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
			Shares	
Cash Equivalents				
*	Charles Schwab Bank	Cash		\$ 2,025
	TD Bank NA	Bank Sweep		47,423
				49,448
Equities - Preferred Stocks				
	AG Mortgage Investment Trust Inc	AG Mtg Invtr Tr Pfd B	3,337	85,794
	AGNC Investment Corp.	Agnc Investment Corp 6.125%	3,765	89,989
	Annaly Capital Management	Annaly Capita 6.95% Pfd Ser F	3,495	91,220
	Armour Residential REIT Inc.	Armour Residential Reit 7%	1,253	31,363
	Enbridge Inc.	Enbridge Inc 5.3753%	1,556	29,113
	Franklin	Franklin BSP Realty Trust 7.5% Ser E	3,502	89,021
	MFA Financial inc.	MFA Financial Inc 7.5%	2,487	64,518
	Webster	Webster Finl Corp 6.5%	2,180	59,187
				486,076
Equities - Common Stocks				
	Alphabet Inc.	Alphabet Inc CL A	1,260	82,693
	Alphabet Inc.	Alphabet Inc CL C	798	91,757
	Amcor	Amcor PLC Ord (amcr01/15/26)	8,417	60,957
	Apple Inc.	Apple Inc	2,799	186,336
	Ares Capital Corporation	Ares Capital Corp	5,049	93,973
	AutoZone, Inc.	Autozone Inc.	32	59,678
	Ares Dynamic Credit Allocation Fund, Inc.	Blue Owl Capital Inc	3,658	39,395
	Brookfield Asset Management Ltd.	Brookfield Asset Management Inc CL A Voting Shs	2,466	74,498
	Brookfield Corporation	Brookfield Asset Management Inc Ltd CL A Lmt Vtg Shs	4,562	149,427
	Cannae Holdings, Inc.	Cannae Holdings Inc	4,387	163,382
	Carlyle Secured Lending, Inc.	Carlyle Secured Lending Inc.	3,566	47,642
	Canopy Growth Corporation	Cenovus Energy Inc	3,279	51,873
	Cisco Systems, Inc.	Cisco Systems Inc	2,072	89,430
	Comcast Corporation	Comcast Corp CL A	4,814	215,715
	Constellation Brands, Inc.	Constellation Brands Cl. A	551	100,940
	Crane Company	Crane Co	957	68,796
	Crane NXT, Co.	Crane Nxt Co	957	36,609
	CVS Health Corporation	CVS Health Corp	2,747	203,628
	Disney Walt Co.	Disney Walt Co	889	137,314
	Emerson Electric Co.	Emerson Electric Co	1,026	94,487
	Equinor	Equinor ASA ADR	2,883	64,153
	Ericsson LM Telephone	Ericsson L M Telephone Co ADR B	8,831	80,715
	FedEx Corporation	Fedex Corp	589	136,601
	First Horizon Corporation	First Horizon Corp	2,963	31,341
	Hillenbrand, Inc.	Hillenbrand Inc	1,113	48,217
	Keurig Dr Pepper Inc.	Keurig Dr Pepper Inc	2,625	74,511
	The Kroger Co.	Kroger Co	1,409	69,946
	Liberty Broadband Corporation	Liberty Broadband - A	1,001	117,908
	LKQ Corporation	Lkq Corp	881	26,738
	M&T Bank Corporation	M&T Bank Corp	702	95,262
	Microchip Technology Incorporated	Microchip Technology	1,143	56,500
	Microsoft Corporation	Microsoft Corporation	1,634	245,737
	NRG Energy, Inc.	NRG Energy Inc	2,072	79,342
	Nu Holdings Ltd.	Nu Holdings Ltd/Cayman Isl-A	10,197	44,459
	Owens Corning Inc.	Owens Corning Inc	521	49,149
	Paypal Holdings Inc.	Paypal Holdings Inc	742	72,135

AABR, Inc. Pension Plan
EIN 13-1968035 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2025

(Continued)

		<u>Shares</u>		
Pennantpark	Pennantpark Floating Rate Capital Ltd	1,634	55,930	49,171
Pfizer Incorporated	Pfizer Incorporated	2,072	59,800	41,281
Prosieben	Prosieben Sat.1 Media AG	10,197	28,658	16,212
Qualcomm	Qualcomm	521	66,860	78,993
Sixth Street Specialty lending	Sixth Street Specialty Lending Inc	742	138,125	151,765
Steel Dynamics Inc.	Steel Dynamics Inc	4,760	23,168	28,162
Technip energies NV	Technip Energies NV	1,703	7,646	70,268
TPG Mortgage Investment Trust	TPG Mortgage Investment Trust	2,047	16,608	18,437
Transalta Corp	Transalta Corp	496	77,958	95,567
U-Haul Holding	U-Haul Holding Co Ser N	2,173	78,437	82,860
Valaris Ltd	Valaris Ltd	1,403	43,327	28,845
Vertex Pharmacequicals	Vertex Pharmaceuticals	6,374	55,267	117,533
Vertex Holdings	Vertiv Holdings LLC	220	109,503	652,965
Viartis Inc.	Viartis Inc	1,674	53,516	32,416
Vinci Sa	Vinci Sa	2,442	168,055	212,592
Westlake Corp.	Westlake Corp	8,857	67,004	40,850
				<u>7,011,261</u>
Corporate Bonds				
Citigroup	Citigroup Inc 4.125% Due 07-25-28	80,000	78,334	79,421
Fedex	Fedex Corp 3.100% Due 08-05-29	80,000	74,827	75,789
General Mills	General Mills Inc 4.200% Due 04-17-28	70,000	69,052	69,941
Intercontinental Exchange	Intercontinentalexchange 4.350% Due 06-15-29	85,000	84,159	85,354
Morgan Stanley	Morgan Stanley 4.350% Due 09-08-26	85,000	84,686	84,975
Motorola Solutions	Motorola Solutions Inc 4.600% Due 02-23-28	80,000	79,997	80,383
Omnicom Group	Omnicom Group Inc. 3.600% Due 04-15-26	80,000	79,243	79,587
Prologis LP	Prologis LP 2.250% Due 04-15-30	85,000	75,137	77,259
Williams Companies	Williams Companies Inc. 4.650% Due 08-15-32	85,000	82,389	83,431
Workday Inc.	Workday Inc.3.700% Due 04-01-29	80,000	76,948	78,108
				<u>794,248</u>
Exchange Traded Fund				
AllianceBernstein Global	AllianceBernstein Global High Income Fund	3,205	38,364	35,351
Ares Dynamic	Ares Dynamic Credit Allocation	4,524	63,790	64,331
Brandywine Global	BrandywineGlobal Global Income Opp Fund Inc	4,277	52,693	35,542
Goldman Sachs	Goldman Sachs Activebeta US	1,707	58,152	117,117
iShares	iShares 0-3 Month Treasury B	1,053	105,674	106,027
Nuveen Amt-Free	Nuveen Amt-Free Quality Municipal Income Fund	3,761	52,804	41,070
Nuveen Credit	Nuveen Credit Strategies Income Fund	2,200	16,039	11,858
Nuveen Real asset	Nuveen Real Asset Income And	7,803	139,518	105,341
Western Asset	Western Asset Emerging Markets Debt	3,947	55,023	39,667
				<u>556,304</u>
Real Estate Investment Trusts				
Citigroup Capital	Citigroup Capital XIII 7.875% 10/30/2040	1,938	53,780	57,016
Agree Realty Corp	Agree Realty Corp	1,389	93,671	101,480
Apollo Commerical	Apollo Commercial Real Estat	3,235	58,392	31,315
BlackRock	BlackRock Core Bd Trust	3,715	53,496	36,110
Dynex Capital	Dynex Capital Inc	3,600	57,835	43,992
Macerich	Macerich Co.	4,464	117,106	72,231
Ready Capital Corp.	Ready Capital Corp	2,173	36,045	9,496
Realty Income Corp.	Realty Income Corp	1,403	93,178	80,827
				<u>432,467</u>
Total Assets Held for Investment Purposes				
at End of Year - Form 5500 - Schedule H,				
Line 4i				<u><u>\$ 9,329,804</u></u>

* Party-in-interest to the Plan, as defined by ERISA

AABR, Inc. Pension Plan

EIN: 13-1968035

Plan Number: 001

Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Line 26a – Schedule of Active Participant Data

Summary of Active Participants by Age and Service

Number of Participants by Age and Service Groups

Age	Years of Credited Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-
40-44	-	4	-	-	-	-	-	-	-	-	4
45-49	-	2	-	-	-	-	-	-	-	-	2
50-54	-	1	4	1	-	-	-	-	-	-	6
55-59	-	1	1	-	-	-	-	-	-	-	2
60-64	-	1	3	2	1	1	-	-	-	-	8
65-69	-	-	2	1	2	-	-	-	-	-	5
70&Up	-	1	-	-	1	-	-	-	-	-	2
Total	-	10	10	4	4	1	-	-	-	-	29

AABR, INC. PENSION PLAN

EIN: 13-1968035

Plan Number: 001

Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

Actuarial Cost Method: Unit Credit.

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

For ERISA funding requirements, as prescribed by the Pension Protection Act of 2006 (PPA), the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Actuarial Value of Assets with adjustment for credit balances. The amortization payment for a plan year is the aggregate total of the Shortfall Amortization payments, which are based on amounts necessary to amortize the additional Shortfall of each year in level annual installments over a 15-year period beginning with such year.

The Normal Cost is the Actuarial Present Value of benefits expected to accrue during the valuation year plus anticipated administrative expense, if any. Since benefits under the plan are frozen, the Normal Cost is equal to the anticipated administrative expense.

Asset Valuation Method: 2 year (3-point) Average Value of Assets as permitted under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Adjusted Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently, 5.90% per year) or the applicable statutory interest rate for the year.

AABR, INC. PENSION PLAN

EIN: 13-1968035

Plan Number: 001

Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

ECONOMIC ASSUMPTIONS

Interest Rates

Assumption: PPA Funding – 2024 Segment Rates with 4 months lookback period, subject to Segment Rate Stabilization.

Maximum Deductible Contribution – 2024 Segment Rates without Segment Rate Stabilization (4 months lookback).

417 (e) Lump Sum – Spot segment rates for the second month preceding the valuation date.

Segment	Without Segment Rate Stabilization	With Segment Rate Stabilization	417(e) Lump Sum
Under 5 Years	4.64%	4.75%	5.18%
5 to 20 Years	5.12%	5.12%	5.41%
20 years or more	5.10%	5.59%	5.62%
Effective Rate	5.09%	5.28%	N/A

Rationale: Plan sponsors have the option to elect the use of a full yield curve, or to use segmented interest rates (with a lookback period, if desired) subject to HATFA constraints. The rate methodology used has been selected by the plan sponsor.

Assumption: FASB ASC Topic 960 – 5.00%, compounded annually (previously 5.00%). This assumption represents an estimate of future experience and is based on both historical returns and projections.

Rationale: The Plan pays unlimited lump sums to participants upon retirement, and the plan experience indicates that most participants take the lump sum payment form. The actuarial basis for calculating the lump sum amount is the mortality and the interest rate assumption prescribed under IRC Section 417(e) in a given year. In our professional judgement, after reviewing the historical movement in the corporate bond rates and the forward looking data such as (but not limited to) projections of inflation, 5.00% is a reasonable estimate of a long-term interest rate for the purpose of setting the plan liability at a single interest rate.

Inflation (CPI)

Assumption: 2.50%, compounded annually (previously, 2.50%), where applicable only. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

AABR, INC. PENSION PLAN

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Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

Rationale for assumption: We utilized the 30-year breakeven inflation rate on June 30, 2024 in combination with the CBO's 75-year forecast to arrive at this assumption.

Salary Increases

Assumption: N/A (the plan was frozen as of June 30, 2007).

Expense Provision

Assumption: Prior year's actual expenses.

Rationale: This assumption represents an estimate of future experience. We believe the assumption selected is reasonable for the contingency being measured and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

DEMOGRAPHIC ASSUMPTIONS

Mortality:

PPA Funding and FASB ASC Topic 960: Statutory generational tables for 2024 based on Pri-2012 mortality table, with projections to anticipate greater future longevity using IRS-modified projection scale MP-2021, with separate rates for non-annuitants and annuitants.

Lump Sum: IRS 2022 Applicable Mortality for Lump Sums, per notice 2023-73.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table in which credible mortality experience was analyzed. We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Change in assumption: The statutory mortality tables for funding were updated from IRS 2023 Small Plan Optional Combined Static Mortality Tables to Statutory generational tables for 2024 based on Pri-2012 mortality table, with projections to anticipate greater future longevity using IRS-modified projection scale MP-2021, with separate rates for non-annuitants and annuitants.

Retirement

Assumption: Age 65.

Rationale: Based on a reasonable estimate of future expectations. We believe the retirement assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

AABR, INC. PENSION PLAN

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Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

Withdrawal (Vested and non-vested)

Assumption: T-5 Rates from the Pension Actuary's Handbook less GAM 51. The termination rates assumed represent an estimate of future experience in the plan. Sample rates are illustrated below.

Age	Rates
25	7.72%
30	7.22%
35	6.27%
40	5.15%
45	3.97%
50	2.56%
55	0.93%
60	0.09%

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Disability

Assumption: None.

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marital Characteristics

Assumption: 100% of participants are assumed to be married. Husbands are assumed to be 3 years older than their wives.

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

AABR, INC. Pension Plan

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Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

Benefit Payment Form

Assumption: All benefits are assumed to be paid as a lump sum upon retirement or death.

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Participant Data

As of July 1, 2024.

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ 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 AABR, Inc. Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AABR, Inc.	D Employer Identification Number (EIN) 13-1968035
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2024</u>	
2 Assets:	
a Market value	2a 8,731,895
b Actuarial value	2b 7,858,706
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 44 (2) Vested Funding Target 1,788,827 (3) Total Funding Target 1,788,827
b For terminated vested participants	365 4,984,621 4,984,621
c For active participants	29 1,118,038 1,124,675
d Total	438 7,891,486 7,898,123
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 0
b Expected plan-related expenses	6b 73,942
c Target normal cost	6c 73,942

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 Hoon Lee, ASA, EA, MAAA Type or print name of actuary Milliman, Inc. Firm name 150 Clove Road 8th Floor Little Falls NJ 07424 Address of the firm	03/25/2026 Date 23-08354 Most recent enrollment number (973) 278-8860 Telephone number (including area code)
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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	197,779
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	47,961
9 Amount remaining (line 7 minus line 8)	0	149,818
10 Interest on line 9 using prior year's actual return of <u>20.89</u> %	0	31,297
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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 <u>5.28</u> %		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		0
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	181,115

Part III Funding Percentages

14 Funding target attainment percentage	14	97.20%
15 Adjusted funding target attainment percentage	15	97.20%
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	95.40%
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
07/16/2024	29,164				
10/23/2024	34,248				
Totals ►			18(b)	63,412	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	62,804

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
0	0	0	0

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

21	Discount rate:				
	a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
	b Applicable month (enter code)				21b 4
22	Weighted average retirement age				22 65
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26	Demographic and benefit information	
	a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
	b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...	☐ Yes ☒ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c)	31a	73,942
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	220,532	25,563
	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 99,505
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	100,240
36	Additional cash requirement (line 34 minus line 35)		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 62,804
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	62,804
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	62,804
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
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AABR, Inc. Pension Plan

EIN: 13-1968035

Plan Number: 001

Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Line 8 – Balance Used to Offset Prior Year Funding Requirement

Since the prefunding balance used in the 2023-24 plan year reflected an election made after the due date of the installment, there is a difference between Line 35 of the 2023-24 Schedule SB and Line 8 of this year's(2024-25) Schedule SB.

AABR, Inc. Pension Plan
EIN/PN: 13-1968035/1
Attachment to 2024 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 7/1/2024
7/16/2024	2024-2025	5.28%		\$ 29,164	\$ 29,102
10/23/2024	2024-2025	5.28%		34,248	33,702

AABR, Inc. Pension Plan

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Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age is equal to the normal retirement age of 65.

AABR, INC. PENSION PLAN

EIN: 13-1968035

Plan Number: 001

Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document.

Basic Information

Plan Name: AABR, Inc. Pension Plan

Effective Date of Plan: July 1, 1988.

EIN/PN: 13-1968035/001.

Effective Date of Last Amendment: July 1, 2021.

Plan Year: July 1 – June 30.

Fresh Start Date: June 30, 1999.

Eligibility: All employees except those covered under a collective bargaining agreement become Participants of this Plan after completion of six months of service and attainment of age 21. Effective June 30, 2007, no additional employees will be eligible to enter the Plan.

Service

Benefit Service: Years and months of employment with the Employer. No additional Benefit Accrual Service shall be reflected after June 30, 2007.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Eligibility: A member's normal retirement date will be the first of the month coinciding with or next following his 65th birthday.

Normal Retirement Benefit: The monthly Normal Retirement benefit is determined as follows:

The greater of (a) or (b):

- (a) – The Frozen Accrued Benefit;
- (b) – The sum of 1% of Final Average Earnings multiplied by Benefit Accrual Service and 0.65% of Final Average Earnings in excess of Social Security Average Monthly Wage multiplied by Benefit Accrual Service not greater than 35.

Frozen Accrued Benefit: The Accrued Benefit as of the Fresh Start Date determined under the provisions of the Plan then in effect

AABR, INC. PENSION PLAN

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Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Plan Provisions

Accrued Benefit: The Accrued Benefit is computed under the Benefit Formula above using Final Average Earnings and Social Security Average Monthly Wage at date of determination assuming the Participant continues to earn Benefit Accrual Service until his Normal Retirement Age or date of determination, if later, and adjusted as follows:

The portion of the retirement benefit based on total Benefit Accrual Service (item (b) in the Benefit Formula above) is multiplied by a fraction (not to exceed one) equal to actual Benefit Accrual Service divided by projected Benefit Accrual Service at Normal Retirement Age. The multiplication by this factor does not apply to the Frozen Accrued Benefit (item (a) in the Benefit Formula above).

Compensation: Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2003, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2003 plan year, EGTRRA increased prospectively the limit to \$200,000 annually. For prospective years after 2003, the \$200,000 limit will be indexed for inflation.

Final Average Earnings: The highest average monthly compensation for 3 consecutive completed calendar years of employment within the last consecutive 10 completed calendar years of service. No compensation shall be reflected after June 30, 2007.

Social Security Average Monthly Wage: Monthly average of the Social Security Taxable Wage Bases for the 35 calendar years ending with the Participant attains Social Security Retirement Age.

Deferred Retirement

Deferred Retirement Benefit: The Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date.

Early Retirement

Early Retirement Eligibility: The first of the month on or after attainment of age 55 (but before age 65), on which the Participant elects to retire.

Early Retirement Benefit: The pension payable will be his vested accrued benefit reduced by 1/12 for each of the first 3 years and 1/24 for each of the next 7 years by which his Early Retirement Date precedes his Normal Retirement Date.

AABR, INC. PENSION PLAN

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Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Plan Provisions

Vested Termination

Eligibility:

Years of Service	Vested Percentage
Less than 2 years	20%
3 years	40%
4 years	60%
5 years	80%
More than 6 years	100%

Benefit: Vested accrued benefit payable at normal retirement date.

Disability Benefit

Periods of disability while a participant receives a Social Security Disability Income are also counted as Benefit Accrual Service excluding the first six months of disability and ending on Normal or Early Retirement Date.

The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.

Death Benefit

Death Benefit: If a partially or fully vested participant dies before retirement benefits have begun, the annual death benefit shall be equal to 100% of the Retirement Benefit otherwise payable. If death occurs after age 55, or age 45 and 10 years of employment, then the amount payable to the Beneficiary is computed as above, except that the Participant is assumed to remain in service until his Normal Retirement Date instead of terminating a day before death. In lieu of a lifetime income, the Beneficiary may elect to have the Actuarial Equivalent of the Participant's Accrued Benefit payable as a lump sum. The determination of the lump sum value shall be on the basis of the Participant's actual age in years and months as of the Annuity Starting Date.

Forms of Payment

Normal Form of Benefit: A non-refund monthly life annuity.

Qualified Joint and Survivor Annuity: For a married Participant, a monthly Joint and 66 2/3% Survivor with 120 months certain and continuous annuity actuarially equivalent to the monthly benefit in the normal form.

Optional Forms of Benefits: The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment – full cash refund annuity, modified cash refund annuity, certain and

AABR, INC. Pension Plan

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Attachment to 2024 Schedule SB (Form 5500)

Schedule SB, Part V – Summary of Plan Provisions

continuous annuity for 36, 60, 100, 120, or 180 months, joint and survivor annuity with 50%, 66 2/3%, 75%, or 100% survivorship percentage, joint and survivor annuity with certain period, lump sum payment.

Lump Sum: The Plan allows Participants to receive a single lump sum in lieu of a monthly annuity at retirement. The actuarial basis for determining the lump sum is different than for other optional forms.

Maximum Benefit: The maximum benefit is limited as required by IRC Section 415(b). The limit for 2024 is \$275,000.

Name of Plan:

For plan year (ending): June 30, 2025

[illegible]

AABR, Inc. Pension Plan**EIN: 13-1968035****Plan Number: 001****Attachment to 2024 Schedule SB (Form 5500)****Schedule SB, Line 32 – Schedule of Amortization Bases**

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning July 1, 2024 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations

	Date Established	Amortization Amount	Years Remaining	Present Value Factor	Present Value
a.	7/1/2022	<u>\$55,829</u>	13	9.834122	<u>\$549,029</u>
b.	Total	55,829			549,029

2. Shortfall Amortization for current plan year

a.	Applicable Funding Target	7,898,123
b.	Actuarial Value of Assets less Prefunding Balance	7,677,591
c.	Is the plan exempt from establishing a Shortfall Amortization for the current year?	No
d.	Funding Shortfall [(a) - (b), but not < \$0]	220,532
e.	Net Funding Shortfall [If (d) > \$0, (d) - (1b), otherwise n/a]	(328,497)
f.	Amortization factor	10.853682
g.	Shortfall Amortization for current plan year [(e) ÷ (f)]	(\$30,266)

3. Total Shortfall Amortizations

[(1b) + (2g), but not < \$0]	25,563
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