# 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**

## Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

**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.)
- [X] 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:
- [X] 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
HEALTH CARE PLAN OF THE SUNDT COMPANIES, INC.

**1b** Three-digit plan number (PN) ▶ 501

**1c** Effective date of plan 09/01/1972

**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)
THE SUNDT COMPANIES, INC.

2015 W RIVER RD STE 101
TUCSON, AZ 85704-1676

**2b** Employer Identification Number (EIN) 86-0923877

**2c** Plan Sponsor's telephone number 520-750-4600

**2d** Business code (see instructions) 551112

**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. | 05/07/2026 | JENNIFER GIBSON |
| | **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 [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 3219 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 3210 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 4162 |
| **b** | Retired or separated participants receiving benefits | **6b** | 29 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 4191 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | |
| **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:

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

4A 4D 4E

**9a** Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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

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

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

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

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

Receipt Confirmation Code_____

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

**A** Name of plan
HEALTH CARE PLAN OF THE SUNDT COMPANIES, INC.

**B** Three-digit plan number (PN) ▶ 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE SUNDT COMPANIES, INC.

**D** Employer Identification Number (EIN)
86-0923877

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

| (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? |
|---|---|---|---|---|---|---|
| 12 13 15 | NONE | 1929448 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

THE SUNDT COMPANIES, INC.

86-0923877

| (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? |
|---|---|---|---|---|---|---|
| 14 | NONE | 591600 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

LYRA HEALTH

47-2935915

| (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? |
|---|---|---|---|---|---|---|
| 13 | NONE | 127610 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**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)

CONSOVA CORPORATION

14-1884313

| (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? |
|---|---|---|---|---|---|---|
| 49 | NONE | 33132 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CBIZ CPAS P.C.

43-1947695

| (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? |
|---|---|---|---|---|---|---|
| 10 | NONE | 23100 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NUESYNERGY

46-0553674

| (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? |
|---|---|---|---|---|---|---|
| 13 | NONE | 16317 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**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)

PRINCIPAL BANK

42-1466678

| (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? |
|---|---|---|---|---|---|---|
| 21 | NONE | 10000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CBIZ ACCTG,TAX & ADVISORY OF WA LLC

86-3192990

| (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? |
|---|---|---|---|---|---|---|
| 10 | NONE | 6344 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WEX HEALTH, INC.

06-1593514

| (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? |
|---|---|---|---|---|---|---|
| 12 15 | NONE | 6336 | Yes [ ] No [X] | 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 10/01/2024 and ending 09/30/2025

**A** Name of plan
HEALTH CARE PLAN OF THE SUNDT COMPANIES, INC.

**B** Three-digit plan number (PN) ▶ 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE SUNDT COMPANIES, INC.

**D** Employer Identification Number (EIN)
86-0923877

## 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 | 0 | 325929 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 3195893 | 4545874 |
| **(2)** Participant contributions | 1b(2) | 377023 | 486777 |
| **(3)** Other | 1b(3) | 23050 | 18426 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 5827703 | 5272979 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 9423669 | 10649985 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 1796958 | 930167 |
| **h** Operating payables | 1h | 4506 | 8201 |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | 1849982 | 3065770 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 3651446 | 4004138 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 5772223 | 6645847 |

## 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) | 44436779 | |
| **(B)** Participants | 2a(1)(B) | 5507356 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 168716 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 50112851 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 258335 | |
| **(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) | | 258335 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (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 | | 50371186 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 46751875 | |
| (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) | | 46751875 |
| 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) | 2671312 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 29444 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 10000 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 1799 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 33132 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 2745687 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 49497562 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 873624 |
| 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)** [X] 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)** [X] 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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

**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.) | **4a** | | X | |
| **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.) | **4b** | | X | |
| **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.) | **4c** | | X | |
| **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.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 10000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **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? | **4g** | | X | |
| **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? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **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.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **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. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

# THE HEALTH CARE PLAN OF THE SUNDT COMPANIES, INC.

## FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Years Ended September 30, 2025 and 2024

# THE HEALTH CARE PLAN OF
# THE SUNDT COMPANIES, INC.

## FINANCIAL STATEMENTS AND
## SUPPLEMENTAL SCHEDULES

Years Ended September 30, 2025 and 2024

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CBIZ CPAs P.C.

4722 North 24th Street
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# INDEPENDENT AUDITORS' REPORT

To the Compensation and Benefits Committee of

**THE HEALTH CARE PLAN OF THE SUNDT COMPANIES, INC.**

## *Opinion*

We have audited the financial statements of ***The Health Care Plan of the Sundt Companies, Inc.*** ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and benefit obligations as of September 30, 2025 and 2024, the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the statements of net assets available for benefits and benefit obligations of the Plan as of September 30, 2025 and 2024, and the related statements of changes in its net assets available for benefits and benefit obligations for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

## *Basis for Opinion*

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

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 the financial statements are issued or 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.

***Auditors' Responsibilities for the Audit of the Financial Statements***

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 auditors' 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 these 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.

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

***Other Matter - Supplemental Schedules Required by ERISA***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) as of September 30, 2025, and reportable transactions for the year ended September 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CBIZ CPAs P.C.

May 5, 2026

# THE HEALTH CARE PLAN OF
# THE SUNDT COMPANIES, INC.

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS

September 30, 2025 and 2024
(Amounts in thousands)

| | 2025 | 2024 |
|---|---|---|
| ASSETS | | |
| Cash | $ 326 | $ 281 |
| Money market funds | 5,273 | 5,547 |
| Receivables: | | |
| Employer contributions | 4,546 | 3,196 |
| Employees' contributions | 487 | 377 |
| Other | 18 | 23 |
| Total receivables | 5,051 | 3,596 |
| Total assets | 10,650 | 9,424 |
| LIABILITIES | | |
| Accounts payable for administrative expenses | 8 | 5 |
| Net assets available for benefits | 10,642 | 9,419 |
| BENEFIT OBLIGATIONS | | |
| Health claims payable | 930 | 1,797 |
| Claims incurred but not reported | 3,066 | 1,850 |
| Total benefit obligations | 3,996 | 3,647 |
| EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS | $ 6,646 | $ 5,772 |

See Notes to Financial Statements

# THE HEALTH CARE PLAN OF
# THE SUNDT COMPANIES, INC.

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND CHANGES IN BENEFIT OBLIGATIONS

Years Ended September 30, 2025 and 2024
(Amounts in thousands)

| | 2025 | 2024 |
|---|---|---|
| Net increase (decrease) in net assets available for benefits | | |
| Contributions: | | |
| Employer contributions | $ 44,437 | $ 29,660 |
| Employees' contributions | 5,507 | 4,101 |
| COBRA contributions | 169 | 187 |
| Total additions | 50,113 | 33,948 |
| Health claims paid | 46,403 | 31,923 |
| Administrative expenses | 2,487 | 1,833 |
| Total expenses | 48,890 | 33,756 |
| Net increase in net assets available for benefits | 1,223 | 192 |
| Net increase in benefit obligations | | |
| Increase (decrease) during the year attributable to: | | |
| Claims payable | (867) | 1,229 |
| Claims incurred but not reported | 1,216 | (47) |
| Net increase in benefit obligations | 349 | 1,182 |
| Increase (decrease) in excess of net assets available for benefits over benefit obligations | 874 | (990) |
| EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, BEGINNING OF YEAR | 5,772 | 6,762 |
| EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, END OF YEAR | $ 6,646 | $ 5,772 |

See Notes to Financial Statements

# THE HEALTH CARE PLAN OF
# THE SUNDT COMPANIES, INC.

## NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2025 and 2024
(Dollars in thousands, except for hourly rate)

### (1) Description of the Plan

The following description of The Health Care Plan of The Sundt Companies, Inc. provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**A. General** – The Health Care Plan of The Sundt Companies, Inc. (the "Plan") provides health benefits covering substantially all employees of The Sundt Companies, Inc. (the "Sponsor") and its subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**B. Benefits** – The Plan provides for health benefits (accident, hospital, major medical, dental, surgical and vision) for eligible members as specified in the Plan.

**Contributions** – The Plan agreement provides that The Sundt Companies, Inc. and its subsidiaries make monthly contributions to the Plan based on estimated future health care claims. The average employers' contribution rate was $4.86 for each hour worked for both years ended September 30, 2025 and 2024.

Participating employees contribute specified amounts based on the coverage elected, which are determined annually by the Compensation and Benefits Committee, to decrease deductibles and increase insurance coverage. There are two coverage upgrades currently available under the Plan. In addition, participants are eligible to participate in several available wellness programs in exchange for a reduction of their monthly premium payments. Participants enrolled in the high deductible plan are eligible to contribute to a health saving account (HSA) which is administered by a third party.

Terminated employees, at their option and expense, may continue to participate in this Plan for a period of 18 months (36 months in certain conditions) under the COBRA Act of 1986. COBRA rates are determined in the same manner as employer and employee contributions.

**C. Other** – Although it has not expressed any intention to do so, the Sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. The Company may modify the benefits under the Plan from time to time.

### (2) Summary of significant accounting policies

**Basis of accounting** – The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

**Cash and cash equivalents** – Cash and cash equivalents include all cash and cash equivalent investments with original maturities of three months or less, primarily consisting of demand deposits in banks. Total money market funds as of September 30, 2025 and 2024 was $5,273 and $5,547, respectively. Cash totaled $326 and $281 as of September 30, 2025 and 2024. Financial instruments that potentially subject the Plan to concentrations of credit risk consist of cash equivalents and receivables. The Plan routinely maintains cash in excess of $250 in certain banks to pay claims and administrative expenses. The Plan places the investments with financial institutions evaluated as highly creditworthy. The Plan periodically maintains balances of cash and cash equivalents with financial and other institutions in excess of insured limits.

**(2) Summary of significant accounting policies (continued)**

**Fair value of financial instruments** – The Plan's financial instruments include interest and non-interest bearing cash, receivables, payables, benefit obligations and accrued expenses. The fair value of cash equivalents are based on quoted prices in active markets for identical assets. The carrying values of receivables, benefit obligations, payables and accrued expenses approximate fair value due to their relatively short maturities.

**Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, benefit obligations and changes therein, liabilities and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Estimated liability for claims incurred but not reported** – The actuarial value of benefit obligations is reported based on certain assumptions using generally accepted claim development methods pertaining to claim completion patterns, actual claims, trend factors and lag reports, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions 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.

**Subsequent events** – The Plan has evaluated subsequent events through May 5, 2026, the date the financial statements were available to be issued.

**(3) Benefit obligations**

Plan obligations at September 30, 2025 and 2024 for health claims incurred by active participants but not reported at that date are estimated by the Plan's third party expert in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of net assets available for benefits and benefit obligations.

**(4) Fair value measurements**

The Plan accounts for certain assets at fair value in accordance with FASB ASC 820-10 which expands the disclosure requirements around fair value and establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels, which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

Level 1: Inputs are based upon unadjusted quoted prices for identical instruments traded in active markets.

Level 2: Inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

**(4) Fair value measurements (continued)**

Level 3: Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option pricing models, discounted cash flow models, and similar techniques.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2025:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 5,273 | $ - | $ - | $ 5,273 |
| Total | $ 5,273 | $ - | $ - | $ 5,273 |

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2024:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 5,547 | $ - | $ - | $ 5,547 |
| Total | $ 5,547 | $ - | $ - | $ 5,547 |

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

**(5) Administrative expenses and parties-in-interest transactions**

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and are recorded in the accompanying statements of changes in net assets available for benefits as administrative expenses. Certain administrative functions are performed by officers or employees of the Sponsor. No such officer or employee receives compensation from the Plan. The following table summarized the Plan's expenses incurred to parties-in-interest for the year ended September 30:

| | 2025 | 2024 |
|---|---|---|
| Parties-in-interest | | |
| Professional fees | | |
| Legal services | $ 2 | $ 3 |
| Accounting services | 29 | 29 |
| Claims administrator fees | 1,952 | 1,472 |
| Other professional services | 43 | 37 |
| Total professional fees | 2,026 | 1,541 |
| Recordkeeping and other expenses | 461 | 292 |
| Total administrative expenses | $ 2,487 | $ 1,833 |

## (6) Tax status

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code and accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable determination letter from the Internal Revenue Service and the State of Arizona Department of Revenue. The Plan Sponsor believes that the Trust, as amended, continues to qualify, and operate in accordance with the applicable provisions of the Internal Revenue Service Code.

Management evaluated the Plan's tax positions in accordance with the accounting standard on accounting for uncertainty in income taxes and concluded that the Plan had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of the accounting standard. In addition, Management is not aware of any matters that would cause the Plan to lose its tax-exempt status. In general, the Plan is no longer subject to income tax examination by the U.S. federal, state, or local tax authorities for years before 2022.

The Plan recognizes interest and penalties related to unrecognized tax benefits as accrued expenses in its accompanying financial statements. During the years ended September 30, 2025 and 2024, the Plan did not recognize any interest and penalties.

**THE HEALTH CARE PLAN OF**
**THE SUNDT COMPANIES, INC.**

**EIN: 86-0923877**

**Plan No. 501**

**FORM 5500 SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS**

September 30, 2025
(Dollars in thousands)

| | (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|
| **Category (i) - Individual transactions in excess of 5% of Plan assets at October 1, 2024:** | | | | | | | |
| * | Principal Bank | Principal Deposit Sweep Program | $ - | $ 522 | $ 522 | $ 522 | $ - |
| * | Principal Bank | Principal Deposit Sweep Program | 3,515 | - | 3,515 | 3,515 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 707 | 707 | 707 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 561 | 561 | 561 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 491 | 491 | 491 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 542 | 542 | 542 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 504 | 504 | 504 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 4,899 | - | 4,899 | 4,899 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 550 | 550 | 550 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 545 | 545 | 545 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 492 | 492 | 492 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 2,889 | - | 2,889 | 2,889 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 474 | 474 | 474 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 656 | 656 | 656 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 554 | 554 | 554 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 518 | 518 | 518 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 717 | 717 | 717 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 478 | 478 | 478 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 532 | 532 | 532 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 3,845 | - | 3,845 | 3,845 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 566 | 566 | 566 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 734 | 734 | 734 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 814 | 814 | 814 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 631 | 631 | 631 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 3,316 | - | 3,316 | 3,316 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 571 | 571 | 571 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 1,045 | 1,045 | 1,045 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 518 | 518 | 518 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 1,057 | 1,057 | 1,057 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 614 | 614 | 614 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 3,790 | - | 3,790 | 3,790 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 551 | 551 | 551 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 1,235 | - | 1,235 | 1,235 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 614 | 614 | 614 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 1,965 | - | 1,965 | 1,965 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 572 | 572 | 572 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 695 | 695 | 695 | - |
| * | Principal Bank | Principal Deposit Sweep Program | | 575 | 575 | 575 | - |

**THE HEALTH CARE PLAN OF**
**THE SUNDT COMPANIES, INC.**
**EIN: 86-0923877**
**Plan No. 501**
**FORM 5500 SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS**
September 30, 2025
(Dollars in thousands)

| | (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|
| **Category (i) - Individual transactions in excess of 5% of Plan assets at October 1, 2024:** | | | | | | | |
| * | Principal Bank | Principal Deposit Sweep Program | - | 509 | 509 | 509 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 738 | 738 | 738 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 3,463 | - | 3,463 | 3,463 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 626 | 626 | 626 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 1,183 | 1,183 | 1,183 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 549 | 549 | 549 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 472 | 472 | 472 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 590 | 590 | 590 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 5,199 | - | 5,199 | 5,199 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 607 | 607 | 607 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 497 | 497 | 497 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 1,093 | 1,093 | 1,093 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 640 | 640 | 640 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 539 | 539 | 539 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 590 | 590 | 590 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 4,325 | - | 4,325 | 4,325 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 536 | 536 | 536 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 661 | 661 | 661 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 699 | 699 | 699 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 623 | 623 | 623 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 909 | 909 | 909 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 3,872 | - | 3,872 | 3,872 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 806 | 806 | 806 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 714 | 714 | 714 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 537 | 537 | 537 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 653 | 653 | 653 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 621 | 621 | 621 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 955 | 955 | 955 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 1,000 | - | 1,000 | 1,000 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 747 | 747 | 747 | - |
| * | Principal Bank | Principal Deposit Sweep Program | 4,786 | - | 4,786 | 4,786 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 631 | 631 | 631 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 474 | 474 | 474 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 735 | 735 | 735 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 513 | 513 | 513 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 532 | 532 | 532 | - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 938 | 938 | 938 | - |
| | Allspring | Allspring Government Money Market Fund | - | 1,000 | 1,000 | 1,000 | - |
| **Category (iII) - Series of securities transactions in excess of 5% of Plan assets at October 1, 2024:** | | | | | | | |
| * | Principal Bank | Principal Deposit Sweep Program | $ 49,201 | $ - | $ 49,201 | $ 49,201 | $ - |
| * | Principal Bank | Principal Deposit Sweep Program | - | 48,664 | 48,664 | - | - |

There were no category (ii) or (iv) reportable transactions during the Plan year ended September 30, 2025.
Columns (e) and (f) were not applicable.

* Represents a party-in-interest

# SUPPLEMENTAL SCHEDULES

# THE HEALTH CARE PLAN OF
# THE SUNDT COMPANIES, INC.

**FORM 5500 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**EIN: 86-0923877 PLAN #501**

September 30, 2025
(Dollars in thousands)

| (a) | (b) Identity of issue, 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 |
|---|---|---|---|---|
| | Investments | | | |
| * | CUSIP #VP7000251 | Principal Deposit Sweep Program, Interest Rate at September 30, 2025 - 2.35% | $ 1,699 | $ 1,699 |
| | CUSIP #94975P405 | Allspring Government Money Market Fund, Interest Rate at September 30, 2025 - 4.25% | 3,574 | 3,574 |
| | TOTAL INVESTMENTS (HELD AT END OF YEAR) | | $ 5,273 | $ 5,273 |

* Represents a party-in-interest