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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ 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
BRANCH 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/19/2019

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)
BRANCH MESSENGER, INC.

2261 MARKET STREET
SUITE 5936
SAN FRANCISCO, CA 41149

2b Employer Identification Number (EIN) 47-2085849

2c Plan Sponsor's telephone number 612-532-7030

2d Business code (see instructions) 541700

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.	07/02/2026	MARK OLSON
	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**	286
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)**	217
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	228
b	Retired or separated participants receiving benefits	**6b**	49
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	277
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	277
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)**	133
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)**	173
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

2F 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BRANCH 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRANCH MESSENGER, INC.

D Employer Identification Number (EIN)
47-2085849

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	513912-000	0	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	50207
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	21256
c	Additions: (1) Contributions deposited during the year	7c(1)	32940		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	677		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	33617
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	54873
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4278		
	(2) Administration charge made by carrier	7e(2)	388		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	4666
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	50207

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
BRANCH 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRANCH MESSENGER, INC.

D Employer Identification Number (EIN)
47-2085849

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).. . . . . [X] 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

TRANSAMERICA RETIREMENT SOLUTIONS,

13-3689044

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

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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)

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

(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?
27	ADVISORY	18773	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRANSAMERICA RETIREMENT SOLUTIONS,

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	15646	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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

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(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
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

2025

This Form is Open to Public Inspection

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

A Name of plan
BRANCH 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRANCH MESSENGER, INC.

D Employer Identification Number (EIN)
47-2085849

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	2134
(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)	64900	44965
(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)	6011301	9447858
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	21256	50207
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	6097457	9545164
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		25159
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	25159
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	6097457	9520005

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)		
(B) Participants	2a(1)(B)	1679858	
(C) Others (including rollovers)	2a(1)(C)	1144784	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2824642
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)	0	
(D) Loans (other than to participants)	2b(1)(D)	4893	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	19561	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24454
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	164028	
(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)		164028
(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)		1266174
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4279298
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	802774	
(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)		802774
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)	53976	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		53976
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		856750
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3422548
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) [X] 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: SCOTT MILLER CPA AND ASSOCIATES, PC **(2)** EIN: 87-3523115

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		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?	**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**		X	
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 _____.

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

2025

This Form is Open to Public Inspection.

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

A Name of plan
BRANCH 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRANCH MESSENGER, INC.

D Employer Identification Number (EIN)
47-2085849

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): 39-0989781

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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**

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703317A .

Branch 401(k) Plan

Financial Statements
December 31, 2025 and 2024

SMA
SCOTT MILLER CPA
AND ASSOCIATES, P.C.

Table of Contents

	Page
Independent Auditor's Report	1-4
Financial Statements:	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-12
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	13

SCOTT MILLER CPA
AND ASSOCIATES, P.C.

1013 W San Antonio St. Suite 104
Lockhart, TX 78644

Independent Auditor's Report

To the Administrative Committee of the
Branch 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the accompanying financial statements of Branch 401(k) 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 Statement of Net Assets Available for Benefits as of December 31, 2025, the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 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 audit 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 a certification from a qualified institution as of December 31, 2025, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- the amounts and disclosures in the 2025 financial statements referred to above, 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 2025 financial statements referred to above 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 on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2025 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 for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statement 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 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 other conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 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 of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 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 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 generally accepted auditing standards. 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 schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedule, other than the information in the supplemental schedule 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 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).

Other Matter - Report on Compiled 2024 Financial Statements

Plan management is responsible for the accompanying Statement of Net Assets Available for Benefits as of December 31, 2024, and the related notes to the financial statement in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statement, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2024 financial statement.

Scott Miller CPA
and Associates, P.C.

Lockhart, Texas
June 25, 2026

Branch 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	(Compiled) 2024
Assets		
Investments, at fair value:		
Mutual funds	$ 9,447,858	$ 6,011,301
Cash, interest-bearing	2,134	-
	9,449,992	6,011,301
Investments, at contract value:		
Fully benefit-responsive investment contract	50,207	21,256
Receivable:		
Notes receivable from participants	44,965	64,900
Total assets	9,545,164	6,097,457
Liabilities		
Excess contributions payable	25,159	-
Net assets available for benefits	$ 9,520,005	$ 6,097,457

See accompanying notes to the financial statements.

Branch 401(k) Plan

Statement of Changes in Net Assets Available for Benefits
Year Ending December 31, 2025

Additions		
Contributions:		
Participant	$	1,679,858
Rollover		1,144,784
		2,824,642
Interest income on notes receivable from participants		4,893
Investment income:		
Net appreciation in fair value of investments		1,266,174
Interest and dividends		183,589
		1,449,763
Total additions		4,279,298
Deductions		
Benefits paid to participants		802,774
Administrative expenses		53,976
Total deductions		856,750
Net increase		3,422,548
Net assets available for benefits:		
Beginning of year		6,097,457
End of year	$	9,520,005

See accompanying notes to the financial statements.

1. Description of Plan

The following description of the Branch 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Branch Messenger, Inc. (the Employer) who have completed two months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Transamerica Trust Company and Transamerica Life Insurance Company are the Plan's Trustee and Insurer, respectively.

Contributions

Each year, participants may contribute up to 100 percent of annual compensation as pretax or Roth deferrals, as defined in the Plan and subject to certain Internal Revenue Service (IRS) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6 percent of eligible compensation and their contributions invested in a designated fund until changed by the participant. Employer contributions are not permitted in the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The interest rate on all outstanding loans ranged from 8.00 to 9.50 percent. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon retirement, death, disability, attainment of age 59 ½ or termination of employment, a participant may elect to receive the vested balance in the participant's account in a lump sum, partial distribution, or

it may be rolled into a different individual retirement account. Certain income tax penalties may apply to withdrawals or distributions prior to age 59 ½. The Employer is permitted to involuntarily cash-out and rollover terminated participant account balances from the Plan and into an individual retirement account if they are $7,000 or less.

Forfeited and Unallocated Accounts

At December 31, 2025 and 2024, forfeited nonvested and unallocated accounts totaled $2,348 and $1,488, respectively. These accounts will be used to pay for plan expenses. For the 2025 year ended, unallocated accounts were used to pay for plan expenses of $18,773.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investments held by the Plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of the Plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in accordance 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 and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Sponsor determines the Plan's valuation policies utilizing information provided by the Trustee and Insurer. See Note 3 for discussion of fair value measurements.

Purchases and sales 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses incurred by maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Investment-related expenses are included in the net appreciation in fair value of investments.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowable by the IRS were recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions in the subsequent plan year.

Subsequent Events

The Plan has evaluated subsequent events through June 25, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurement

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodology used for assets measured at fair value. There has been no change in the methodology used at December 31, 2025 and 2024.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 9,447,858	$ -	$ -	$ 9,447,858
Total assets at fair value	$ 9,447,858	$ -	$ -	$ 9,447,858

	Assets at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 6,011,301	$ -	$ -	$ 6,011,301
Total assets at fair value	$ 6,011,301	$ -	$ -	$ 6,011,301

4. 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

5. Certified Information

Certain information related to investments and notes receivable from participants presented in the financial statements, accompanying notes to the financial statements, and supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) was certified as complete and accurate by Transamerica Trust Company and Transamerica Life Insurance Company, the Trustee and Insurer of the Plan, respectively. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator has instructed the Plan's independent auditors not to perform auditing procedures with respect to the certified information, except for comparing such information included in the financial statements and supplemental schedule.

The information certified by the Trustee and Insurer includes the balances of investments held and notes receivable from participants as of December 31, 2025 and 2024, and related investment earnings and interest income on notes receivable from participants for the year ended December 31, 2025.

6. Group Annuity Contract with Insurance Company

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with the Insurer totaling $50,207 and $21,256 for 2025 and 2024, respectively. The Insurer maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and is reviewed on a quarterly basis for resetting.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the Insurer, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) the premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

7. Tax Status

The IRS has determined and informed the Employer by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Plan Termination

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds:			
	Vanguard	Vanguard Information Technology Index Fund	**	$ 365,716
	MFS	MFS Research International Fund Class R6	**	142,371
	American Funds	American Funds Bond Fund of America Fund Class R6	**	90,031
	Virtus Investments Partners	Virtus Ceredex Mid Cap Value Equity Fund Class R6	**	18,047
	PGIM Investments	PGIM High Yield Fund Class R6	**	3,456
	Cohen & Steers	Cohen & Steers Real Estate Securities Fund Class Z	**	17,424
	American Funds	American Funds Inflation Linked Bond Fund Class R6	**	19,039
	Macquarie Group Limited	Macquarie Emerging MarketsFund Class R6	**	61,193
	American Century Investments	American Century Small Cap Value Fund Class R6	**	1,128
	BlackRock	BlackRock Health Sciences Opps Fund Class K	**	25,801
	American Century Investments	American Century Ultra Fund Class R6	**	122,371
	Fidelity Investments	Fidelity 500 Index Fund	**	2,208,325
	Fidelity Investments	Fidelity Mid Cap Index Fund	**	166,736
	Hartford Mutual Funds	Hartford Dividend and Growth Fund Class R6	**	102,667
	Fidelity Investments	Fidelity Freedom Index Retirement Fund	**	2,428
	Fidelity Investments	Fidelity Freedom Index 2020 Fund	**	2,506
	Fidelity Investments	Fidelity Freedom Index 2030 Fund	**	35,156
	Fidelity Investments	Fidelity Freedom Index 2035 Fund	**	108,888
	Fidelity Investments	Fidelity Freedom Index 2040 Fund	**	411,234
	Fidelity Investments	Fidelity Freedom Index 2045 Fund	**	646,119
	Fidelity Investments	Fidelity Freedom Index 2050 Fund	**	1,803,892
	Fidelity Investments	Fidelity Freedom Index 2055 Fund	**	1,544,720
	Fidelity Investments	Fidelity Freedom Index 2060 Fund	**	1,375,697
	AllianceBernstein	AB Small Cap Growth Z	**	13,074
	BlackRock	BlackRock Advantage Small Cap Core K	**	62,255
	Virtus Investments Partners	Virtus KAR Mid-Cap Growth R6	**	11,049
	Fidelity Investments	Fidelity Freedom Index 2065 Fund	**	86,535
		Total mutual funds		9,447,858
	Fully Benefit-Responsive Investment Contract:			
	Transamerica Life Insurance Company	Transamerica Stable Value Core Option	**	50,207
*	Participant Loans	Interest rates range from 8.00% to 9.50%	**	44,965
				$ 9,543,030

* Party-in-interest as defined by ERISA

** Cost information not applicable for participant or beneficiary directed assets

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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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ 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
Branch 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/19/2019

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)

Branch Messenger, Inc.

2261 Market Street
Suite 5936
San Francisco CA 41149

2b Employer Identification Number (EIN) 47-2085849

2c Plan Sponsor's telephone number 612-532-7030

2d Business code (see instructions) 541700

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	DocuSigned by: Mark Olson 2EFD073A795F443...	7/1/2026	MARK OLSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by: Mark Olson 2EFD073A795F443...	7/1/2026	MARK OLSON
	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**	286
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)**	217
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	228
b	Retired or separated participants receiving benefits	**6b**	49
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	277
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	277
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)**	133
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)**	173
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic Codes in the instructions:
2F 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

Docusign Envelope ID: ABAE8AF9-3BFC-8363-80AD-4A7F725D1540

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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- ☐ 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
Branch 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/19/2019

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)

Branch Messenger, Inc.

2261 Market Street
Suite 5936
San Francisco CA 41149

2b Employer Identification Number (EIN) 47-2085849

2c Plan Sponsor's telephone number 612-532-7030

2d Business code (see instructions) 541700

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	DocuSigned by: Mark Olson 2EFD073A795F443...	7/1/2026	MARK OLSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by: Mark Olson 2EFD073A795F443...	7/1/2026	MARK OLSON
	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		
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6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
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c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	277
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h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic Codes in the instructions:
2F 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

Transamerica Retirement Solutions, LLC
(Hereinafter referred to as "TRS")
Transamerica Financial Life Insurance Company
Transamerica Life Insurance Company
Transamerica Investors Securities Corporation
Administrative Offices:
6400 C Street SW
Cedar Rapids, IA 52499-0001
ta-retirement.com

January 19, 2026

Emily Schnaidt
Branch Messenger, Inc.
301 S 4th Ave. #960N
Minneapolis, MN 55415

Re: Branch 401(k) Plan

Information on Fees and Charges Associated with the Investments in Your Plan

As part of our ongoing services to your plan and in keeping with disclosure requirements from the U.S. Department of Labor, related to 408(b)(2) fee disclosure regulations and to Form 5500 Schedule C (applicable to large plan filers), we are providing you with additional information regarding the fees and expenses associated with your retirement plan's investments.

Transamerica Retirement Solutions, LLC ("TRS") makes available a wide array of investment advisory firms in connection with the investments offered to your retirement plan. These investment advisory firms include some well-known firms in the investment industry. All of these investment advisory firms and possibly their affiliates earn fees for investment management and advisory services to the underlying investment or the investment itself. Most of these investment advisory firms are independent, while two are TRS affiliates – Transamerica Asset Management Group, and AEGON USA Investment Management, LLC.

To provide additional transparency, we are disclosing investment fees and charges associated with TRS's product offering and any related fees and charges of TRS affiliates. Affiliates of TRS include Transamerica Life Insurance Company, Transamerica Financial Life Insurance Company, Transamerica Asset Management Group, Transamerica Trust Company, AEGON USA Investment Management, LLC, and Transamerica Investors Securities Corporation. To help understand the total cost associated with each Investment, this disclosure also describes investment fees and charges that are not retained by TRS or any of its affiliates.

Transamerica has entered into arrangements with the underlying mutual funds or Collective Investment Trusts ("CIT") and/or the advisory firms that sponsor such mutual funds or CIT and when applicable, any other investment vehicles that are the underlying investments of the Investments shown below. As noted above, some of these companies are affiliates of TRS. Pursuant to these arrangements, Transamerica makes such Investments available to clients on its investment platform. Transamerica, or its affiliates receive, as applicable, 12b-1, shareholder servicing, sub-ta, and other fees from the underlying mutual funds or CIT, the advisory firms, or both, in exchange for completing certain services.

To help you understand the total cost associated with each investment choice, the table below shows the fees, charges, and expenses associated with the investments in your plan's line-up as of December 31, 2025. Descriptions of each fee, charge, or expense are provided after the table. This table also describes fees and charges that are not retained by TRS or any of its affiliates.

Investment Choice Name	Share Class	12b-1 Fees Received by TRS and its Affiliates	Other Fees Received by TRS and its Affiliates	Fees Not Retained by TRS or its Affiliates	Fees Retained by Affiliates of TRS	Total Fees Retained by TRS	Expenses Charged by the Mutual Fund or CIT	Plan Service Fee/Credit Applied by TRS	Investment Choice Total Cost
AB Small Cap Growth Z	Z	0.00%	0.00%	0.78%	0.00%	0.00%	0.78%	0.39%	1.17%
American Century Small Cap Value R6	R-6	0.00%	0.00%	0.73%	0.00%	0.00%	0.73%	0.39%	1.12%
American Century Ultra R6	R-6	0.00%	0.00%	0.52%	0.00%	0.00%	0.52%	0.39%	0.91%
American Funds Bond Fund of America R6	R-6	0.00%	0.00%	0.24%	0.00%	0.00%	0.24%	0.39%	0.63%
American Funds Inflation Linked Bond R-6	R-6	0.00%	0.00%	0.29%	0.00%	0.00%	0.29%	0.39%	0.68%
BlackRock Advantage Small Cap Core K	K	0.00%	0.00%	0.45%	0.00%	0.00%	0.45%	0.39%	0.84%
BlackRock Health Sciences Opportunities K	K	0.00%	0.00%	0.75%	0.00%	0.00%	0.75%	0.39%	1.14%
Cohen & Steers Real Estate Securities Z	Z	0.00%	0.00%	0.75%	0.00%	0.00%	0.75%	0.39%	1.14%
Fidelity 500 Index	Instl Prem	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%	0.39%	0.41%
Fidelity Freedom Index 2010 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2015 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2020 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2025 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2030 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2035 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2040 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2045 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%

Investment Choice Name	Share Class	12b-1 Fees Received by TRS and its Affiliates	Other Fees Received by TRS and its Affiliates	Fees Not Retained by TRS or its Affiliates	Fees Retained by Affiliates of TRS	Total Fees Retained by TRS	Expenses Charged by the Mutual Fund or CIT	Plan Service Fee/Credit Applied by TRS	Investment Choice Total Cost
Fidelity Freedom Index 2050 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2055 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2060 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2065 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index 2070 Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Freedom Index Retirement Instl Prem	Instl Prem	0.00%	0.00%	0.08%	0.00%	0.00%	0.08%	0.39%	0.47%
Fidelity Mid Cap Index	Instl Prem	0.00%	0.00%	0.03%	0.00%	0.00%	0.03%	0.39%	0.42%
Hartford Dividend and Growth R6	R-6	0.00%	0.00%	0.63%	0.00%	0.00%	0.63%	0.39%	1.02%
MFS Research International R6	R-6	0.00%	0.00%	0.64%	0.00%	0.00%	0.64%	0.39%	1.03%
Nomura Emerging Markets R6	R-6	0.00%	0.00%	1.06%	0.00%	0.00%	1.06%	0.39%	1.45%
PGIM High Yield R6	R-6	0.00%	0.00%	0.38%	0.00%	0.00%	0.38%	0.39%	0.77%
Vanguard Information Technology Idx Adm	Admiral	0.00%	0.00%	0.09%	0.00%	0.00%	0.09%	0.39%	0.48%
Virtus Ceredex Mid-Cap Value Equity R6	R-6	0.00%	0.00%	0.79%	0.00%	0.00%	0.79%	0.39%	1.18%
Virtus KAR Mid-Cap Growth R6	R-6	0.00%	0.00%	0.83%	0.00%	0.00%	0.83%	0.39%	1.22%

All fees, charges, and expenses shown, except any Plan Service Fee/Credit, are charged against assets, and are withdrawn at a daily equivalent rate of the applicable effective annual rate shown in the table. The Plan Service Fee/Credit is applied monthly.

Affiliates of TRS include: Transamerica Financial Life Insurance Company, Transamerica Life Insurance Company, Transamerica Asset Management, Inc., Transamerica Investors Securities Corporation, and AEGON USA Investment Management, LLC. Effective April 1, 2013, Diversified Investors Securities Corp. changed its name to Transamerica Investors Securities Corporation.

Investment Choice Name	Share Class	12b-1 Fees Received by TRS and its Affiliates	Other Fees Received by TRS and its Affiliates	Fees Not Retained by TRS or its Affiliates	Fees Retained by Affiliates of TRS	Total Fees Retained by TRS	Expenses Charged by the Mutual Fund or CIT	Plan Service Fee/Credit Applied by TRS	Investment Choice Total Cost
The underlying investment for some Target Date Series investments offered by TRS invests a portion of its assets in a Transamerica Life Insurance Company (TLIC) general account stable value product. The level of allocation to the TLIC general account stable value product within the TDF Series will increase with each glidepath date through the expected retirement age. Transamerica earns income indirectly by including this general account stable value product within the TDF Series.									

How to read the chart

Investment Choice Name	Share Class	12b-1 Fees Received by TRS and its Affiliates	Other Fees Received by TRS and its Affiliates	Fees Not Retained by TRS or its Affiliates	Fees Retained by Affiliates of TRS	Total Fees Retained by TRS	Expenses Charged by the Mutual Fund or CIT	Plan Service Fee/Credit Applied by TRS	Investment Choice Total Cost
Example For Illustration Only: XYZ Sample Bond Fund	**A**	**0.00%**	**0.35%**	**0.29%**	**0.00%**	**0.35%**	**0.64%**	**0.40%**	**1.04%**

Here is an example of annual fees paid on the XYZ Sample Bond Fund assuming a plan balance of $50,000 in this investment choice:

- The total annual cost for this investment choice is $520 ($50,000 x 1.04%).
- Of the $520, TRS receives $375 and XYZ Mutual Fund (the non-affiliated mutual fund) receives $145.
- TRS's fees are comprised of *Other Fees* of $175 ($50,000 x 0.35%), and the *Plan Service Fee Applied by TRS* of $200 ($50,000 x 0.40%).
- XYZ Mutual Fund's fee for investment management services is $145 ($50,000 x 0.29%).

All fees, charges and expenses shown are charged against assets, and are withdrawn daily at the daily equivalent rate of the applicable effective annual rate shown in the table.

The *Total Expense Ratio* for each investment is paid by the participants as a percentage of assets invested and is the sum of any *Fees Not Retained by Transamerica or its Affiliates* (for example, these could be net investment advisory or underlying investment fees received by a non-affiliated investment advisor or underlying investment), plus any *Fees Retained by Affiliates of Transamerica*, plus the *Total Fees Retained by Transamerica.* The plan fiduciary should review the Investment's Total Expense Ratio, along with any **Plan Service Fees/Credits** and other expenses, to determine if these charges and expenses are reasonable for the services rendered in the operation of the plan.

Descriptions of Investment Fees and Charges

Share Class
The high-level investment category for each Investment Choice.

12b-1 fees Received by TRS and its Affiliates
TRS and its affiliates may receive 12b-1 fees from the mutual fund to cover marketing, distribution, and sometimes shareholder service expenses.

Other Fees Received by TRS and its Affiliates
For some investment choices, TRS and its affiliates may receive fees other than 12b-1 fees from the mutual fund and/or their affiliates. These fees cover shareholder servicing expenses (if not covered by any 12b-1 fees), sub-transfer agent expenses for participant account recordkeeping (when applicable), custodial, and other administrative expenses. For most investment options, payment is made to TRS through National Financial Services, LLC, or Mid-Atlantic Capital Corporation who are subcontractors through which TRS's investment platform is maintained.

As of the date hereof, each of these firms receives the following percentage of the gross revenue sharing payments for their services: National Financial Services, LLC (see table below*); Mid-Atlantic Capital Corporation 4%. National Financial Services, LLC and Mid-Atlantic Capital Corporation are paid by TRS. National Financial Services, LLC and Mid-Atlantic Capital Corporation do not reduce the revenue sharing payments received by TRS or its affiliates by the amounts paid by TRS or its affiliates to National Financial Services, LLC and Mid-Atlantic Capital Corporation.

*National Financial Services Fund Revenue ($) Table:

Low	High	(%)
$0	$50,000,000	3.35
$50,000,001	$100,000,000	2.75
$100,000,001	$150,000,000	2.00
$150,000,001	$200,000,000	1.50
$200,000,000 and over		1.00

In addition, there is a daily trading fee for each Investment Choice as follows:

Investment Firm	Trading Fee Per Fund Per Day
Fidelity	$0.50 - $1.00
Mid-Atlantic Capital Corporation	$0.75 - $1.50

- There are no trading fees associated with Vanguard as TRS trades directly with Vanguard.

Fees Not Retained by TRS or its Affiliates
Non-affiliated mutual funds and/or their affiliates retain these fees for operating expenses of the fund, or (if applicable) for advisory or sub-advisory services. Any advisory or sub-advisory fees are estimated based on current investment balances.

Fees Retained by Affiliates of TRS
TRS's affiliates retain these fees for operating expenses of the investment, or (if applicable) for advisory or sub-advisory fees for investment advisory services. Any advisory or sub-advisory fees are estimated based on current investment balances.

Total Fees Retained by TRS

As discussed above, TRS retains certain fees including: 12b-1 fees from the mutual fund (if applicable) to cover marketing, distribution, and sometimes shareholder service expenses; sub-transfer agent expenses for participant account recordkeeping (if applicable), custodial, and other administrative expenses; fees associated with administration of each investment choice; and fees for operating expenses of the investment.

Expenses Charged by the Mutual Fund

The mutual fund charges these investment expenses as a percentage of fund assets. Such expenses are pulled on a daily basis.

Plan Service Fee/Credit Applied by TRS and its Affiliates

Each month, TRS and/or its affiliates may apply a *Plan Service Fee or Credit* depending upon: plan demographics; required revenue, funds selected; asset level; estimated annual deposits; and the Total Fees Retained by TRS other factors.

A *Plan Service Fee* is an asset-based charge that may be used to cover distribution and service expenses on mutual funds or the GASVF.
A negative *Plan Service Fee* represents a *Credit* rather than a charge

Investment Choice Total Cost

The Investment Choice Total Cost is expressed as a percentage of assets invested. The plan fiduciary should review the Investment Choice Total Cost, along with any other fees and expenses, to determine if these fees, charges, and expenses are reasonable for the services rendered in the operation of the plan. The Investment Choice Total Cost for each investment choice is the sum of the Expenses Charged by the Mutual Fund, plus the Plan Service Fee/Credit applied by TRS and its affiliates.

Stable Value - Indirect Compensation Earned

Transamerica offers stable value Investment Choices that are invested in Transamerica's general account. The interest earned by plan participants invested in stable value Investment Choices is set prospectively. Transamerica earns indirect compensation on the assets held in the stable value Investment Choices, which compensation is used to pay for services provided, such as plan-level recordkeeping. This compensation is equal to the earned rate of interest on the financial instruments held in the general account, minus the interest rate credited to participant accounts ("Spread"). The "range" of Spread earned by Transamerica (or its insurance company affiliate) for the stable value Investment Choice shown in this Plan Pricing Document, which Spread is derived from the actual performance of assets held within the general account of Transamerica's insurance company affiliate, is 0 – 250 bps. The purpose of receiving indirect compensation is to account for TLIC's and its affiliates' expenses and costs for procuring capital, the costs of managing investments, the cost of investment default, any other applicable costs, a pricing credit and revenue share, if any, to offset the cost of providing services, such as plan recordkeeping and similar services, to investing retirement plans. The actual compensation earned in any period will vary depending on the experience in the general account.

Stable Value Investment Choices may be subject to liquidity restrictions or risk under specific circumstances, such as sponsor-initiated total and partial discontinuance and certain transfers. For the stable value-type investment choice offered by TLIC or TFLIC, there may be a waiting period of up to 270 days for transfers out of the stable value investment choice when the declared rate remains the same or increases from the prior crediting period. TLIC and TFLIC also have the right to impose up to a 12-month hold period in the event all withdrawals from general account stable value investment choices exceed certain percentages in certain time periods. Please see your contract for more details. Additionally, for separate account stable value choices, the underlying investment may impose separate hold periods or withdrawal restrictions.

Stable Value investment choices are offered by Transamerica Financial Life Insurance Company ("TFLIC"), 440 Mamaroneck Avenue, Harrison, New York 10528, and Transamerica Life Insurance Company ("TLIC"), 6400 C Street SW, Cedar Rapids, IA 52499. TFLIC is not authorized and does not do business in the following jurisdictions: Guam, Puerto Rico, and the U.S. Virgin Islands. TLIC is not authorized in New York and does not do business in New York. TFLIC and TLIC are affiliates of Transamerica Investors Securities Corporation and Transamerica Retirement Solutions.

The stable value investment choices are backed by the general account of TLIC or TFLIC. While TLIC or TFLIC declare rates and back the principal and interest of these investment choices, any guarantees are subject to the claims paying ability of the insurance company. This investment choice is not guaranteed by the FDIC or any other government agency. TLIC or TFLIC may impose a hold period at the contract level in the event of a full contract discontinuance, partial contract discontinuance, or certain transfers. Please see your contract for hold periods that may be applicable to your plan. Certain unaffiliated stable value investment choices (which are not supported by an insurance company general account) also may be available. These stable value investment choices instead invest in stable value fund bank collective trusts. These stable value investment choices may be subject to book value adjustments or hold periods for withdrawals under certain circumstances, and the fees associated with stable value investment choices generally reflect different crediting rate/charge structure combinations.

Cash-Equivalent Investment Choices seek to protect against loss of principal while providing returns comparable to money market funds and short-term Treasury instruments. An investment in a cash equivalent investment choice offered by TRS is not insured or guaranteed by the FDIC or any other government agency. TRS cash equivalent choices do not maintain a stable value of $1.00 per unit and do not declare dividends on a daily basis (as many money market funds do). Undeclared investment income, or a default on a portfolio security, may cause the value to fluctuate. Although this type of investment seeks to preserve the value of principal, it is possible to lose money by investing in this type of investment. These types of investments generally have provided a dependable level of stability and liquidity; nevertheless, the investment is still subject to credit risk and to liquidity risk.

Each Asset Allocation Investment Choice has its own investment strategy and risk/reward profile, and the underlying investments automatically diversify and rebalance among stock and fixed income securities to fit that profile. The investment choices are subject to the same risks as the underlying assets in which they invest. The Asset Allocation Investment Choices are designed as a convenient approach to help participants meet retirement or other long-term goals. Plan sponsors should monitor their Asset Allocation Investment Choices over time to make sure they continue to meet their own risk/return profile, taking into account their objectives and investment time horizon. Although each Asset Allocation Investment Choice is intended to be appropriate for a specific risk/reward profile, there is no guarantee that any Asset Allocation Investment Choice will achieve its stated investment objectives. Asset allocation and diversification do not assure or guarantee better performance, cannot eliminate the risk of investment losses, and do not protect against an overall declining market.

Target Date Series Investment Choices are designed to allocate assets among stocks, bonds, and cash equivalents, based on the target date. Each investment choice will gradually shift its emphasis from more aggressive investments to more conservative investments based on its target date. The participant may choose an investment choice built on or near his or her year of retirement, and the asset allocation of that investment choice adjusts accordingly as the target retirement date approaches. The "target retirement date" is the date on which participants intend to retire and start receiving distributions from the plan. While asset allocation is key to a Target Date Series investment choice's long-term returns, it should be understood that the principal value is not guaranteed at any time, including at the target date. The investment choices are subject to the same risks as the underlying assets in which they invest. Asset allocation and diversification do not assure or guarantee better performance, cannot eliminate the risk of investment losses, and do not protect against an overall declining market. In the event the Authorized Representative elects to participate in a Target Date Series, or an Asset Allocation group of funds offered by TRS, the Authorized Representative authorizes and directs TRS to add additional asset portfolios to the existing Investment Choices made available as such portfolios are made available by the mutual fund or collective investment trust sponsor.

All investments involve risk, including loss of principal and there is no guarantee of profits.

The Transamerica Advisor Series plan administration services are provided by TRS or an affiliate, and funds are distributed by Transamerica Investors Securities Corporation, a registered broker-dealer and an affiliate of TRS. TRS specializes in the promotion of retirement plan products and services.

Investors should carefully consider the objectives, risks, charges and expenses of the funds before investing. The prospectus, and summary prospectus, if available, for each fund (other than for collective trusts, separately managed accounts or stable value investment choices, which do not invest in mutual funds) contains this and other important information. Prospectuses and summary prospectuses for these funds can be ordered directly from the fund company or by contacting Transamerica at 866-498-4557, Monday through Friday, between the hours of 8:00 a.m. and 9:00 p.m. Eastern Time. Read each prospectus carefully before investing.

This disclosure is being provided for informational purposes only and should not be viewed as an investment recommendation. If you need advice regarding your particular investment needs, please contact your financial professional.

Float Income Disclosure

For the purpose of this Float Income Disclosure, Transamerica Retirement Solutions, LLC and its affiliates are hereinafter collectively referred to as "Transamerica".

Transamerica may receive as additional compensation float income, separate and apart from the compensation otherwise payable to Transamerica in connection with Transamerica providing administrative and recordkeeping services to the plan. This additional compensation, which is discussed in more detail below, results from any earnings or bank credits derived from the flow of funds (float income) through certain bank depository accounts (which may invest in underlying overnight sweep investment vehicles), certain cash retention accounts or cash processing or transfer functions.

Transamerica may also receive gains from the adjustment of plan transaction errors (error correction gains). Our policy is to put the plan in the position that it would have been in, but for the error; and we fund any loss attributable to our error or we keep any gain associated with making the correction. We net all such gains against all such losses across all client plans and, last year, had a net loss on error corrections. As further discussed below, this policy ensures that the plan is made whole and reduces our administrative costs.

I. Earnings/Credits from Flow of Funds (Float Income)

Background/Description: Retirement plan funds (such as contributions, loan repayments, etc.) sent to the plan are deposited into certain bank accounts held by or on behalf of the plan's trust, custodial arrangement or group annuity contract issuer, as applicable. In the case of a trust or custodial arrangement, Transamerica Trust Company (TTC), an affiliate of Transamerica, is the agent through which the depository account is maintained. For any funds that are held in a depository account overnight, Transamerica will earn that night's bank deposit interest rate or, if applicable, the earnings from any underlying overnight sweep investment vehicle, as float income.

Even after the time the deposit amount is allocated to the plan's investment options and reflected as an investment on Transamerica's recordkeeping system, these funds may still be in transit to the plan's investment options. This occurs because investment fund transactions can take time to "settle" after the trade is placed. Pending settlement of the trade, cash may be held through a deposit account or overnight sweep investment vehicle. As a result, additional float income may then be earned by Transamerica after the deposit is recorded on Transamerica's recordkeeping system, but prior to the settlement date for the fund transaction. During this time, the plan is benefitting from the investment performance of the investment option, including any gains or losses earned on the investment option.

Transamerica maintains a process that permits plan funds reflected on Transamerica's recordkeeping system to be disbursed for distribution or other disbursement purposes to participants, beneficiaries or other payees by electronic funds transfer if requested for certain type of distributions and loans, rather than by check. The issuance of a check will result in float income to Transamerica until the check is presented for payment, the timing of which is uncertain and outside of Transamerica's control. In general, if a check is returned as undeliverable or is held outstanding for more than six months, and the Participant cannot be located, the funds are either returned to the plan or escheated to the appropriate state in accordance with the plan's unclaimed benefit procedures provided by Transamerica. Checks that are not timely presented or never presented create additional work for Transamerica such as addressing issues concerning unclaimed funds, including locating missing participants wherever reasonably possible. (A copy of Transamerica's Unclaimed Benefit Procedures is available upon the employer's request.) Check status reporting is available on Transamerica's plan sponsor website.

Employer authorizes and directs Transamerica to retain float income under the circumstances described herein and acknowledges float income received by Transamerica constitutes additional compensation for the services that Transamerica provides to the plan. The accountholder or payor of the float income may rely on the foregoing authorization.

Good Order Processing: Float income may also be earned, in addition to as described above, when instructions provided by the employer or a plan participant are not in good order or if the employer, participant or other plan party directs contributions or disbursements in error. The amount of float income earned in such circumstances will depend on how long it takes the client to provide good order instructions.

Weighted Average Annual Rate of Float Income Earned: Funds remaining in bank depository accounts may earn the bank's deposit rate or may be transferred on an overnight basis to sweep investment vehicles and when applicable, are combined with life insurance entities general account sweep (such as money market funds, repurchase agreements, demand deposit accounts, etc.), which may change from time to time. The weighted average annual rate earned by Transamerica across all client plans from these accounts and sweep vehicles during 2025 was 2.914%. This rate is a gross amount meaning that this amount does not net out any account fees or expenses incurred for maintaining the accounts. Transamerica may also earn bank credits which are determined by each bank and which may be applied against such account fees or expenses or received as additional compensation. The depository accounts are maintained at various banking institutions, including State Street Bank & Trust Co., JP Morgan Chase Bank, N.A. and Wells Fargo Bank, N.A., which may change from time to time. Each banking institution posts its earnings monthly. Upon employer's written request, Transamerica will provide the weighted average monthly rate earned by Transamerica from the life entities' short-term investment vehicles, including State Street Bank & Trust Co., JP Morgan Chase Bank, N.A. and Wells Fargo Bank, N.A., which may change from time to time.

II. Gains and Losses from Correction of Processing Errors

Transamerica's Error Correction Policy: Transamerica has corporate policies and procedures in place to help avoid transaction processing errors in the first instance and, if they occur, to help identify and address them in a timely manner. Transamerica's policy is to correctly and timely process transaction requests that are received in good order and, in the event that an inadvertent transaction error for which Transamerica is responsible has been identified, to promptly restore the plan and/or the participant to the position that they would have been in as if the transaction error had not occurred. Due to unpredictable day-to-day movement in the share or unit values of the investment options making up a plan's or a participant's account, the processing adjustment may result in a gain or loss to Transamerica. The size of the gain or loss depends on the amount of the transaction, market volatility during the period between the original transaction date and the actual date of the processing of the correction.

Transamerica will make the plan and/or participant whole for any such losses incurred due to a processing error of Transamerica at no cost to the plan or to the participant. (Transamerica is not responsible for funding any losses that are not attributable to Transamerica.) If there is instead a gain, Transamerica retains any gains that result from a processing adjustment, including gains earned by Transamerica for correcting an error for which the employer or a third party is responsible. Transamerica offsets any losses due to error correction processing across its plan clients with any gains it may receive due to error correction processing across its client base. Employer agrees that Transamerica may retain any gains it may receive as a result of error correction processing and to offset any losses it may bear as a result. Transamerica has an incentive to minimize processing errors, and any gains or losses from such processing errors, because any such errors may significantly affect the financial exposure of Transamerica and its affiliates due to market fluctuations and the time and resources required to process corrections.

Amount of Compensation Transamerica will derive from Error Corrections: The gains, if any, retained by Transamerica are additional compensation from the plan. Employer acknowledges that whether or not the plan will experience processing or transaction errors is unforeseeable and any gains from such processing or transaction errors cannot be quantified in advance. Transamerica tracks gains and losses from error corrections through a daily blotter.

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III. Contacting Transamerica

Negative Consent: We believe that our cash processing and error correction procedures are appropriate to your needs and we believe any benefit we receive is reasonable in light of the services we perform. In addition, we are confident that these practices are consistent with applicable law and contemporary industry practice.

If you have any questions about the above information, please contact Transamerica. Unless we hear from you, we will assume that you are in agreement with the above information. Failure to object in writing within 120 days will be considered a direction from you to follow the processes and procedures described above.

Except as specifically provided in a written agreement or contract with a plan, Transamerica does not exercise discretionary control or management with respect to the assets of the plan and is not otherwise a fiduciary of the plan. Nothing in this communication shall be construed as such. The explicit provisions of any such agreement or contract shall control in the event of any inconsistency herewith.

For more information about Transamerica, please visit www.TA-Retirement.com, or call (866) 498-4557, Monday through Friday, 9 a.m. to 8 p.m. Eastern Time.

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