Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
GILTSPUR, INC. EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 015

1c Effective date of plan 04/01/1977

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
VIAD CORP

VIAD CORP

1401 17TH ST SUITE 1400
DENVER, CO 80202

2b Employer Identification Number (EIN)
59-1008863

2c Plan Sponsor's telephone number
602-207-4000

2d Business code (see instructions)
551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/19/2026	MICHAEL BOSCO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	473
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1H 1I

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
GILTSPUR, INC. EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 015

C Plan sponsor's name as shown on line 2a of Form 5500
VIAD CORP

D Employer Identification Number (EIN)
59-1008863

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

QUASAR DISTRIBUTORS, LLC

39-1982827

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

U.S. BANCORP ASSET MANAGEMENT

41-2003732

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

U.S. BANCORP FUND SERVICES, LLC

39-1939072

(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

(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

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

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

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	48346	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

US BANK INSTITUTIONAL TRUST & CUST

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 65	TRUSTEE	18257	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

AON CONSULTING, INC.

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	17049	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ATESSA BENEFITS

02-0429408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	RECORDKEEPER	13375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENERATIONAL HOLDINGS

47-3355049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	RECORDKEEPER	9075	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
GILTSPUR, INC. EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 015

C Plan sponsor's name as shown on line 2a of Form 5500
VIAD CORP

D Employer Identification Number (EIN)
59-1008863

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	13224	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	71000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9252922	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	9337146	0
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	9337146	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1733000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1733000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10248	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	15	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10263
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	122880	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		122880
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		446
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1866589
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	686658	
(2) To insurance carriers for the provision of benefits	2e(2)	10309127	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10995785
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	22450	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	48346	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	17805	
(7) Actuarial fees	2i(7)	17049	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	102300	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		207950
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11203735
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9337146
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583518.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
GILTSPUR, INC. EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 015

C Plan sponsor's name as shown on line 2a of Form 5500
VIAD CORP

D Employer Identification Number (EIN)
59-1008863

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-0841368

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** 19

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

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

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

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

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

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

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

GILTSPUR, INC. EMPLOYEES' PENSION PLAN

EIN: 59-1008863
Plan: 015

Financial Statements as of and for the Year Ended December 31, 2025 (in liquidation), as of and for the One Month Ended December 31, 2024 (in liquidation) and for the Eleven Months Ended November 30, 2024 (ongoing), Supplemental Schedule for the Year Ended December 31, 2025, and Independent Auditor's Report

INDEX

GILTSPUR, INC. EMPLOYEES' PENSION PLAN

	Page
Independent Auditor's Report:	3
Financial Statements:	6
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024 (in liquidation)	6
Statements of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025 (in liquidation), the One Month Ended December 31, 2024 (in liquidation) and the Eleven Months Ended November 30, 2024 (ongoing)	7
Notes to Financial Statements	8
Supplemental Schedule:	15
Schedule of Reportable Transactions for the Year Ended December 31, 2025 - Form 5500, Schedule H, Part IV, Line 4j	15

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte.

Deloitte & Touche LLP
100 South Mill Avenue
Suite 1800
Tempe, AZ 85281-2804
USA

Tel:+1 602 234 5100
www.deloitte.com

INDEPENDENT AUDITOR'S REPORT

To the Trustees of Giltspur, Inc.
Employees' Pension Plan

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

We have performed audits of the financial statements of Giltspur, Inc. Employees' Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (in liquidation) as of December 31, 2025 and 2024, statements of changes in net assets available for benefits for the year ended December 31, 2025 (in liquidation) and the one month ended December 31, 2024 (in liquidation), the eleven months ended November 30, 2024 (ongoing), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2025 (in liquidation) and as of and for the one month ended December 31, 2024 (in liquidation) and for the eleven months ended November 30, 2024 (ongoing), stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's

Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter-Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Plan's Committee and Board of Directors authorized the termination of the Plan on November 18, 2024. In accordance with the accounting principles generally accepted in the United States of America, the Plan's financial statements as of and for the year ended December 31, 2025, and as of and for the one month ended December 31, 2024, are presented using the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedule Required by ERISA

The schedule of Reportable Transactions for the year ended December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Deloitte & Touche LLP

August 14, 2026

GILTSPUR, INC. EMPLOYEES' PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2025 (Liquidation)	December 31, 2024 (Liquidation)
ASSETS:		
Cash and cash equivalents	$ —	$ 13,224
Investments – at fair value	—	9,252,922
Receivables		
Contributions receivable from Plan Sponsor	—	71,000
Accrued contributions receivable from Plan Sponsor to be earned in liquidation	—	1,733,000
Accrued interest, dividends, and net loss expected to be earned in liquidation	—	134,027
Total receivables	—	1,938,027
Total assets	—	11,204,173
LIABILITIES:		
Estimated benefit payments to participants upon liquidation	—	11,096,305
Accrued expenses expected to be incurred in liquidation	—	103,723
Total liabilities	—	11,200,028
NET ASSETS AVAILABLE FOR BENEFITS	$ —	$ 4,145

Refer to Notes to Financial Statements.

GILTSPUR, INC. EMPLOYEES' PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2025 (Liquidation)	One Month Ended December 31, 2024 (Liquidation)	Eleven Months Ended November 30, 2024 (Ongoing)
ADDITIONS:			
Net appreciation (depreciation) of investments	$ 10,709	$ (174,927)	$ 724,575
Dividends	122,880	70,070	210,448
Plan Sponsor contributions	1,733,000	71,000	429,000
Total additions (deductions)	1,866,589	(33,857)	1,364,023
DEDUCTIONS:			
Purchase of insurance annuity contract	10,309,127	—	—
Benefits paid to participants	686,658	175,754	849,289
Administrative expenses	207,950	19,035	324,774
Total deductions	11,203,735	194,789	1,174,063
ADJUSTMENT TO LIQUIDATION BASIS			
Accrued Plan Sponsor contributions upon liquidation	—	1,733,000	—
Estimated loss on investments upon liquidation	—	(1,391)	—
Estimated payments to participants upon liquidation	—	(11,096,305)	—
Accrued interest and dividends	—	135,418	—
Accrued administrative expenses	—	(103,723)	—
Reversal of prior year liquidation adjustments	9,333,001	—	—
Total adjustment to liquidation basis	9,333,001	(9,333,001)	—
NET CHANGE	(4,145)	(9,561,647)	189,960
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF PERIOD	$ 4,145	9,565,792	9,375,832
NET ASSETS AVAILABLE FOR BENEFITS, END OF PERIOD	$ —	$ 4,145	$ 9,565,792

Refer to Notes to Financial Statements.

GILTSPUR, INC. EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the Giltspur, Inc. Employees' Pension Plan (the "Plan" or the "Giltspur Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General and Plan Termination and Liquidation

The Plan was a defined benefit pension plan sponsored by Pursuit Attractions and Hospitality, Inc. (formerly known as Viad Corp, and referred to as "we," "us," "our," "the Company," and "Viad"). The Plan covered certain former employees of Giltspur, Inc. and, as of January 1, 2023, Restaura, Inc. (formerly Prophet Foods Company), who satisfied certain eligibility requirements. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

On November 18, 2024, the Plan Committee and the Company's Board of Directors approved the termination of the Plan and as a result, management determined liquidation was imminent. As a result, in the 2024 financial statements, the Plan changed its basis of accounting to the liquidation basis from the going-concern basis used in presenting previous years' financial statements. The Plan liquidation was completed in 2025. See Note 7 – *Plan Termination and Liquidation.*

Pension Benefits

For the former employees of Giltspur, Inc., the Plan provided for normal retirement benefits upon reaching the age of 65 and had provisions for early retirement and death benefits. Benefits under the Plan were equal to 1% of average compensation plus 0.65% of average compensation divided by covered compensation, times years of benefit service (maximum of 35 years). The Plan limited compensation to $3,334 per month. Participants with less than three years of service received no benefit. Participants with three years of service vested 20% with an additional 20% vested for each year of service until seven years of service to achieve full vesting. Participants also became fully vested upon death or retirement (after the age of 65 or normal retirement age).

For the former employees of Restaura, Inc., employees were able to elect to receive pension benefits in the form of a joint and survivor annuity, a straight-life annuity, or a contingent annuitant option. Benefits were calculated based upon an employee's length of service and a fixed-dollar value pension rate per year of service. In addition to normal retirement benefits at the age of 65, under certain conditions, the Plan also provided for early retirement, disability, death, termination, and spousal benefits. Also, certain retirees under the Plan received a stated amount for reimbursement of a portion of the cost of Medicare, which is funded by the related trust.

For all participants of the plan, beginning in 2008, the Pension Protection Act of 2006 ("PPA") required a new basis in determining lump-sum payments and gave plan sponsors the opportunity to replace the 30-year Treasury basis. In 2008, the new PPA basis was added as a fourth actuarial equivalence definition for determining the largest lump-sum amount in addition to the Plan's existing three actuarial equivalence definitions. Eligible Plan participants were able to receive the largest lump-sum amount as determined using the four definitions of actuarial equivalence as applicable. Additionally, a 75% Qualified Optional Survivor Annuity was offered to eligible participants in accordance with the requirements of the PPA. In compliance with the Worker, Retiree, and Employer Recovery Act of 2008, the Plan was amended to allow for non-spousal beneficiaries to roll over lump-sums to inherited Individual Retirement Accounts.

Plan Administration

Prior to its termination, the Plan was administered by a committee consisting of at least two persons (the "Plan Committee") appointed by our Chief Executive Officer. Plan-related expenses may be paid directly by the Plan or by the Company at its

discretion as provided in the Plan document. For the years ended December 31, 2025 and 2024, the majority of Plan-related expenses were paid directly by the Plan, as allowed by the Plan document.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

In April 2013, Financial Accounting Standards Board issued Accounting Standards Update ("ASU") 2013-07. The ASU requires an entity to use the liquidation basis of accounting if liquidation is imminent. Liquidation will be considered "imminent" when (1) a liquidation plan has been approved by those with the authority to do so and the chance of the plan being blocked by other parties is remote or (2) a liquidation plan is imposed by other forces (e.g., involuntary bankruptcy). ASU 2013-07 is effective prospectively for interim or annual periods beginning on or after December 15, 2013.

The Plan adopted ASU 2013-07 upon the effective date of the termination as approved on November 18, 2024 and applied the ASU using the practical expedient of November 30, 2024 as a convenience, for presentation of the financial statements and all periods subsequent to the termination date until liquidation of the Plan is complete. The adoption of the liquidation basis of accounting resulted in the accrual of certain liquidation assets and liabilities as of December 31, 2024. See below for additional information.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions, including the estimated termination liability, that affect the reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits and changes therein as of the date of the financial statements. Actual results could differ from those estimates.

Asset Valuation and Income Recognition

The significant accounting policies related to assets held by the Plan include the following:

- The Plan's investments held by U.S. Bank, N.A. ("U.S. Bank") were stated at fair value as determined by quoted market prices or using the net asset value ("NAV") as a practical expedient. The fair value of investments was determined under the liquidation basis of accounting as of December 31, 2024.
- Interest income was recorded on an accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) included the Plan's gains and losses on investments bought and sold, as well as held during the year.
- Cash and cash equivalents represented highly liquid investments with remaining maturities of three months or less at the time of purchase. Cash investments were stated at cost, which approximates fair value.
- Under the liquidation basis of accounting, estimated cash receivable prior to the Plan's final liquidation, including the Plan Sponsor's contributions and interest, dividends and net loss expected to be earned from investments during 2025 was accrued and recognized in the December 31, 2024 Statement of Net Assets Available for Benefits. The estimated 2025 Plan Sponsor contributions, interest, dividends and net loss expected to be earned from investments was accrued and recognized in the Adjustment to Liquidation Basis section of the Statements of Changes in Net Assets Available for Benefits for the one month ended December 31, 2024.

Liability Valuation, Expense Recognition, and Payments of Benefits

- Benefit payments to participants were recorded upon distribution under the going-concern basis of accounting.
- Under the liquidation basis of accounting, estimated cash payable prior to the Plan's final liquidation, including estimated benefit payments to participants and administrative expenses, were accrued and recognized in the December 31, 2024 Statement of Net Assets Available for Benefits. The estimated 2025 benefit payments to participants and administrative expenses were accrued and recognized in the Adjustment to Liquidation Basis section of the Statements of Changes in Net Assets Available for Benefits for the one month ended December 31, 2024.

Exempt Party-in-Interest Transactions

Fees paid by the Plan to U.S. Bank for investment management services were $18,256 for the year ended December 31, 2025 and $35,784 for the year ended December 31, 2024. Transactions related to these investments qualified as exempt party-in-interest transactions.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic benefit payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits was determined by an independent actuary, Aon, and was based on applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

As described in Note 1, on November 18, 2024, termination of the Plan was approved. As a result, the Plan estimated present value of accumulated benefits in liquidation as of December 31, 2024 utilizing the costs to settle the total liability. These amounts were supported by market transactions with insurance companies and estimates of lump-sum payments. As of December 31, 2025, the Plan was fully terminated and accordingly, the estimated present value of accumulated benefits in liquidation was not calculated.

	January 1, 2025 (Liquidation)	January 1, 2024 (Ongoing)
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	$ 7,994,200	$ 7,813,594
Other participants	3,102,105	3,701,251
Total vested benefits	11,096,305	11,514,845
Actuarial present value of accumulated Plan benefits	$ 11,096,305	$ 11,514,845

Changes in the actuarial present value of the Plan's accumulated plan benefits are as follows:

Actuarial present value of accumulated Plan benefits at January 1, 2024 (ongoing)	$	11,514,845
Increase (decrease) during the year attributable to:		
Interest		498,391
Benefits paid		(1,025,043)
Change in actuarial assumptions		108,112
Termination liability at December 31, 2024 (in liquidation)	$	11,096,305
Increase (decrease) during the year attributable to:		
Benefits paid		(11,083,498)
Other changes		(12,807)
Termination liability at December 31, 2025 (in liquidation)	$	—

Significant actuarial assumptions used in the valuations as of December 31, 2024 and January 1, 2024 were (a) life expectancy of participants (The PRI-2012 mortality table with improvement scale MP-2021), (b) retirement age (the assumed average retirement age was the earlier of age 62 with ten years of service or age 65), and (c) interest rates of 0.00% and 4.94% for December 31, 2024 and January 1, 2024, respectively. As of December 31, 2024, the Plan has been terminated. The Plan was liquidated in 2025.

Note 4. Information Certified by Trustee

The following is a summary of the information regarding the Plan as of and for the year ended December 31, 2025 (in liquidation), as of and for the one month ended December 31, 2024 (in liquidation), and for the eleven months ended November 30, 2024 (ongoing), included in the Plan's financial statements and supplemental schedules that were prepared by or derived from information prepared by U.S. Bank, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	December 31, 2025 (Liquidation)	December 31, 2024 (Liquidation)
Statements of Net Assets Available for Benefits		
Investments – at fair value:		
Held at U.S. Bank	$ —	$ 9,252,922

	Year Ended December 31, 2025 (Liquidation)	One Month Ended December 31, 2024 (Liquidation)	Eleven Months Ended November 30, 2024 (Ongoing)
Statement of Changes in Net Assets Available for Benefits			
Net appreciation (depreciation) in fair value of investments:			
U.S. Bank	$ (10,709)	$ (174,927)	$ 724,575
Dividends	122,880	70,070	210,448

Note 5- *Fair Value Measurements* - All investment balances and investment information included in Note 5- *Fair Value Measurements*, excluding the level of investments, the unfunded commitment, the redemption frequency, other redemption restrictions, and redemption notice period for assets valued at NAV.

An additional certification was provided from the Trustee to the Plan Sponsor around the investment loss expected in liquidation from January 1, 2025 through August 31, 2025 that is included in the statement of net assets as of December 31, 2024 (in liquidation) and statement of changes in net assets for one month ended December 31, 2024 (in liquidation). The investment net loss expected in liquidation totaled $1,391, of which $1,391 was certified.

Note 5. Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows:

- Level 1 – quoted prices in active markets for identical investments.
- Level 2 – observable inputs other than quoted prices included within Level 1 that are observable either directly or indirectly.
- Level 3 – unobservable inputs to the valuation methodology that are significant to the measurement of fair value.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques - Valuation methodologies maximize the use of quoted prices and other observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value:

- *Mutual Funds (Fixed Income and Equity)* - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended and are registered with the Securities and Exchange Commission. These mutual funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan were deemed to be actively traded.

A summary of the Plan's investments at fair value as of December 31, 2024 (in liquidation) were as follows:

Description	As of December 31, 2024 (Liquidation)	Fair Value Measurements at Reporting Date Using: Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fixed investment income mutual funds	$ 5,114,249	$ 5,114,249	$ —	$ —
Equity mutual funds	3,327,031	3,327,031	—	—
Total investments measured at fair value	$ 8,441,280	$ 8,441,280	$ —	$ —
Investments measured at NAV [1]	811,642			
Total	$ 9,252,922			

[1] Investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The NAV amounts presented in the above tables are intended to permit reconciliation of the fair value hierarchy to the statements of net assets available for benefits.

The NAV of certain investments is based on the value of the underlying assets owned by each fund, less its liabilities, and then divided by the number of shares outstanding. The NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments, which are traded on an active market.

Investments that estimated the fair value using the NAV per share as a practical expedient as of December 31, 2024 (in liquidation) were as follows:

Investment	Fair Value as of December 31, 2024 (Liquidation)	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
First American Funds Prime Obligation Fund	$ 811,642	$ —	Daily	Daily

Note 6. Funding Policy

Contributions to provide benefits under the Plan were made solely by us, whose policy was to make cash contributions to the Plan in amounts as determined by the Plan's actuary. The significant actuarial assumptions used to calculate our contributions are presented in Note 3 - *Actuarial Present Value of Accumulated Plan Benefits*. We contributed $71,000 in 2025 for the 2024 Plan year and $254,000 in 2024 for the 2023 Plan year. The Company's contributions for 2024 and 2023 complied with the minimum funding requirements of ERISA. It is the responsibility of the Company to provide funding sufficient to cover the termination liability resulting from the Plan termination and its pending liquidation. A contribution receivable to be earned in liquidation of $1,733,000 was recorded at December 31, 2024 to settle the estimated benefits of the Plan upon termination.

Note 7. Plan Termination and Liquidation

On November 18, 2024, the Plan Committee and the Company's Board of Directors approved the termination of the Plan and as a result, management determined at that time that liquidation of the Plan was imminent. As discussed in Note 2– *Basis of Accounting*, in the 2024 financial statements, the Plan changed its basis of accounting to the liquidation basis from the going-concern basis used in presenting previous years' financial statements. All Plan participants were 100% vested in benefits upon Plan termination. Upon Plan liquidation in 2025, the Plan assets were used to pay Plan liabilities including lump sum benefit payments to participants, administrative expenses and to purchase a group insurance annuity contract. Participants whose lump sum value of benefits was $7,000 or less were paid a lump sum benefit payment. Participants who had previously started receiving benefit payments or whose lump sum value of benefits was more than $7,000 are receiving annuity payments from the insurance contract.

Under ERISA Title IV, certain Plan benefits are insured by the Pension Benefit Guaranty Corporation (PBGC") if the Plan terminates. After Plan assets were distributed to provide for all of participant benefits, either through the purchase of an annuity contract or in another form permitted by the Plan, the PBGC's guarantee of participant benefits ended.

In 2025, the Company entered into a contract with an insurance company to annuitize the benefits, after payments had been distributed to participants who elected lump sums, whereby the insurance company will be responsible for all accrued benefits of the Plan and the Plan will no longer have responsibility to pay benefits. The insurance annuity contract was purchased for $10,309,127 and was reflected as a liability within the statement of net assets available for benefits as of December 31, 2024 (in liquidation). The Plan liquidation was completed in 2025.

Note 8. Federal Income Tax Status

The IRS issued a determination letter on September 12, 2016 confirming that the Plan was designed in accordance with the applicable requirements of the Internal Revenue Code ("IRC"). The Company and Plan Committee believe the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements. The IRS issued a determination letter on July 24, 2025 confirming that the termination of the Plan does not affect its qualification under the IRC.

Note 9. Form 5500 Reconciliation

The following is a reconciliation of net assets available for benefits as of December 31, 2024 per the financial statement to the Form 5500:

Net assets available for benefits in liquidation per the financial statements	$	4,145
Liquidation basis of accounting adjustments		9,333,001
Net assets available for benefits per Form 5500	$	9,337,146

Note 10. Subsequent Event

The Company evaluated subsequent events through August 14, 2026, the date that the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

Giltspur, Inc. Employees' Pension Plan
Employer ID 59-1008863, Plan 015
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, Line 4j
For the Year Ended December 31, 2025

Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Number of transactions	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single Transaction Exceeds 5% of Value									
Bbh Limited Duration Fund Class	Mutual Fund	$ —	$ 2,051,671	—	1	$ —	$ 1,990,904	$ 2,051,671	$ 60,768
Baird Short Term Bond Inst	Mutual Fund	$ —	$ 2,052,256	—	1	$ —	$ 1,998,524	$ 2,052,256	$ 53,731
Fidelity International Index Fund	Mutual Fund	$ —	$ 504,290	—	1	$ —	$ 345,319	$ 504,290	$ 158,971
Fidelity 500 Index Fund	Mutual Fund	$ —	$ 1,452,572	—	1	$ —	$ 906,713	$ 1,452,572	$ 545,860
Fidelity 500 Index Fund	Mutual Fund	$ —	$ 531,528	—	1	$ —	$ 331,786	$ 531,528	$ 199,742
Fidelity Short Term Bond Index Fund	Mutual Fund	$ —	$ 1,030,237	—	1	$ —	$ 994,152	$ 1,030,237	$ 36,084
First American Govt Ob Fd Cl X	Mutual Fund	$ —	$ 726,627	—	1	$ —	$ 726,627	$ 726,627	$ —
First American Govt Ob Fd Cl X	Mutual Fund	$ 8,954,212	$ —	—	1	$ —	$ 8,954,212	$ 8,954,212	$ —
First American Govt Ob Fd Cl X	Mutual Fund	$ —	$ 8,820,714	—	1	$ —	$ 8,820,714	$ 8,820,714	$ —
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$ 3,280,026	$ —	—	1	$ 1,172	$ 3,280,026	$ 3,280,026	$ —
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$ —	$ 3,193,955	—	1	$ 1,142	$ 3,171,422	$ 3,193,955	$ (22,533)
Ishares 20 Year Treasury Bond Etf	Mutual Fund	$ 944,907	$ —	—	1	$ 370	$ 944,907	$ 944,907	$ —
Ishares 20 Year Treasury Bond Etf	Mutual Fund	$ —	$ 888,175	—	1	$ 363	$ 926,066	$ 888,175	$ (37,891)
Ishares Trust Ishares 5 10 Year Etf	Mutual Fund	$ 3,758,634	$ —	—	1	$ 2,524	$ 3,758,634	$ 3,758,634	$ —
Ishares Trust Ishares 5 10 Year Etf	Mutual Fund	$ —	$ 3,646,291	—	1	$ 2,460	$ 3,662,785	$ 3,646,291	$ (16,494)
Vanguard Fixed Inc Lt Invt Grade Fd	Mutual Fund	$ 1,311,751	$ —	—	1	$ —	$ 1,311,751	$ 1,311,751	$ —
Vanguard Fixed Inc Lt Invt Grade Fd	Mutual Fund	$ —	$ 1,248,325	—	1	$ —	$ 1,299,346	$ 1,248,325	$ (51,021)
Series of Transactions with Same Broker Exceeds 5% of Value									
Ishares Trust Ishares 5 10 Year Etf	Mutual Fund	$ 3,758,634	$ —	—	1	$ 2,524	$ 3,758,634	$ 3,758,634	$ —
Ishares 20 Year Treasury Bond Etf	Mutual Fund	$ 944,907	$ —	—	1	$ 370	$ 944,907	$ 944,907	$ —
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$ 3,280,026	$ —	—	1	$ 1,172	$ 3,280,026	$ 3,280,026	$ —
Ishares 20 Year Treasury Bond Etf	Mutual Fund	$ —	$ 888,175	—	1	$ 363	$ 926,066	$ 888,175	$ (37,891)
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$ —	$ 3,171,422	—	1	$ 1,142	$ 3,193,955	$ 3,171,422	$ (22,533)
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$ —	$ 86,434	—	4	$ 33	$ 86,072	$ 86,434	$ 361
Ishares Trust Ishares 5 10 Year Etf	Mutual Fund	$ —	$ 3,742,297	—	5	$ 2,527	$ 3,758,633	$ 3,742,297	$ (16,336)
Ishares 20 Year Treasury Bond Etf	Mutual Fund	—	$ 3,773	—	1	$ 2	$ 3,750	$ 3,773	$ 23

Giltspur, Inc. Employees' Pension Plan
Employer ID 59-1008863, Plan 015
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, Line 4j
For the Year Ended December 31, 2025

Series of Transactions in Same Security Exceeds 5% of Value										
Bbh Limited Duration Fund Class	Mutual Fund	$ —	$ 2,051,671	—	1	—	$ 1,990,904	$ 2,051,671	$ 60,768	
Baird Short Term Bond Inst	Mutual Fund	$ —	$ 1,998,524	—	1	—	$ 2,052,256	$ 1,998,524	$ 53,731	
Fidelity International Index Fund	Mutual Fund	$ —	$ 504,290	—	1	$ —	$ 345,319	$ 504,290	$ 158,971	
Fidelity 500 Bond Index Fund	Mutual Fund	$ —	$ 1,984,100	—	2	$ —	$ 1,238,499	$ 1,984,100	$ 745,602	
Fidelity Mid Cap Index Fund	Mutual Fund	$ —	$ 468,359	—	2	$ —	$ 341,144	$ 468,359	$ 127,215	
Fidelity Short Term Bond Index	Mutual Fund	$ —	$ 1,030,237	—	1	$ —	$ 994,152	$ 1,030,237	$ 36,084	
First American Govt Ob Fd Cl X	Mutual Fund	$9,631,853	$10,443,493	—	99	$ —	$20,075,346	$20,075,346	$ —	
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$3,280,026	$ 3,257,856	—	6	$ 1,175	$ 6,560,053	$ 6,537,882	$ (22,172)	
Ishares 20 Year Treasury Bond Etf	Mutual Fund	$ 944,907	$ 907,066	—	4	$ 741	$ 1,889,814	$ 1,851,973	$ (37,841)	
Ishares Trust Ishares 5 10 Year Etf	Mutual Fund	$3,758,634	$ 3,742,297	—	6	$ 5,051	$ 7,517,267	$ 7,500,931	$ (16,336)	
Vanguard Fixed Inc Lt Invt Grade Fd	Mutual Fund	$1,311,751	$ 1,260,725	—	4	$ —	$ 2,623,502	$ 2,572,476	$ (51,026)	
Single Transaction with One Broker Exceeds 5% of Value										
Broker - Jonestrading Institutional Ser	Mutual Fund	$3,758,634	$ —	—	1	$ 2,524	$ 3,758,634	$ 3,758,634	$ —	
Broker - Jonestrading Institutional Ser	Mutual Fund	$ —	$ 944,907	—	1	$ 370	$ 944,907	$ 944,907	$ —	
Broker - Jonestrading Institutional Ser	Mutual Fund	$ —	$ 3,280,026	—	1	$ 1,172	$ 3,280,026	$ 3,280,026	$ —	
Broker - Jonestrading Institutional Ser	Mutual Fund	$ —	$ 888,175	—	1	$ 363	$ 926,066	$ 888,175	$ (37,891)	
Broker - Tradition Asiel Securities Inc	Mutual Fund	$ —	$ 3,171,422	—	1	$ 1,142	$ 349,842	$ 3,171,955	$ (22,533)	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 27,936	—	1	$ 20	$ 27,936	$ 27,936	$ (1)	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 17,736	—	1	$ 7	$ 17,724	$ 17,736	$ 12	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 15.516	—	1	$ 11	$ 15,480	$ 15.516	$ 37	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 3,773	—	1	$ 2	$ 3,750	$ 3,773	$ 23	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 17,905	—	1	$ 7	$ 17,821	$ 17,905	$ 83	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 26,266	—	1	$ 18	$ 26,164	$ 26,266	$ 102	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 20,891	—	1	$ 8	$ 20,759	$ 20,891	$ 132	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 26,288	—	1	$ 18	$ 26,268	$ 26,288	$ 20	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 29,902	—	1	$ 11	$ 29,768	$ 29,902	$ 134	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 3,646,291	—	1	$ 2,460	$ 3,662,785	$ 3,646,291	$ (16,494)	

See accompanying Independent Auditor's Report

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☒ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
GILTSPUR, INC. EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 015

1c Effective date of plan 04/01/1977

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

VIAD CORP

VIAD CORP
1401 17TH ST SUITE 1400

DENVER CO 80202

2b Employer Identification Number (EIN)
59-1008863

2c Plan Sponsor's telephone number
602-207-4000

2d Business code (see instructions)
551112

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

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

SIGN HERE	[signature]	8-19-26	MICHAEL BOSCO
	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

Giltspur, Inc. Employees' Pension Plan
Employer ID 59-1008863, Plan 015
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, Line 4j
For the Year Ended December 31, 2025

Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Number of transactions	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single Transaction Exceeds 5% of Value									
Bbh Limited Duration Fund Class	Mutual Fund	$ —	$ 2,051,671	—	1	$ —	$ 1,990,904	$ 2,051,671	$ 60,768
Baird Short Term Bond Inst	Mutual Fund	$ —	$ 2,052,256	—	1	$ —	$ 1,998,524	$ 2,052,256	$ 53,731
Fidelity International Index Fund	Mutual Fund	$ —	$ 504,290	—	1	$ —	$ 345,319	$ 504,290	$ 158,971
Fidelity 500 Index Fund	Mutual Fund	$ —	$ 1,452,572	—	1	$ —	$ 906,713	$ 1,452,572	$ 545,860
Fidelity 500 Index Fund	Mutual Fund	$ —	$ 531,528	—	1	$ —	$ 331,786	$ 531,528	$ 199,742
Fidelity Short Term Bond Index Fund	Mutual Fund	$ —	$ 1,030,237	—	1	$ —	$ 994,152	$ 1,030,237	$ 36,084
First American Govt Ob Fd Cl X	Mutual Fund	$ —	$ 726,627	—	1	$ —	$ 726,627	$ 726,627	$ —
First American Govt Ob Fd Cl X	Mutual Fund	$ 8,954,212	$ —	—	1	$ —	$ 8,954,212	$ 8,954,212	$ —
First American Govt Ob Fd Cl X	Mutual Fund	$ —	$ 8,820,714	—	1	$ —	$ 8,820,714	$ 8,820,714	$ —
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$ 3,280,026	$ —	—	1	$ 1,172	$ 3,280,026	$ 3,280,026	$ —
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$ —	$ 3,193,955	—	1	$ 1,142	$ 3,171,422	$ 3,193,955	$ (22,533)
Ishares 20 Year Treasury Bond Etf	Mutual Fund	$ 944,907	$ —	—	1	$ 370	$ 944,907	$ 944,907	$ —
Ishares 20 Year Treasury Bond Etf	Mutual Fund	$ —	$ 888,175	—	1	$ 363	$ 926,066	$ 888,175	$ (37,891)
Ishares Trust Ishares 5 10 Year Etf	Mutual Fund	$ 3,758,634	$ —	—	1	$ 2,524	$ 3,758,634	$ 3,758,634	$ —
Ishares Trust Ishares 5 10 Year Etf	Mutual Fund	$ —	$ 3,646,291	—	1	$ 2,460	$ 3,662,785	$ 3,646,291	$ (16,494)
Vanguard Fixed Inc Lt Invt Grade Fd	Mutual Fund	$ 1,311,751	$ —	—	1	$ —	$ 1,311,751	$ 1,311,751	$ —
Vanguard Fixed Inc Lt Invt Grade Fd	Mutual Fund	$ —	$ 1,248,325	—	1	$ —	$ 1,299,346	$ 1,248,325	$ (51,021)
Series of Transactions with Same Broker Exceeds 5% of Value									
Ishares Trust Ishares 5 10 Year Etf	Mutual Fund	$ 3,758,634	$ —	—	1	$ 2,524	$ 3,758,634	$ 3,758,634	$ —
Ishares 20 Year Treasury Bond Etf	Mutual Fund	$ 944,907	$ —	—	1	$ 370	$ 944,907	$ 944,907	$ —
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$ 3,280,026	$ —	—	1	$ 1,172	$ 3,280,026	$ 3,280,026	$ —
Ishares 20 Year Treasury Bond Etf	Mutual Fund	$ —	$ 888,175	—	1	$ 363	$ 926,066	$ 888,175	$ (37,891)
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$ —	$ 3,171,422	—	1	$ 1,142	$ 3,193,955	$ 3,171,422	$ (22,533)
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$ —	$ 86,434	—	4	$ 33	$ 86,072	$ 86,434	$ 361
Ishares Trust Ishares 5 10 Year Etf	Mutual Fund	$ —	$ 3,742,297	—	5	$ 2,527	$ 3,758,633	$ 3,742,297	$ (16,336)
Ishares 20 Year Treasury Bond Etf	Mutual Fund	—	$ 3,773	—	1	$ 2	$ 3,750	$ 3,773	$ 23

Giltspur, Inc. Employees' Pension Plan
Employer ID 59-1008863, Plan 015
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, Line 4j
For the Year Ended December 31, 2025

Series of Transactions in Same Security Exceeds 5% of Value										
Bbh Limited Duration Fund Class	Mutual Fund	$ —	$ 2,051,671	—	1	—	$ 1,990,904	$ 2,051,671	$ 60,768	
Baird Short Term Bond Inst	Mutual Fund	$ —	$ 1,998,524	—	1	—	$ 2,052,256	$ 1,998,524	$ 53,731	
Fidelity International Index Fund	Mutual Fund	$ —	$ 504,290	—	1	$ —	$ 345,319	$ 504,290	$ 158,971	
Fidelity 500 Bond Index Fund	Mutual Fund	$ —	$ 1,984,100	—	2	$ —	$ 1,238,499	$ 1,984,100	$ 745,602	
Fidelity Mid Cap Index Fund	Mutual Fund	$ —	$ 468,359	—	2	$ —	$ 341,144	$ 468,359	$ 127,215	
Fidelity Short Term Bond Index	Mutual Fund	$ —	$ 1,030,237	—	1	$ —	$ 994,152	$ 1,030,237	$ 36,084	
First American Govt Ob Fd Cl X	Mutual Fund	$9,631,853	$10,443,493	—	99	$ —	$20,075,346	$20,075,346	$ —	
Ishares Core U.S. Aggregate Bond Etf	Mutual Fund	$3,280,026	$ 3,257,856	—	6	$ 1,175	$ 6,560,053	$ 6,537,882	$ (22,172)	
Ishares 20 Year Treasury Bond Etf	Mutual Fund	$ 944,907	$ 907,066	—	4	$ 741	$ 1,889,814	$ 1,851,973	$ (37,841)	
Ishares Trust Ishares 5 10 Year Etf	Mutual Fund	$3,758,634	$ 3,742,297	—	6	$ 5,051	$ 7,517,267	$ 7,500,931	$ (16,336)	
Vanguard Fixed Inc Lt Invt Grade Fd	Mutual Fund	$1,311,751	$ 1,260,725	—	4	$ —	$ 2,623,502	$ 2,572,476	$ (51,026)	
Single Transaction with One Broker Exceeds 5% of Value										
Broker - Jonestrading Institutional Ser	Mutual Fund	$3,758,634	$ —	—	1	$ 2,524	$ 3,758,634	$ 3,758,634	$ —	
Broker - Jonestrading Institutional Ser	Mutual Fund	$ —	$ 944,907	—	1	$ 370	$ 944,907	$ 944,907	$ —	
Broker - Jonestrading Institutional Ser	Mutual Fund	$ —	$ 3,280,026	—	1	$ 1,172	$ 3,280,026	$ 3,280,026	$ —	
Broker - Jonestrading Institutional Ser	Mutual Fund	$ —	$ 888,175	—	1	$ 363	$ 926,066	$ 888,175	$ (37,891)	
Broker - Tradition Asiel Securities Inc	Mutual Fund	$ —	$ 3,171,422	—	1	$ 1,142	$ 349,842	$ 3,171,955	$ (22,533)	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 27,936	—	1	$ 20	$ 27,936	$ 27,936	$ (1)	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 17,736	—	1	$ 7	$ 17,724	$ 17,736	$ 12	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 15.516	—	1	$ 11	$ 15,480	$ 15.516	$ 37	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 3,773	—	1	$ 2	$ 3,750	$ 3,773	$ 23	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 17,905	—	1	$ 7	$ 17,821	$ 17,905	$ 83	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 26,266	—	1	$ 18	$ 26,164	$ 26,266	$ 102	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 20,891	—	1	$ 8	$ 20,759	$ 20,891	$ 132	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 26,288	—	1	$ 18	$ 26,268	$ 26,288	$ 20	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 29,902	—	1	$ 11	$ 29,768	$ 29,902	$ 134	
Broker- Virtu Americas LLC	Mutual Fund	$ —	$ 3,646,291	—	1	$ 2,460	$ 3,662,785	$ 3,646,291	$ (16,494)	

See accompanying Independent Auditor's Report