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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                            |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                     |
| 1a      | Name of plan<br>CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN                                                                                                                                                                                                                                                             |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>07/01/1991                                                                                                                                                                                                                                                                                       |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>CTL/THOMPSON, INC.<br><br>7306 S. ALTON WAY<br>CENTENNIAL, CO 80112 |
| 2b      | Employer Identification Number (EIN)<br>84-0609804                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>303-454-3533                                                                                                                                                                                                                                                                            |
| 2d      | Business code (see instructions)<br>541330                                                                                                                                                                                                                                                                                 |

**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. | 07/17/2026 | ANGELA LAYMON                                                |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5</b> 341                                                                                                                                                                                                                                           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 279<br><b>6a(2)</b> 265<br><b>6b</b> 0<br><b>6c</b> 64<br><b>6d</b> 329<br><b>6e</b> 1<br><b>6f</b> 330<br><b>6g(1)</b> 332<br><b>6g(2)</b> 327<br><b>6h</b> 17 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7</b>                                                                                                                                                                                                                                               |

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

2E 2F 2G 2J 3H 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:

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN                           | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CTL/THOMPSON, INC.               | D Employer Identification Number (EIN)<br>84-0609804 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

| (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     |
| 84-0467907 | 68322         | 375787-01                             | 31                                                                          | 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 |                       |
|                                               |                                 |             |                       |

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(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 |                       |
|                                               |                                 |             |                       |

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(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

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| (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

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| (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.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 552160 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 0      |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ **GROUP ANNUITY CONTRACT**

|                                                                                                         |              |        |
|---------------------------------------------------------------------------------------------------------|--------------|--------|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    | 448584 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> | 46210  |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> | 0      |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 9588   |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> | 64141  |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |        |
| ▶                                                                                                       |              |        |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 119939 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 568523 |
| <b>e</b> Deductions:                                                                                    |              |        |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 6031   |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> | 2415   |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> | 7917   |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |        |
| ▶                                                                                                       |              |        |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 16363  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 552160 |

**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:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN                                                                                                                                                                             | B Three-digit plan number (PN) ▶                                                                                                                                                                                            | 002                                     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CTL/THOMPSON, INC.                                                                                                                                                                 | D Employer Identification Number (EIN)<br>84-0609804                                                                                                                                                                        |                                         |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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**(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

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

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

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

MORGAN STANLEY

1585 BROADWAY  
NEW YORK, NY 10036

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 34266                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 20810                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MGMT                                                                                   | 8811                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

CREATIVE RETIREMENT PLAN CONSULTING

2000 S. COLORADO BLVD.  
TOWER 1, SUITE 2000  
DENVER, CO 80222

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | CONTRACT ADMIN                                                                                    | 900                                                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   |                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CTL/THOMPSON, INC.                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>84-0609804 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 99547                 | 22861           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 600000                | 500000          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 10512049              | 10902176        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 119616                | 149782          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 10571349              | 11857842        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 448584                | 552160          |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                      | <b>1d(2)</b> |                       |                 |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 22351145              | 23984821        |

**Liabilities**

|                                                                            |           |     |   |
|----------------------------------------------------------------------------|-----------|-----|---|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> |     |   |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> |     |   |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> |     |   |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> | 581 | 0 |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 581 | 0 |

**Net Assets**

|                                                            |           |          |          |
|------------------------------------------------------------|-----------|----------|----------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 22350564 | 23984821 |
|------------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 503651     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1109744    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 5318       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1618713   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 9220       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 9220      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 113105     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 113105    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 2554105   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 4295143   |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 2488961 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 2488961 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 171925  |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 171925  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 2660886 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1634257 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **PLANTE & MORAN, PLLC**

(2) EIN: **33-1498605**

**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        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------------|
| <b>a</b> 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.)                 |                                     | <input checked="" type="checkbox"/> |               |
| <b>b</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.) |                                     | <input checked="" type="checkbox"/> |               |
| <b>c</b> 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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |               |
| <b>d</b> 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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |               |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | <b>500000</b> |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |               |
| <b>g</b> 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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |               |
| <b>h</b> 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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |               |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |               |
| <b>j</b> 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.)                                                                                     |                                     | <input checked="" type="checkbox"/> |               |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |               |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |               |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |               |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |                                     |                                     |               |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CTL/THOMPSON, INC. SAVINGS AND RETIREMENT PLAN                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CTL/THOMPSON, INC.                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>84-0609804                                            |
| 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):<br><br>EIN(s): 84-0609804 46-4317725                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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 Q702751A.

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# CTL|Thompson, Inc. Savings and Retirement Plan

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**Financial Report**  
**December 31, 2025**

## CTL|Thompson, Inc. Savings and Retirement Plan

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## Contents

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|                                                                  |       |
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## **Independent Auditor's Report**

To the Plan Administrator  
CTL|Thompson, Inc. Savings and Retirement Plan

### ***Opinion***

We have audited the financial statements of CTL|Thompson, Inc. Savings and Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2025 and 2024 and 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.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024 and the changes in net assets available for benefits for the year ended December 31, 2025 in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

### ***Auditor's Responsibilities for the Audits of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

To the Plan Administrator  
CTL|Thompson, Inc. Savings and Retirement Plan

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

***Supplemental Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year as of December 31, 2025 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Plante & Morax, PLLC*

Schaumburg, Illinois  
July 13, 2026

**CTL|Thompson, Inc. Savings and Retirement Plan****Statement of Net Assets Available for Benefits**

|                                                                                     | <b>December 31, 2025 and 2024</b> |                             |
|-------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|
|                                                                                     | <u>2025</u>                       | <u>2024</u>                 |
| <b>Assets</b>                                                                       |                                   |                             |
| Participant-directed investments at fair value - Mutual funds                       | \$ 11,857,842                     | \$ 10,571,349               |
| Participant-directed investments at contract value - Unallocated insurance contract | <u>552,160</u>                    | <u>448,584</u>              |
| Total participant-directed investments                                              | 12,410,002                        | 11,019,933                  |
| Non-participant-directed investments at fair value:                                 |                                   |                             |
| Money market fund                                                                   | 183,028                           | 341,037                     |
| Common stocks                                                                       | <u>10,719,148</u>                 | <u>10,171,012</u>           |
| Total non-participant-directed investments at fair value                            | <u>10,902,176</u>                 | <u>10,512,049</u>           |
| Total investments                                                                   | 23,312,178                        | 21,531,982                  |
| Contributions receivable - Employer                                                 | 500,000                           | 600,000                     |
| Participant notes receivable                                                        | 149,782                           | 119,616                     |
| Cash - Non-interest bearing                                                         | 22,861                            | 99,547                      |
| <b>Liabilities - Benefit claims payable</b>                                         | <u>-</u>                          | <u>581</u>                  |
| <b>Net Assets Available for Benefits</b>                                            | <u><b>\$ 23,984,821</b></u>       | <u><b>\$ 22,350,564</b></u> |

## CTL|Thompson, Inc. Savings and Retirement Plan

### Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

#### Additions

|                                                  |                  |
|--------------------------------------------------|------------------|
| Contributions:                                   |                  |
| Employee                                         | \$ 1,109,744     |
| Employer - Net of forfeitures                    | 503,651          |
| Rollovers                                        | <u>5,318</u>     |
| Total contributions                              | 1,618,713        |
| Investment income:                               |                  |
| Interest and dividends                           | 771,200          |
| Net realized and unrealized gains on investments | <u>1,896,010</u> |
| Total investment income                          | 2,667,210        |
| Interest from participant notes receivable       | <u>9,220</u>     |
| Total additions                                  | 4,295,143        |

#### Deductions

|                                                         |                  |
|---------------------------------------------------------|------------------|
| Benefits paid directly to participants or beneficiaries | 2,488,961        |
| Administrative expenses                                 | <u>171,925</u>   |
| Total deductions                                        | <u>2,660,886</u> |

#### Net Increase

1,634,257

#### Net Assets Available for Benefits

|                   |                             |
|-------------------|-----------------------------|
| Beginning of year | <u>22,350,564</u>           |
| End of year       | <u><u>\$ 23,984,821</u></u> |

**Note 1 - Plan Description**

The following description of CTL|Thompson, Inc. Savings and Retirement 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 full-time employees of CTL|Thompson, Inc. (the "Company"), excluding leased employees, employees who are part of a union, and nonresident aliens. Plan entry dates are monthly. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company periodically makes discretionary profit-sharing contributions on behalf of eligible participants who are 21 or older and have completed one year of service with at least 1,000 hours of service during that one-year period. CTL|Thompson Materials Engineers, Inc. (CTLE) is a related employer, and CTLE employees participate in the Plan.

**Contributions**

The Plan provides for employee salary deferral contributions up to a maximum of 100 percent of annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. The Plan allows participants to contribute up to 100 percent of their compensation on an after-tax basis. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Company makes annual contributions to the Plan, as approved by the Company's board of directors, based on the Company's annual profitability. The Company declared contributions of \$503,651 for the year ended December 31, 2025, of which \$500,000 was recorded as a receivable on the statement of net assets available for benefits.

**Participant Accounts**

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

**Vesting**

Participants' contributions, rollovers, and related earnings are fully vested at all times and are not subject to forfeiture for any reason.

The Company's profit-sharing contributions (including forfeitures) and the related earnings vest according to the following schedule:

| <u>Years of Service</u> | <u>Vesting<br/>Percentage</u> |
|-------------------------|-------------------------------|
| Less than 1             | - %                           |
| 1                       | 10                            |
| 2                       | 20                            |
| 3                       | 40                            |
| 4                       | 60                            |
| 5                       | 80                            |
| 6 or more               | 100                           |

**December 31, 2025 and 2024****Note 1 - Plan Description (Continued)*****Forfeitures***

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. The Company allocates forfeitures to participants on the earlier of the fifth consecutive one-year break in service or the end of the plan year following the payment of the vested account balance. Allocations of forfeitures are considered additional company contributions and are subject to the vesting provisions of company contributions.

***Participant Notes Receivable***

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 account balances. The notes receivable are secured by the balance in the participant's account and bear interest at rates that range from 4.25 to 9.50 percent, which are commensurate with local prevailing rates determined periodically by the plan administrator. The notes mature at various dates through December 2030. Principal and interest are paid ratably through monthly payroll deductions.

***Benefit Payments***

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

The Plan allows for in-service distributions to participants age 59½ or older who have not terminated employment with the plan sponsor. Participants may request that all or a portion of their accounts be distributed in the case of financial hardship, as defined in the plan document. The plan administrator must approve any such hardship withdrawals. Participants who are granted a hardship withdrawal are not allowed to make contributions for the six months following such withdrawal. Furthermore, the Plan allows for terminated participant vested account balances of \$5,000 or less to be automatically distributed upon a distributable event.

***Party-in-interest Transactions***

Certain plan assets are in investment funds managed by Empower Annuity Insurance Company of America; Empower Trust Company, LLC; and Morgan Stanley Smith Barney or their affiliates. Empower Annuity Insurance Company of America; Empower Trust Company, LLC; and Morgan Stanley Smith Barney are the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. The Plan provides for participant notes receivable, which are party-in-interest transactions that are exempt from the prohibited transaction rules.

***Termination***

While it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan document and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

**Note 2 - Summary of Significant Accounting Policies*****Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value except as noted below. The fully benefit-responsive unallocated contract is valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

**December 31, 2025 and 2024**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

The money market fund is valued at fair value based on its outstanding balance. All other investments are valued based on quoted market prices reported in active markets. See Note 3 for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

***Participant Notes Receivable***

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

***Benefit Payments***

Benefits are recorded when paid.

***Administrative Expenses***

Various administrative costs are paid by the Company.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

***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 financial statements.

***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including July 13, 2026, which is the date the financial statements were available to be issued.

**Note 3 - Fair Value Measurements**

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

***Level 1***

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

***Level 2***

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

**Note 3 - Fair Value Measurements (Continued)**
**Level 3**

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2025 and 2024:

| Assets Measured at Fair Value on a Recurring Basis<br>at December 31, 2025 |                      |                   |             |                                |
|----------------------------------------------------------------------------|----------------------|-------------------|-------------|--------------------------------|
|                                                                            | Level 1              | Level 2           | Level 3     | Investments<br>(at Fair Value) |
| Common stocks                                                              | \$ 10,719,148        | \$ -              | \$ -        | \$ 10,719,148                  |
| Mutual funds                                                               | 11,857,842           | -                 | -           | 11,857,842                     |
| Money market fund                                                          | -                    | 183,028           | -           | 183,028                        |
| Total investments                                                          | <u>\$ 22,576,990</u> | <u>\$ 183,028</u> | <u>\$ -</u> | <u>\$ 22,760,018</u>           |

| Assets Measured at Fair Value on a Recurring Basis<br>at December 31, 2024 |                      |                   |             |                                |
|----------------------------------------------------------------------------|----------------------|-------------------|-------------|--------------------------------|
|                                                                            | Level 1              | Level 2           | Level 3     | Investments<br>(at Fair Value) |
| Common stocks                                                              | \$ 10,171,012        | \$ -              | \$ -        | \$ 10,171,012                  |
| Mutual funds                                                               | 10,571,349           | -                 | -           | 10,571,349                     |
| Money market fund                                                          | -                    | 341,037           | -           | 341,037                        |
| Total investments                                                          | <u>\$ 20,742,361</u> | <u>\$ 341,037</u> | <u>\$ -</u> | <u>\$ 21,083,398</u>           |

**Note 4 - Investment Contracts**

The Plan has a benefit-responsive investment contract with Empower Annuity Insurance Company of America (Empower). Empower 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 investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest is credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest rate is applied to all contributions made to the product, regardless of the timing of those contributions. Interest crediting rates are reviewed on a semiannual basis for resetting but may not be less than 2 percent. When establishing interest crediting rates for this product, Empower considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer's general account.

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are no events that allow the issuer to terminate the contract and that require the plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

**December 31, 2025 and 2024****Note 5 - Tax Status**

The Plan uses a preapproved plan. The preapproved plan has received a favorable opinion letter from the Internal Revenue Service (IRS) indicating that the Plan, as designed, is qualified for federal income tax-exempt status. The Plan has not individually sought its own determination letter.

**Note 6 - Non-participant-directed Investments**

The significant components of net assets relating to non-participant-directed investments at December 31, 2025 and 2024 were as follows:

|                                       | 2025                 | 2024                 |
|---------------------------------------|----------------------|----------------------|
| Non-participant-directed investments: |                      |                      |
| Common stocks                         | \$ 10,719,148        | \$ 10,171,012        |
| Money market fund                     | 183,028              | 341,037              |
| Total                                 | <u>\$ 10,902,176</u> | <u>\$ 10,512,049</u> |

The significant components of the changes in net assets relating to the non-participant-directed investments for the year ended December 31, 2025 are as follows:

|                                                 |                   |
|-------------------------------------------------|-------------------|
| Changes in net assets:                          |                   |
| Net realized and unrealized gain on investments | \$ 981,658        |
| Employer contribution                           | 600,000           |
| Benefit payments                                | (1,084,251)       |
| Expenses                                        | <u>(107,280)</u>  |
| Net increase                                    | <u>\$ 390,127</u> |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment        | (d)<br>Cost | (e)<br>Current Value |
|------------------------------|-----------------------------------------|-------------|----------------------|
| <b>Mutual Funds</b>          |                                         |             |                      |
| American Funds               | American Funds 2015 TRGT Retire R6      | *           | 40,283               |
| American Funds               | American Funds 2020 TRGT Retire R6      | *           | 567,286              |
| American Funds               | American Funds 2025 TRGT Retire R6      | *           | 595,408              |
| American Funds               | American Funds 2030 TRGT Retire R6      | *           | 1,078,640            |
| American Funds               | American Funds 2035 TRGT Retire R6      | *           | 1,162,639            |
| American Funds               | American Funds 2040 TRGT Retire R6      | *           | 1,841,573            |
| American Funds               | American Funds 2045 TRGT Retire R6      | *           | 512,202              |
| American Funds               | American Funds 2050 TRGT Retire R6      | *           | 1,192,346            |
| American Funds               | American Funds 2055 TRGT Retire R6      | *           | 796,713              |
| American Funds               | American Funds 2060 TRGT Retire R6      | *           | 918,511              |
| American Funds               | American Funds New World R6             | *           | 164,857              |
| BlackRock                    | BlackRock High Yield Bond Inv A         | *           | 7,032                |
| Fidelity                     | Fidelity Inflation Protected Bond Index | *           | 134,562              |
| Invesco                      | Invesco Discovery Mid cap Growth R6     | *           | 82,572               |
| John Hancock                 | JHancock Bond R6                        | *           | 145,590              |
| JPMorgan(1)                  | JP Morgan Large Cap Growth R6           | *           | 225,517              |
| JPMorgan(1)                  | JP Morgan Large Cap Value R6            | *           | 186,885              |
| JPMorgan(1)                  | Undiscovered Mgrs Behavioral Value A    | *           | 107,274              |
| MFS Investment Management    | MFS INTL Diversification R6             | *           | 82,093               |
| Parnassus                    | Parnassus Core Equity - Inst            | *           | 72,495               |
| PIMCO                        | PIMCO Income INSTL                      | *           | 10,315               |
| Putnam                       | Putnam Small Cap Growth Y               | *           | 171,507              |
| T. Rowe Price                | T. Rowe Price Mid Cap Value I           | *           | 18,748               |
| The Hartford                 | Hartford Balanced Income A              | *           | 42,611               |
| Vanguard                     | Vanguard Total Intl Stock Index Admiral | *           | 795,190              |
| Vanguard                     | Vanguard Small Cap Index Adm            | *           | 189,641              |
| Vanguard                     | Vanguard Mid Cap Index Fund - Admiral   | *           | 224,161              |
| Vanguard                     | Vanguard 500 Index Admiral              | *           | 491,191              |
| Total mutual funds           |                                         |             | 11,857,842           |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)<br>Identity of Issuer        | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|-------------------------------------|----------------------------------|-------------|----------------------|
| Empower EI Fixed Account (1)        | Unallocated Insurance Contract   | *           | 552,160              |
| Morgan Stanley (1)                  | Money market funds               | 183,028     | 183,028              |
| Common Stocks                       |                                  |             |                      |
| 3M CO (MMM)                         | Common stock                     | 16,278      | 15,465               |
| ABB LTD ADR (ABBNY)                 | Common stock                     | 8,343       | 34,160               |
| ABBVIE INC COM (ABBV)               | Common stock                     | 9,841       | 9,864                |
| ABERCROMBIE & FITCH CO (ANF)        | Common stock                     | 16,391      | 29,076               |
| ABBOTT LABORATORIES (ABT)           | Common stock                     | 7,636       | 7,540                |
| ACADIA PHARMACEUTICALS INC (ACAD)   | Common stock                     | 25,177      | 30,876               |
| ACADIAN ASSET MANAGEMENT INC (AAMI) | Common stock                     | 33,791      | 33,135               |
| ACCENTURE PLC IRELAND CL A (ACN)    | Common stock                     | 11,673      | 27,366               |
| ADVANCED MICRO DEVICES (AMD)        | Common stock                     | 12,923      | 11,048               |
| ADYEN N V UNSPONSRED ADR (ADYEY)    | Common stock                     | 19,686      | 18,135               |
| AGCO CORP (AGCO)                    | Common stock                     | 16,111      | 16,691               |
| AIA GROUP LTD SPON ADR (AAGIY)      | Common stock                     | 39,293      | 48,904               |
| AIR LIQUIDE ADR (AIQUY)             | Common stock                     | 16,502      | 15,472               |
| AIRBNB INC CL A (ABNB)              | Common stock                     | 28,836      | 27,823               |
| ALCON INC (ALC)                     | Common stock                     | 16,259      | 16,786               |
| ALFA LAVAL AB-UNSPONS ADR (ALFVY)   | Common stock                     | 22,337      | 22,631               |
| ALIBABA GROUP HLDG LTD (BABA)       | Common stock                     | 14,102      | 11,827               |
| ALLEGION PUB LTD CO (ALLE)          | Common stock                     | 43,311      | 58,275               |
| ALLIANZ SE ADR (ALIZY)              | Common stock                     | 47,110      | 52,742               |
| ALNYLAM PHARMACEUTICALS INC (ALNY)  | Common stock                     | 6,529       | 5,606                |
| ALPHABET INC CL A (GOOGL)           | Common stock                     | 12,464      | 197,816              |
| ALPHABET INC CL C (GOOG)            | Common stock                     | 68,401      | 79,078               |
| AMAZON COM INC (AMZN)               | Common stock                     | 28,529      | 287,140              |
| AMC NETWORKS INC CL A (AMCX)        | Common stock                     | 14,475      | 17,622               |
| AMER INTL GP INC NEW (AIG)          | Common stock                     | 39,261      | 42,604               |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)<br>Identity of Issuer           | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|----------------------------------------|----------------------------------|-------------|----------------------|
| AMNEAL PHARMACEUTICALS INC CL A (AMRX) | Common stock                     | 28,477      | 33,932               |
| AMPHENOL CORP NEW CL A (APH)           | Common stock                     | 14,255      | 43,921               |
| AON PLC CL A (AON)                     | Common stock                     | 7,980       | 25,046               |
| APPLE INC (AAPL)                       | Common stock                     | 142,863     | 165,563              |
| APPLIED MATERIALS INC (AMAT)           | Common stock                     | 11,585      | 90,717               |
| APPROVIN CORP (APP)                    | Common stock                     | 12,106      | 13,041               |
| APOLLO GLOBAL MGMT INC CL A (APO)      | Common stock                     | 20,680      | 23,740               |
| ARES MANAGEMENT CORP CL A (ARES)       | Common stock                     | 23,609      | 27,154               |
| ARGENX SE ADR (ARGX)                   | Common stock                     | 10,586      | 14,665               |
| ARRAY TECHNOLOGIES INC COM SHS (ARRY)  | Common stock                     | 29,168      | 29,089               |
| ASTRAZENECA PLC ADR (AZN)              | Common stock                     | 46,638      | 54,331               |
| ASM INTERNATIONAL NV (ASMIY)           | Common stock                     | 8,774       | 16,537               |
| ASML HOLDING NV REG NEW (ASML)         | Common stock                     | 64,199      | 93,770               |
| ASSA ABLOY AB UNSP ADR (ASAZY)         | Common stock                     | 19,682      | 31,068               |
| ATLAS COPCO AS A ADR A NEW (ATLKY)     | Common stock                     | 13,133      | 13,293               |
| AUTOZONE INC (AZO)                     | Common stock                     | 3,280       | 2,903                |
| EVERY DENNISON CORPORATION (AVY)       | Common stock                     | 10,032      | 8,624                |
| AXOS FINL INC (AX)                     | Common stock                     | 24,971      | 26,882               |
| BAE SYS PLC SPON ADR (BAESY)           | Common stock                     | 27,943      | 28,218               |
| BANCO BILBAO VIZ ARG SA ADS (BBVA)     | Common stock                     | 22,492      | 26,737               |
| BANK OF AMERICA CORP (BAC)             | Common stock                     | 45,936      | 65,065               |
| BANK OZK (OZK)                         | Common stock                     | 23,841      | 24,114               |
| BENTLEY SYS INC COM CL B (BSY)         | Common stock                     | 45,116      | 46,562               |
| BERKLEY W R CORP (WRB)                 | Common stock                     | 37,420      | 63,248               |
| BERKSHIRE HATHAWAY CL-B NEW (BRK'B)    | Common stock                     | 11,728      | 94,498               |
| BJ'S WHSL CLUB HLDING CL-A (BJ)        | Common stock                     | 42,443      | 51,137               |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)<br>Identity of Issuer         | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|--------------------------------------|----------------------------------|-------------|----------------------|
| BLACKROCK INC (BLK)                  | Common stock                     | 30,596      | 28,788               |
| BLUE BIRD CORP COM (BLBD)            | Common stock                     | 37,322      | 31,020               |
| BOOKING HOLDINGS INC                 | Common stock                     | 10,923      | 11,492               |
| BOOZ ALLEN HAMILTON HLDG CL-A (BAH)  | Common stock                     | 13,518      | 12,992               |
| BRIGHT HORIZONS FAMILY SOLUT (BFAM)  | Common stock                     | 30,364      | 31,738               |
| BRINKER INTL INC (EAT)               | Common stock                     | 21,761      | 24,829               |
| BROADCOM INC (AVGO)                  | Common stock                     | 116,068     | 111,098              |
| BUREAU VERITAS SA ADR (BVVBY)        | Common stock                     | 11,338      | 11,491               |
| CADENCE DESIGN SYSTEM (CDNS)         | Common stock                     | 15,234      | 31,571               |
| CANADIAN NATL RAILWAY CO (CNI)       | Common stock                     | 9,782       | 10,182               |
| CAPITAL ONE FINANCIAL CORP (COF)     | Common stock                     | 31,114      | 142,750              |
| CARETRUST REIT INC (CTRE)            | Common stock                     | 27,246      | 28,133               |
| CARLSBERG AS (CABGY)                 | Common stock                     | 14,849      | 12,871               |
| CARPENTER TECHNOLOGY (CRS)           | Common stock                     | 37,109      | 37,781               |
| CARRIER GLOBAL CORPORATION (CARR)    | Common stock                     | 36,240      | 30,541               |
| CARVANA CO CL A (CVNA)               | Common stock                     | 9,173       | 11,078               |
| CELESTICA INC (CLS)                  | Common stock                     | 5,468       | 5,403                |
| CENTURY ALUMINUM CO (CENX)           | Common stock                     | 26,455      | 32,128               |
| CHARLES SCHWAB NEW (SCHW)            | Common stock                     | 79,130      | 119,792              |
| CHARTER COMMUNICATIONS INC (CHTR)    | Common stock                     | 7,629       | 6,497                |
| CHEMED CORPORATION (CHE)             | Common stock                     | 27,401      | 24,750               |
| CHOICE HOTELS INTL INC NEW (CHH)     | Common stock                     | 35,806      | 28,864               |
| CHORD ENERGY CORPORATION NEW (CHRD)  | Common stock                     | 10,758      | 10,753               |
| CHUBB LTD (CB)                       | Common stock                     | 8,981       | 26,756               |
| CHUGAI PHARMACEUTIC UNSP ADR (CHGCY) | Common stock                     | 30,237      | 33,787               |
| CIENA CORP NEW (CIEN)                | Common stock                     | 6,129       | 7,051                |
| CIGNA CORP (CI)                      | Common stock                     | 9,546       | 12,889               |
| CISCO SYS INC (CSCO)                 | Common stock                     | 48,064      | 52,535               |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)<br>Identity of Issuer           | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|----------------------------------------|----------------------------------|-------------|----------------------|
| CITIGROUP INC NEW (C)                  | Common stock                     | 55,548      | 65,580               |
| CLOUDFLARE INC CL A (NET)              | Common stock                     | 13,048      | 11,502               |
| COCA COLA CO (KO)                      | Common stock                     | 55,692      | 74,384               |
| COCA-COLA EUROPACIFIC PARTNERS (CCEP)  | Common stock                     | 7,291       | 18,503               |
| COEUR D'ALENE MINES COR IDAHO (CDE)    | Common stock                     | 26,891      | 26,852               |
| COLOPLAST AS SPONSORED ADR (CLPBY)     | Common stock                     | 8,819       | 7,930                |
| COMPASS GROUP PLC SPD ADR (CMPGY)      | Common stock                     | 14,270      | 12,751               |
| COMPUTERSHARE LTD SPN ADR (CMSQY)      | Common stock                     | 10,142      | 13,523               |
| CONCENTRIX CORP (CNCX)                 | Common stock                     | 22,994      | 20,291               |
| CONOCOPHILLIPS (COP)                   | Common stock                     | 50,221      | 46,056               |
| CONTEMPORARY AMP TEC CO LD ADR (CYATY) | Common stock                     | 29,579      | 26,903               |
| COOPER CO INC NEW (COO)                | Common stock                     | 49,612      | 48,029               |
| CORCEPT THERAPEUTICS INC (CORT)        | Common stock                     | 23,771      | 11,344               |
| CORPAY INC (CPAY)                      | Common stock                     | 10,094      | 8,054                |
| CORTEVA INC (CTVA)                     | Common stock                     | 20,805      | 21,918               |
| COTERRA ENERGY INC (CTRA)              | Common stock                     | 54,025      | 61,879               |
| CREDICORP LTD (BAP)                    | Common stock                     | 18,651      | 20,681               |
| CREDO TECHNOLOGY GRP HOLDING (CRDO)    | Common stock                     | 36,456      | 32,375               |
| CROWDSTRIKE HLDGS INC CL A (CRWD)      | Common stock                     | 8,850       | 7,925                |
| CUSTOMERS BANCORP INC COM (CUBI)       | Common stock                     | 30,443      | 32,100               |
| CVS HEALTH CORP COM (CVS)              | Common stock                     | 46,633      | 78,646               |
| D R HORTON INC (DHI)                   | Common stock                     | 6,559       | 5,902                |
| DAIFUKU CO LTD ADR (DFKCY)             | Common stock                     | 16,438      | 15,956               |
| DANAHER CORPORATION (DHR)              | Common stock                     | 51,623      | 57,230               |
| DARLING INGREDIENTS INC (DAR)          | Common stock                     | 9,733       | 6,912                |
| DASSAULT SYSTEMS SA ADS (DASTY)        | Common stock                     | 11,759      | 10,947               |
| DATADOG INC CL A (DDOG)                | Common stock                     | 21,003      | 27,606               |
| DBS GROUP HOLDINGS LTD SP (DBSDY)      | Common stock                     | 53,559      | 57,149               |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)<br>Identity of Issuer       | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|------------------------------------|----------------------------------|-------------|----------------------|
| DEERE & CO (DE)                    | Common stock                     | 4,366       | 4,312                |
| DIAGEO PLC SPON ADR NEW (DEO)      | Common stock                     | 22,358      | 16,736               |
| DIGITALOCEAN HLDGS INC (DOCN)      | Common stock                     | 26,156      | 31,808               |
| DISCO CORP ADR (DSCSY)             | Common stock                     | 42,910      | 40,043               |
| DOORDASH INC CL A (DASH)           | Common stock                     | 6,155       | 5,396                |
| DYNATRACE INC (DT)                 | Common stock                     | 41,817      | 45,117               |
| ECOLAB INC (ECL)                   | Common stock                     | 17,147      | 27,040               |
| ELI LILLY & CO (LLY)               | Common stock                     | 26,737      | 27,674               |
| EMCOR GROUP INC (EME)              | Common stock                     | 41,478      | 34,038               |
| EPIROC AKTIEBOLAG CL A ADR (EPOAY) | Common stock                     | 20,722      | 19,923               |
| EPR PPTYS COM (EPR)                | Common stock                     | 26,034      | 24,102               |
| EQUIFAX INC (EFX)                  | Common stock                     | 83,571      | 80,934               |
| ESSILORLUXOTTICA ADR (ESLOY)       | Common stock                     | 9,806       | 13,347               |
| EVERQUOTE INC CL A (EVER)          | Common stock                     | 22,047      | 29,646               |
| EXELIXIS INC (EXEL)                | Common stock                     | 30,530      | 34,757               |
| EXLSERVICE HLDGS INC (EXLS)        | Common stock                     | 21,801      | 22,408               |
| EXPONENT INC (EXPO)                | Common stock                     | 29,658      | 21,950               |
| EXXON MOBIL CORP (XOM)             | Common stock                     | 43,645      | 45,489               |
| FABRINET (FN)                      | Common stock                     | 30,407      | 32,692               |
| FANUC CORPORATION UNSP ADR (FANUY) | Common stock                     | 10,975      | 14,575               |
| FEDEX CORP (FDX)                   | Common stock                     | 22,972      | 27,549               |
| FOMENTO ECONOMICO MEXICANO (FMX)   | Common stock                     | 36,269      | 37,801               |
| FREEPORT-MCMORAN CL-B (FCX)        | Common stock                     | 28,367      | 34,842               |
| GALLAGHER ARTHUR J & CO (AJG)      | Common stock                     | 33,776      | 37,525               |
| GE AEROSPACE NEW (GE)              | Common stock                     | 30,499      | 49,285               |
| GE VERNOVA INC (GEV)               | Common stock                     | 17,587      | 19,377               |
| GENERAL MTRS CO (GM)               | Common stock                     | 30,465      | 36,188               |
| GENMAB A S ADR (GMAB)              | Common stock                     | 17,458      | 18,111               |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)<br>Identity of Issuer           | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|----------------------------------------|----------------------------------|-------------|----------------------|
| GILEAD SCIENCE (GILD)                  | Common stock                     | 8,759       | 8,933                |
| GOLDMAN SACHS GRP INC (GS)             | Common stock                     | 47,507      | 53,510               |
| GRUPO FINANCIERO BANORTE SAB (GBOOY)   | Common stock                     | 14,236      | 14,105               |
| HAIER SMART HOME CO LTD ADR (HSHCY)    | Common stock                     | 15,417      | 14,837               |
| HALEON PLC ADR (HLN)                   | Common stock                     | 25,088      | 27,317               |
| HAMILTON LANE CL A (HLNE)              | Common stock                     | 26,566      | 24,579               |
| HCI GROUP INC (HCI)                    | Common stock                     | 30,520      | 28,178               |
| HDFC BANK LTD ADR (HDB)                | Common stock                     | 45,633      | 54,445               |
| HEALTHEQUITY INC COM (HQY)             | Common stock                     | 12,809      | 10,535               |
| HEXAGON AB ADR (HXGBY)                 | Common stock                     | 6,467       | 13,232               |
| HILTON WORLDWIDE HLDGS INC (HLT)       | Common stock                     | 34,863      | 37,342               |
| HIMS & HERS HEALTH INC COM CL (HIMS)   | Common stock                     | 6,484       | 4,221                |
| IAC INTERACTIVECORP NEW (IAC)          | Common stock                     | 11,083      | 10,127               |
| INDUSTRIA DE DISEÑO TEXTIL IND (IDEXY) | Common stock                     | 10,308      | 21,356               |
| INGERSOLL RAND INC (IR)                | Common stock                     | 20,644      | 20,359               |
| INSMED INC (INSM)                      | Common stock                     | 17,410      | 18,970               |
| INTERACTIVE BROKERS GROUP CL A (IBKR)  | Common stock                     | 18,434      | 77,172               |
| INTERCONTINENTAL EXCHANGE INC (ICE)    | Common stock                     | 8,854       | 25,914               |
| INTL BUSINESS MACHINES CORP (IBM)      | Common stock                     | 18,968      | 18,317               |
| INTUIT INC (INTU)                      | Common stock                     | 39,589      | 59,050               |
| INTUITIVE SURGICAL INC (ISRG)          | Common stock                     | 33,391      | 39,924               |
| IQVIA HOLDINGS INC (IQV)               | Common stock                     | 7,847       | 22,247               |
| JACK HENRY & ASSOC INC (JKHY)          | Common stock                     | 39,152      | 43,795               |
| JOHNSON & JOHNSON (JNJ)                | Common stock                     | 12,379      | 12,906               |
| JOHNSON CTLS INTL PLC (JCI)            | Common stock                     | 26,171      | 27,902               |
| KKR & CO INC CL A (KKR)                | Common stock                     | 27,622      | 41,176               |
| KLA CORPORATION (KLAC)                 | Common stock                     | 13,770      | 27,087               |
| KONE OYJ ADR (KNYJY)                   | Common stock                     | 10,999      | 14,901               |
| KONTOOR BRANDS INC (KTB)               | Common stock                     | 31,580      | 22,787               |
| L OREAL CO ADR (LRLCY)                 | Common stock                     | 28,132      | 27,727               |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)                                 | (c)                       | (d)    | (e)           |
|----------------------------------------|---------------------------|--------|---------------|
| Identity of Issuer                     | Description of Investment | Cost   | Current Value |
| LASERTEC CORP ADR (LSRCY)              | Common stock              | 26,712 | 32,985        |
| LCI INDS (LCII)                        | Common stock              | 10,301 | 10,079        |
| LEGRAND SA (LGRDY)                     | Common stock              | 9,996  | 14,287        |
| LENNOX INTL INC (LII)                  | Common stock              | 20,158 | 38,440        |
| LINCOLN NTL CORP IND (LNC)             | Common stock              | 26,539 | 25,560        |
| LPL FINL HLDGS INC COM (LPLA)          | Common stock              | 30,746 | 68,934        |
| LVMH MOET HENNESSY LOUIS VUITT (LVMUY) | Common stock              | 9,439  | 13,985        |
| M3 INC ADR (MTHRY)                     | Common stock              | 13,103 | 12,340        |
| MANULIFE FINANCIAL CORP (MFC)          | Common stock              | 26,187 | 29,242        |
| MARKEL CORP (HOLDING CO) (MKL)         | Common stock              | 26,791 | 49,743        |
| MARVEL TECHNOLOGY GROUP LTD (MRVL)     | Common stock              | 13,062 | 25,749        |
| MASTERCARD INC CL A (MA)               | Common stock              | 39,381 | 38,984        |
| MC DONALDS CORP (MCD)                  | Common stock              | 15,872 | 26,223        |
| MCKESSON CORP (MCK)                    | Common stock              | 46,125 | 47,025        |
| MERCADOLIBRE INC (MELI)                | Common stock              | 29,853 | 27,793        |
| META PLATFORMS INC CL A (FB)           | Common stock              | 16,332 | 120,136       |
| MGM RESORTS INTERNATIONAL (MGM)        | Common stock              | 69,737 | 76,082        |
| MICROSOFT CORP (MSFT)                  | Common stock              | 60,517 | 343,370       |
| MIZUHO FNCL INC SPONS ADR (MFG)        | Common stock              | 15,556 | 27,260        |
| MOLINA HEALTHCARE INC (MOH)            | Common stock              | 13,158 | 13,924        |
| MONOLITHIC PWR SYSTEMS INC (MPWR)      | Common stock              | 16,776 | 31,780        |
| MOTOROLA SOLUTIONS INC (MSI)           | Common stock              | 3,316  | 15,207        |
| NATERA INC COM (NTRA)                  | Common stock              | 12,593 | 14,434        |
| NATL FUEL GAS CO (NFG)                 | Common stock              | 25,015 | 24,498        |
| NETEASE.COM INC ADS (NTES)             | Common stock              | 21,753 | 20,367        |
| NETFLIX INC (NFLX)                     | Common stock              | 11,366 | 9,657         |
| NEXTERA ENERGY INC (NEE)               | Common stock              | 29,709 | 28,178        |
| NICE LTD ADR (NICE)                    | Common stock              | 25,804 | 24,530        |
| NIKE INC B (NKE)                       | Common stock              | 16,842 | 14,080        |

CTL | Thompson, Inc. Savings and Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)                                | (c)                       | (d)    | (e)           |
|---------------------------------------|---------------------------|--------|---------------|
| Identity of Issuer                    | Description of Investment | Cost   | Current Value |
| NINTENDO CO LTD ADR NEW (NTDOY)       | Common stock              | 3,575  | 6,171         |
| NORDSON CP (NDSN)                     | Common stock              | 43,185 | 47,846        |
| NORTHERN OIL AND GAS INC MN (NOG)     | Common stock              | 12,893 | 12,753        |
| NORTHROP GRUMMAN CP (HLDG CO) (NOC)   | Common stock              | 30,567 | 29,101        |
| NOVARTIS AG ADR (NVS)                 | Common stock              | 14,110 | 14,890        |
| NOVO NORDISK A/S ADR (NVO)            | Common stock              | 15,247 | 14,552        |
| NOVONESIS (NOVOZYMES) B ADR (NVZMY)   | Common stock              | 9,793  | 9,875         |
| NRG ENERGY INC (NRG)                  | Common stock              | 16,466 | 15,408        |
| NVIDIA CORPORATION (NVDA)             | Common stock              | 85,618 | 296,162       |
| OBIC CO LTD ADR (OBICY)               | Common stock              | 16,770 | 15,905        |
| OLLIES BARGAIN OUTLET HLDG INC (OLLI) | Common stock              | 29,970 | 33,431        |
| ONEMAIN HOLDINGS, INC. (OMF)          | Common stock              | 27,185 | 32,019        |
| ONTO INNOVATION INC (ONTO)            | Common stock              | 19,671 | 22,890        |
| ORACLE CORP (ORCL)                    | Common stock              | 22,543 | 15,418        |
| OWENS CORNING INC (OC)                | Common stock              | 13,684 | 18,913        |
| PAGAYA TECHNOLOGIES LTD CL A (PGY)    | Common stock              | 27,189 | 22,885        |
| PALANTIR TECHNOLOGIES INC CL A (PLTR) | Common stock              | 21,954 | 20,975        |
| PALO ALTO NETWORKS INC (PANW)         | Common stock              | 3,713  | 3,144         |
| PATHWARD FINANCIAL INC (CASH)         | Common stock              | 21,736 | 21,655        |
| PEDIATRIX MEDICAL GROUP INC (MD)      | Common stock              | 25,849 | 24,663        |
| PERNOD RICARD SA ADR (PRNDY)          | Common stock              | 9,958  | 5,512         |
| PHILIP MORRIS INTL INC (PM)           | Common stock              | 49,038 | 49,884        |
| PING AN INSURANCE ADR (PNGAY)         | Common stock              | 14,850 | 16,523        |
| PINTEREST INC CL A (PINS)             | Common stock              | 26,511 | 21,903        |
| POOL CORP (POOL)                      | Common stock              | 53,891 | 34,541        |
| POWELL IND INC (POWL)                 | Common stock              | 35,651 | 31,496        |
| PPL CORPORATION (PPL)                 | Common stock              | 24,060 | 22,448        |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)                                | (c)                       | (d)    | (e)           |
|---------------------------------------|---------------------------|--------|---------------|
| Identity of Issuer                    | Description of Investment | Cost   | Current Value |
| PROCTER & GAMBLE (PG)                 | Common stock              | 10,925 | 21,640        |
| PROGRESSIVE CORP OHIO (PGR)           | Common stock              | 27,903 | 32,337        |
| PROLOGIS INC COM (PLD)                | Common stock              | 27,303 | 27,447        |
| PT TELEKOMUNIKASI INDONESIA (TLK)     | Common stock              | 14,246 | 14,882        |
| PTC INC COM (PTC)                     | Common stock              | 6,836  | 17,595        |
| PULTE GROUP INC (PHM)                 | Common stock              | 50,309 | 48,194        |
| QUALCOMM INC (QCOM)                   | Common stock              | 19,722 | 19,842        |
| QUANTA SERVICES INC (PWR)             | Common stock              | 6,503  | 6,222         |
| QUEST DIAGNOSTICS INC (DGX)           | Common stock              | 8,320  | 16,520        |
| REGENERON PHARMACEUTICALS INC (REGN)  | Common stock              | 19,719 | 26,283        |
| RELX PLC SPONSORED ADR (RELX)         | Common stock              | 10,050 | 22,838        |
| RESONA HOLDINGS INC ADR (RSHGY)       | Common stock              | 12,420 | 13,297        |
| RESTAURANT BRANDS INTL INC COM (QSR)  | Common stock              | 16,885 | 18,900        |
| RIO TINTO PLC SPON ADR (RIO)          | Common stock              | 25,413 | 28,811        |
| ROBINHOOD MKTS INC CL A (HOOD)        | Common stock              | 16,723 | 13,798        |
| ROBLOX CORP CL A (RBLX)               | Common stock              | 12,301 | 7,640         |
| ROCHE HOLDINGS ADR (RHHBY)            | Common stock              | 26,186 | 31,767        |
| ROLLINS INC (ROL)                     | Common stock              | 29,985 | 55,638        |
| RTX CORPORATION (RTX)                 | Common stock              | 8,661  | 8,857         |
| RYANAIR HLDGS PLC ADR (RYAAY)         | Common stock              | 15,215 | 17,831        |
| S&P GLOBAL INC COM (SPGI)             | Common stock              | 5,874  | 24,518        |
| SAFRAN SA (SAFRY)                     | Common stock              | 15,344 | 15,107        |
| SAIA INC (SAIA)                       | Common stock              | 30,108 | 36,571        |
| SALESFORCE INC (CRM)                  | Common stock              | 26,059 | 26,081        |
| SAMSARA INC CL A (IOT)                | Common stock              | 23,765 | 22,085        |
| SANOFI ADR (SNY)                      | Common stock              | 24,043 | 22,534        |
| SCHNEIDER ELEC SA UNSP ADR (SBGSY)    | Common stock              | 40,689 | 40,389        |
| SCIENCE APPLICATIONS INTL CORP (SAIC) | Common stock              | 21,653 | 23,655        |
| SEA LIMITED ADR (SE)                  | Common stock              | 21,045 | 17,222        |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)                                | (c)                       | (d)    | (e)           |
|---------------------------------------|---------------------------|--------|---------------|
| Identity of Issuer                    | Description of Investment | Cost   | Current Value |
| SEAGATE TECHNOLOGY HLDNGS PLC (STX)   | Common stock              | 23,910 | 27,540        |
| SERVICENOW INC (NOW)                  | Common stock              | 9,132  | 31,820        |
| SERVICETITAN INC CL A (TTAN)          | Common stock              | 38,624 | 41,002        |
| SF HOLDING CO LTD ADR (SFHOY)         | Common stock              | 10,920 | 10,135        |
| SHARKNINJA INC (SN)                   | Common stock              | 25,154 | 28,982        |
| SHELL PLC ADR (SHEL)                  | Common stock              | 39,463 | 38,136        |
| SHIONOGI & CO LTD UNSPONS ADR (SGIOY) | Common stock              | 12,123 | 13,794        |
| SHOPIFY INC CL A (SHOP)               | Common stock              | 23,665 | 38,150        |
| SITEONE LANDSCAPE SUPPLY INC (SITE)   | Common stock              | 32,400 | 27,154        |
| SKYWEST INC (SKYW)                    | Common stock              | 23,850 | 23,998        |
| SNOWFLAKE INC CL A (SNOW)             | Common stock              | 26,473 | 27,201        |
| SOFI TECHNOLOGIES INC (SOFI)          | Common stock              | 11,546 | 10,341        |
| SOLVENTUM CORP (SOLV)                 | Common stock              | 26,098 | 33,598        |
| SONOVA HLDG AG UNSP ADR (SONVY)       | Common stock              | 10,895 | 9,881         |
| SONY GROUP CORPORATION ADR (SONY)     | Common stock              | 31,718 | 28,314        |
| SOUTHWEST AIRLINES (LUV)              | Common stock              | 27,891 | 36,577        |
| SPOTIFY TECHNOLOGY SA (SPOT)          | Common stock              | 39,169 | 36,113        |
| STONEX GROUP INC (SNEX)               | Common stock              | 34,887 | 32,915        |
| SYMRISE AG UNSPONS ADR (SYIEY)        | Common stock              | 13,117 | 11,184        |
| SYSMEX CORP UNSPON ADR (SSMXY)        | Common stock              | 15,317 | 12,823        |
| TAIWAN SMCNDCR MFG CO LTD ADR (TSM)   | Common stock              | 69,073 | 185,677       |
| TECHTRONIC IND SPONS ADR (TTNDY)      | Common stock              | 30,356 | 27,720        |
| TECK RESOURCES LTD (TECK)             | Common stock              | 23,130 | 41,999        |
| TEEKAY CORPORATION LTD (TK)           | Common stock              | 30,389 | 30,161        |
| TELEDYNE TECH INC (TDY)               | Common stock              | 39,312 | 48,542        |
| TENCENT HLDGS LTD UNSPON ADR (TCEHY)  | Common stock              | 51,924 | 72,110        |
| TESLA INC (TSLA)                      | Common stock              | 50,132 | 51,717        |
| TEXAS INSTRUMENTS (TXN)               | Common stock              | 23,868 | 63,844        |
| THERMO FISHER SCIENTIFIC (TMO)        | Common stock              | 31,279 | 61,421        |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)                             | (c)                       | (d)    | (e)           |
|------------------------------------|---------------------------|--------|---------------|
| Identity of Issuer                 | Description of Investment | Cost   | Current Value |
| THOR INDUSTRIES INC (THO)          | Common stock              | 25,963 | 30,493        |
| T-MOBILE US INC COM (TMUS)         | Common stock              | 17,632 | 16,478        |
| TOTVS SA ADR (TTVSY)               | Common stock              | 12,827 | 11,196        |
| TRANE TECHNOLOGIES PLC (TT)        | Common stock              | 4,377  | 4,003         |
| TRIMBLE INC (TRMB)                 | Common stock              | 37,432 | 35,806        |
| Tyson Foods INC CL A (TSN)         | Common stock              | 56,337 | 57,506        |
| U S BANCORP COM NEW (USB)          | Common stock              | 60,313 | 87,884        |
| UBER TECHNOLOGIES INC (UBER)       | Common stock              | 17,964 | 33,092        |
| UL SOLUTIONS INC CLASS A (ULS)     | Common stock              | 35,070 | 48,578        |
| UNICHARM CORP UNSPON ADR (UNICY)   | Common stock              | 10,965 | 9,647         |
| UNILEVER PLC (NEW) ADS (UL)        | Common stock              | 17,059 | 21,320        |
| UNITED RENTALS INC (URI)           | Common stock              | 46,059 | 39,142        |
| UNITED THERAPEUTICS CORP (UTHR)    | Common stock              | 28,337 | 32,649        |
| UNITEDHEALTH GP INC (UNH)          | Common stock              | 54,461 | 56,779        |
| UNIVERSAL DISPLAY CORP (OLED)      | Common stock              | 60,608 | 40,289        |
| URBAN OUTFITTERS INC (URBN)        | Common stock              | 27,319 | 30,104        |
| VALERO ENERGY CP DELA NEW (VLO)    | Common stock              | 20,493 | 19,372        |
| VERALTO CORP (VLTO)                | Common stock              | 19,568 | 24,347        |
| VERISK ANALYTICS INC COM (VRSK)    | Common stock              | 20,466 | 24,158        |
| VIATRIS INC (VTRS)                 | Common stock              | 60,934 | 76,683        |
| VIRTU FINANCIAL INC-CLASS A (VIRT) | Common stock              | 24,942 | 24,723        |
| VISA INC CL A (V)                  | Common stock              | 14,924 | 95,393        |
| VISTRA CORP (VST)                  | Common stock              | 4,443  | 3,572         |
| WALMART INC (WMT)                  | Common stock              | 70,732 | 73,976        |
| WATSCO INC (WSO)                   | Common stock              | 32,555 | 36,727        |
| WELLS FARGO & CO NEW (WFC)         | Common stock              | 7,286  | 56,572        |
| WEST PHARMACEUTICAL SVCS INC (WST) | Common stock              | 29,671 | 32,742        |
| WESTERN DIGITAL CORPORATION (WDC)  | Common stock              | 7,441  | 7,467         |
| WILLDAN GRP INC (WLDN)             | Common stock              | 30,824 | 30,994        |

## Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 84-0609804, Plan No. 002

December 31, 2025

| (a)(b)<br>Identity of Issuer         | (c)<br>Description of Investment                                                | (d)<br>Cost  | (e)<br>Current Value |
|--------------------------------------|---------------------------------------------------------------------------------|--------------|----------------------|
| WOLTERS KLUWER NV SPON ADR (WTKWY)   | Common stock                                                                    | 6,749        | 16,288               |
| XENIA HOTELS & RESORTS INC COM (XHR) | Common stock                                                                    | 23,952       | 25,678               |
| ZEBRA TECH CL-A (ZBRA)               | Common stock                                                                    | 50,174       | 33,509               |
| ZOETIS INC CLASS-A (ZTS)             | Common stock                                                                    | 4,625        | 11,275               |
| ZURN ELKAY WATER SOLNS CORP (ZWS)    | Common stock                                                                    | 35,192       | 57,880               |
| Total common stocks                  |                                                                                 | 7,999,471    | 10,719,148           |
| Participant Notes Receivable (1)     | Participant notes receivable bearing interest ranging from 4.25 to 9.50 percent | -            | 149,782              |
| Total                                |                                                                                 | \$ 8,182,499 | \$ 23,461,960        |

(1) Denotes party-in-interest

\* Cost information not required for participant-directed investments and, therefore, is not included