

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
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ 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 NEYER, TISEO & HINDO, LTD. PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 08/01/1984
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) NEYER, TISEO & HINDO, LTD. 41780 SIX MILE ROAD STE 200 NORTHVILLE, MI 48168
2b	Employer Identification Number (EIN) 38-1880747
2c	Plan Sponsor's telephone number 248-662-2720
2d	Business code (see instructions) 541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/03/2026	JACKIE ROEHL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 184
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 101 6a(2) 88 6b 2 6c 80 6d 170 6e 0 6f 170 6g(1) 179 6g(2) 169 6h 8
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:

2E 2F 2G 2J 2K 2S 2T 3D

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NEYER, TISEO & HINDO, LTD. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 NEYER, TISEO & HINDO, LTD.	D Employer Identification Number (EIN) 38-1880747	

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

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	1114151-01	36	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	1372880
5 Current value of plan's interest under this contract in separate accounts at year end	5	8464942

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

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

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

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

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

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

b Balance at the end of the previous year **7b** 908599

c Additions: (1) Contributions deposited during the year	7c(1)	44596	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	21005	
(4) Transferred from separate account	7c(4)	547171	
(5) Other (specify below)	7c(5)	23252	

▶ **LOAN REPAYMENT(S), FORFEITURES**

(6) Total additions **7c(6)** 636024

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1544623

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	56644	
(2) Administration charge made by carrier	7e(2)	2299	
(3) Transferred to separate account	7e(3)	112800	
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions **7e(5)** 171743

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1372880

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 NEYER, TISEO & HINDO, LTD. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 NEYER, TISEO & HINDO, LTD.	D Employer Identification Number (EIN) 38-1880747	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

ACEC RETIREMENT TRUST

1510 WOODSTOCK RD
ROSWELL, GA 30075-2132

(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?
99	OTHER	40995	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	7545	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	3229	Yes ☒ No ☐	Yes ☒ No ☐	0	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan <u>NEYER, TISEO & HINDO, LTD. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ► <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NEYER, TISEO & HINDO, LTD.</u>	D Employer Identification Number (EIN) <u>38-1880747</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2050 COMMING

b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS

c EIN-PN <u>20-4659714-095</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2060 COMMING

b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS

c EIN-PN <u>20-4659714-147</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RET HYBRID 2040 TR-T1

b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS

c EIN-PN <u>35-6785642-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT HYBRD 2015

b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS

c EIN-PN <u>35-6785642-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>732127</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT HYBRD 2030

b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS

c EIN-PN <u>35-6785642-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>332444</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2045 COMMING

b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS

c EIN-PN <u>20-4659714-094</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RET HYBRID 2035 TR-T1

b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS

c EIN-PN <u>35-6785642-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT HYBRD 2040	
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS	
c EIN-PN 35-6785642-013	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200257
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RET HYBRID 2030 TR-T1	
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS	
c EIN-PN 35-6785642-011	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RET HYBRID 2010 TR-T1	
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS	
c EIN-PN 35-6785642-007	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT HYBRD 2060	
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS	
c EIN-PN 35-6785642-018	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152736
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2015 COMMING	
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS	
c EIN-PN 20-4659714-088	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SMALL CAP VALUE COLLECTIVE	
b Name of sponsor of entity listed in (a): THE VICTORY PORTFOLIOS	
c EIN-PN 90-6240599-008	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT HYBRD 2055	
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS	
c EIN-PN 35-6785642-016	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1649570
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS SMALL CAP VALUE II	
b Name of sponsor of entity listed in (a): BOSTON PARTNERS INVESTMENT FUNDS	
c EIN-PN 35-6785642-016	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175032
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE ACWI EX US IMI DC NL	
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS CITS	
c EIN-PN 45-6138589-001	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1065009
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2025 COMMING	
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS	
c EIN-PN 20-4659714-090	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT HYBRD 2050		
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 691025

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RET HYBRID 2005 TR-T1		
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 2000 INDX DC		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS CITS		
c EIN-PN 45-6138589-107	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1150423

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 400 INDEX DC NL C		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS CITS		
c EIN-PN 45-6138589-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2499589

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2030 COMMING		
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS		
c EIN-PN 20-4659714-091	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT HYBRD 2035		
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1799860

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RET HYBRID 2015 TR-T1		
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RET HYBRID 2055 TR-T1		
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-016	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RET HYBRID 2020 TR-T1		
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RET HYBRID 2065 TR-T1		
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RETIREMENT HYBRD 2020		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	62

a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY FREEDOM BLEND 2035 COMMING		
b Name of sponsor of entity listed in (a):	FIDELITY INVESTMENTS		
c EIN-PN 20-4659714-092	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE:	T. ROWE PRICE RET HYBRID 2025 TR-T1		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE:	T. ROWE PRICE RET HYBRID 2045 TR-T1		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE:	T. ROWE PRICE RET HYBRID 2050 TR-T1		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE:	T. ROWE PRICE RET HYBRID 2060 TR-T1		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RETIREMENT HYBRD 2010		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	77

a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY FREEDOM BLEND 2055 COMMING		
b Name of sponsor of entity listed in (a):	FIDELITY INVESTMENTS		
c EIN-PN 20-4659714-113	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE:	MFS MID CAP GROWTH CIT CL CT		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-4126294-597	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1187609

a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RETIREMENT HYBRD 2025		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE COLLECTIVE TRUSTS		
c EIN-PN 35-6785642-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2169287

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT HYBRD 2045	
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS	
c EIN-PN 35-6785642-014	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2204834
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT HYBRD 2005	
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS	
c EIN-PN 35-6785642-006	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT HYBRD 2065	
b Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS	
c EIN-PN 35-6785642-019	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59724
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGG BOND NL TIER CT	
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS CITS	
c EIN-PN 45-6138589-001	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 889229
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2040 COMMING	
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS	
c EIN-PN 20-4659714-093	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM BLEND 2065 COMMING	
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS	
c EIN-PN 20-4659714-168	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS U.S. REALTY FUND CLA	
b Name of sponsor of entity listed in (a): COHEN & STEERS REALTY SHARES	
c EIN-PN 47-1211722-003	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198722
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL EQUITY CIT CL CT	
b Name of sponsor of entity listed in (a): GREAT GRAY	
c EIN-PN 38-7275347-784	d Entity code C e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 824882
a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER S&P 500 INDEX SEPARATE ACCT	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 06-1050034-000	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3752638
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND (MNG BOSTON PART	
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY	
c EIN-PN 06-1050034-440	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1011554

a Name of MTIA, CCT, PSA, or 103-12 IE: DAY ONE INCOMEFLEX TARGET BALANCED

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-697	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155458
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH / JENNISON FUND

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-408	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2942839
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP EUROPACIFIC GROWTH SA

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND / PGIM FUND

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-299	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 602453
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 NEYER, TISEO & HINDO, LTD. PROFIT SHARING PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 NEYER, TISEO & HINDO, LTD.	D Employer Identification Number (EIN) 38-1880747

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	69288	76800
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	91484	106896
(9) Value of interest in common/collective trusts	1c(9)	9822692	17982512
(10) Value of interest in pooled separate accounts	1c(10)	6409918	8464942
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16632964	5595574
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	908599	1372880
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	33934945	33599604

Liabilities

1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	33934945	33599604
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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)	252751	
(B) Participants	2a(1)(B)	957913	
(C) Others (including rollovers)	2a(1)(C)	47000	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1257664
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	7472	
(F) Other	2b(1)(F)	21005	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28477
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	742119	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		742119
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		1656018
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		819493
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1287165
c Other income	2c		645
d Total income. Add all income amounts in column (b) and enter total	2d		5791581

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6058923	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6058923
f Corrective distributions (see instructions)	2f		17887
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	3229	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	7545	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	39338	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		50112
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6126922

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-335341
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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 NEYER, TISEO & HINDO, LTD. PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NEYER, TISEO & HINDO, LTD.		D Employer Identification Number (EIN) 38-1880747
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): 84-1455663		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan

Financial Report
December 31, 2025

Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan

Contents

Independent Auditor's Report	1-3
Statement of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-10
Schedule of Assets Held at End of Year	11

Independent Auditor's Report

To the Plan Administrator
Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan

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

We have performed audits of the financial statements of Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024 and for the years then ended stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audits 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 (GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions 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 Audits of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is 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 audits in accordance with GAAS, we:

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

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 GAAP.

Accordingly, the objective of the 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 GAAP.

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

To the Plan Administrator
Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan

Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at end of year as of December 31, 2025 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the DOL'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 DOL'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 DOL'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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Plante & Moran, PLLC

Ann Arbor, Michigan
August 10, 2026

Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan

Statement of Net Assets Available for Benefits

	December 31, 2025 and 2024	
	2025	2024
Assets		
Participant-directed investments at fair value:		
Mutual funds	\$ 5,595,574	\$ 16,632,964
Pooled separate account	8,464,942	6,409,917
Common collective trust funds	17,982,512	9,822,692
Total participant-directed investments at fair value	32,043,028	32,865,573
Fully benefit-responsive investment contract at contract value	1,372,880	908,487
Total participant-directed investments	33,415,908	33,774,060
Contributions receivable	76,800	69,288
Participant notes receivable	106,896	91,484
Net Assets Available for Benefits	\$ 33,599,604	\$ 33,934,832

Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Contributions:		
Employee	\$ 957,913	\$ 1,005,885
Employer	252,751	257,572
Rollovers	47,000	24,568
Total contributions	1,257,664	1,288,025
Investment income:		
Interest and dividends	763,124	842,198
Net realized and unrealized gains on investments	3,763,321	3,620,346
Total investment income	4,526,445	4,462,544
Interest from participant notes receivable	7,472	4,481
Total additions	5,791,581	5,755,050
Deductions		
Benefits paid directly to participants or beneficiaries	6,076,810	3,861,765
Administrative expenses	49,999	52,933
Total deductions	6,126,809	3,914,698
Net (Decrease) Increase	(335,228)	1,840,352
Net Assets Available for Benefits		
Beginning of year	33,934,832	32,094,480
End of year	<u><u>\$ 33,599,604</u></u>	<u><u>\$ 33,934,832</u></u>

December 31, 2025 and 2024

Note 1 - Plan Description

The following description of Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of NTH Consultants, Ltd. (NTH or the "Company") who have completed 60 days of service and are age 18 or older. The Plan provides for the participation of employees in the profits of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan provides for employee salary deferral contributions up to a maximum of 100 percent of annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code.

Matching contributions are determined quarterly by management of the Company. The employer match was 50 percent of employee contributions up to 6 percent of an employee's eligible compensation for the years ended December 31, 2025 and 2024.

The Plan allows automatic deferrals of 3 percent of compensation for all employees who become eligible for participation in the Plan, with an auto-escalation feature of 1 percent per year, up to a maximum of 7 percent. Effective January 1, 2025, the Plan was amended to increase the auto-escalation maximum to 10 percent.

The profit-sharing component of the Plan allows annual employer contributions to be made in an amount determined by the board of directors of the Company. Such contributions shall be limited to the maximum amount that is deductible by the employer under federal income tax laws. There were no discretionary profit-sharing contributions during the years ended December 31, 2025 and 2024.

Participant Accounts

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

Vesting

Participants are immediately 100 percent vested in all accounts.

Benefit Payments

Distributions are payable upon retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account. Upon a participant's normal or early retirement date, death, or disability, all amounts credited to that participant's account shall become fully vested.

Participants may request that all or a portion of their accounts be distributed in the case of financial hardship, as defined in the plan document. The Company must approve any such hardship withdrawals.

Participant Notes Receivable

Participants may borrow from their accounts up to a maximum of 50 percent of their account balances, not to exceed \$50,000. Participant notes receivable must have a term of no longer than 20 years. Notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

December 31, 2025 and 2024

Note 1 - Plan Description (Continued)

Party-in-interest Transactions

The Plan's sponsor, NTH Consultants, Ltd., paid certain administrative expenses on behalf of the Plan during the years ended December 31, 2025 and 2024. Certain plan assets are in investment funds managed by Empower Annuity Insurance Company of America (formerly known as Great-West Life & Annuity Insurance Company) and Empower Trust Company, LLC (formerly known as Great-West Trust Company, LLC), which are the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Termination

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

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

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

The pooled separate account and common collective trust funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. All other investments are valued based on quoted market prices reported in active markets. See Note 7 for additional information.

Participant Notes Receivable

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

Benefit Payments

Benefits are recorded when paid.

Use of Estimates

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

Risks and Uncertainties

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including August 10, 2026, which is the date the financial statements were available to be issued.

December 31, 2025 and 2024

Note 3 - Tax Status

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

Note 4 - Certified Information

Empower Annuity Insurance Company of America and Empower Trust Company, LLC (collectively, the "Custodians") hold the Plan's investments and participant notes receivable and execute all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by the Custodians.

Note 5 - Diversification

As part of NTH Consultants, Ltd. Employee Stock Ownership Plan, qualified participants can elect to diversify their investment by electing to transfer a portion of their account balances into that plan and direct the investments as they choose.

Note 6 - Unallocated Insurance Contract

The Plan has a benefit-responsive investment contract with Empower Annuity Insurance Company of America (Empower). Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest is credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest rate is applied to all contributions made to the product, regardless of the timing of those contributions. Interest crediting rates are reviewed on a quarterly basis for resetting. When establishing interest crediting rates for this product, Empower considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer's general account.

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

As described in Note 2, because the contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets attributable to the investment contract. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment contract value.

Note 7 - Fair Value Measurements

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

Level 1

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

Notes to Financial Statements

December 31, 2025 and 2024

Note 7 - Fair Value Measurements (Continued)

Level 2

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

Level 3

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

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

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

		Assets Measured at Fair Value on a Recurring Basis at December 31, 2025	
		Investments (at Fair Value)	Level 1
Mutual funds		\$ 5,595,574	\$ 5,595,574
Investments measured at NAV:			
Common collective trust funds (3)		17,982,512	
Pooled separate accounts:			
Equity investments (1)		7,862,489	
Fixed-income investments (2)		602,453	
Total investments		<u>\$ 32,043,028</u>	

		Assets Measured at Fair Value on a Recurring Basis at December 31, 2024	
		Investments (at Fair Value)	Level 1
Mutual funds		\$ 16,632,964	\$ 16,632,964
Investments measured at NAV:			
Common collective trust funds (3)		9,822,692	
Pooled separate accounts:			
Equity investments (1)		5,408,735	
Fixed-income investments (2)		1,001,182	
Total investments		<u>\$ 32,865,573</u>	

- (1) This class represents investments in actively managed pooled separate accounts that invest primarily in equity securities, which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed pooled separate accounts that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.

December 31, 2025 and 2024

Note 7 - Fair Value Measurements (Continued)

- (3) During 2025, the Plan held the Cohen & Steers U.S. Realty Fund Class CT investment that invests primarily in a diversified portfolio of common stocks of real estate companies and other permitted investments, including real estate investment trusts and real estate corporations. The investment amounted to \$198,722 at December 31, 2025.

During 2024, the Plan held Fidelity Freedom Blend target date investments that invest primarily in actively and passively managed equity funds, bond funds, and short-term funds diversified across industries and sectors. The investments amounted to \$9,683,355 at December 31, 2024.

There were no unfunded commitments or redemption restrictions on the investments included above.

Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 38-1880747, Plan No. 003
 December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
Empower Trust Company, LLC	American Funds American Balanced Fund	*	\$ 2,568,837
	American Funds Washington Mutual Investors Fund	*	2,157,312
	Empower Secure Foundation Bal Inst	*	81,484
	Vanguard FTSE Social Index	*	691,325
	T. Rowe Price QM US Small-Cap Growth Fund Equity I	*	96,616
	Pooled separate accounts:		
Empower Trust Company, LLC	Core Plus Bond - PGIM Fund	*	602,453
	Mid Cap Value - Robeco Boston Partners	*	1,011,554
	Large Cap Growth - Jenison Fund	*	2,942,839
	Day One IncomeFlex Target Balanced Fund	*	155,458
	Empower S&P 500 Index Separate Account (IS)	*	3,752,638
	Common collective trust funds:		
Empower Trust Company, LLC	MFS International Equity CIT Class CT	*	824,882
	MFS Mid Cap Growth CIT Class CT	*	1,187,609
	Northern Trust Collective ACWI EX-US IMI Fund DC Non-Lending Tier CT	*	1,065,009
	Northern Trust Collective Aggregate Bond Non-Lending Tier CT	*	889,229
	Northern Trust Collective Russell 2000 Index Fund	*	1,150,423
	Northern Trust Collective S&P 400 Index Fund	*	2,499,589
	T. Rowe Price Retirement Blend 2005 Trust	*	15
	T. Rowe Price Retirement Blend 2010 Trust	*	77
	T. Rowe Price Retirement Blend 2015 Trust	*	732,127
	T. Rowe Price Retirement Blend 2020 Trust	*	62
	T. Rowe Price Retirement Blend 2025 Trust	*	2,169,287
	T. Rowe Price Retirement Blend 2030 Trust	*	332,444
	T. Rowe Price Retirement Blend 2035 Trust	*	1,799,860
	T. Rowe Price Retirement Blend 2040 Trust	*	200,257
	T. Rowe Price Retirement Blend 2045 Trust	*	2,204,834
	T. Rowe Price Retirement Blend 2050 Trust	*	691,025
	T. Rowe Price Retirement Blend 2055 Trust	*	1,649,570
	T. Rowe Price Retirement Blend 2060 Trust	*	152,736
	T. Rowe Price Retirement Blend 2065 Trust	*	59,724
	Cohen & Steers U.S. Realty Fund Class CT	*	198,722
	Boston Partners Small Cap Value Fund II	*	175,031
Empower Annuity Insurance Company of America	Fully benefit-responsive investment contract - EI Fixed Account - Series Class III	*	1,372,880
Participants	Participant notes receivable bearing interest at rates from 4.25 to 9.50 percent	-	106,896
	Total	\$	<u><u>33,522,804</u></u>

*Cost information not required

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IMXCJX			91,339.08	81,484.28
ITP05CT			15.37	15.42
ITP10CT			76.85	77.10
ITP15CT			729,664.55	732,126.62
ITP20CT			61.48	61.71
ITP25CT			2,161,237.46	2,169,286.78
ITP30CT			331,069.12	332,444.18
ITP35CT			1,791,400.60	1,799,860.11
ITP40CT			199,256.48	200,256.93
ITP45CT			2,192,932.20	2,204,833.55
ITP50CT			687,331.80	691,024.94
ITP55CT			1,640,418.13	1,649,569.69
ITP60CT			151,909.65	152,736.30
ITP65CT			59,391.53	59,724.34
IMFSECT			822,575.73	824,882.25
INTCAEU			1,049,813.06	1,065,009.21
ICFRFCT			196,438.32	198,722.22
BPSCVD			177,840.82	175,031.90
INTRICT			1,171,455.81	1,150,423.10
ITQAIX			92,896.72	96,615.92
INTSPCT			2,532,164.56	2,499,588.68
IH0121A			895,967.93	1,011,553.92
IMMCGCT			1,197,554.97	1,187,608.57
IRWMGX			1,780,377.52	2,157,311.77
IH0450A			3,745,687.06	3,752,638.29
IH0109A			2,290,810.14	2,942,838.56
IVFTNX			529,081.35	691,325.07
IRLBGX			2,097,527.44	2,568,836.52
IH0525A			131,902.82	155,457.52
IH0089A			548,853.76	602,453.36
INTCAEN			887,465.26	889,228.77
IGWAQ25		1.950	1,282,040.36	1,366,604.58
			31,466,557.93	33,409,632.16
PARTICIPANT LOANS				
	VARIOUS	4.250-9.500	107,175.53	106,896.11
FORFEITURES				
			6,213.58	6,275.39

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IMXCJX	Enpower SecureFoundation Bal Inst			
ITP10CT	T Rowe Price Retirement Hybrd 2010 Tr CT			
ITP20CT	T Rowe Price Retirement Hybrd 2020 Tr CT			
ITP30CT	T Rowe Price Retirement Hybrd 2030 Tr CT			
ITP40CT	T Rowe Price Retirement Hybrd 2040 Tr CT			
ITP50CT	T Rowe Price Retirement Hybrd 2050 Tr CT			
ITP60CT	T Rowe Price Retirement Hybrd 2060 Tr CT			
IMFSECT	MFS International Equity CIT CL CT			
ICFRFCT	Cohen & Steers U.S. Realty Fund Class CT			
INTRICT	NT Collective Russell 2000 Indx DC NL CT			
INTSPCT	NT Collective S&P 400 Index DC NL CT			
IMMCGCT	MFS Mid Cap Growth CIT CL CT			
IH0450A	Enpower S&P 500 Index Separate Acct (IS)			
IVFTNX	Vanguard FTSE Social Index I			
IH0525A	Day One IncomeFlex Target Balanced			
INTCABN	NT Collective Agg Bond NL Tier CT			
ITP05CT	T Rowe Price Retirement Hybrd 2005 Tr CT			
ITP15CT	T Rowe Price Retirement Hybrd 2015 Tr CT			
ITP25CT	T Rowe Price Retirement Hybrd 2025 Tr CT			
ITP35CT	T Rowe Price Retirement Hybrd 2035 Tr CT			
ITP45CT	T Rowe Price Retirement Hybrd 2045 Tr CT			
ITP55CT	T Rowe Price Retirement Hybrd 2055 Tr CT			
ITP65CT	T Rowe Price Retirement Hybrd 2065 Tr CT			
INTCAEU	NT Collective ACWI ex US IMI DC NL CT			
IBPSCVD	Boston Partners Small Cap Value II Eq D			
ITQAIX	T. Rowe Price Integrated US Sm Gr Eq I			
IH0121A	Mid Cap Value Fund (Mng Boston Partners)			
IRWMGX	American Funds Washington Mutual R6			
IH0109A	Large Cap Growth / Jennison Fund			
IRLBGX	American Funds American Balanced R6			
IH0089A	Core Plus Bond / PGIM Fund			
IGWAQ25	EI Fixed Account - Series Class III			

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

01-JAN-25 to 31-DEC-25

15-JAN-26 17:27:28

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3GWAQ25	23,549.18	0.000000	30	(17,335.60)	0.000000	17	(17,335.60)	SERIES
IMXCJX	8,984.04	1,192.053436	125	(189,791.89)	(25,752.558245)	497	(192,513.71)	SERIES
IFB15T	11,382.96	502.412287	16	(617,986.68)	(27,200.110196)	34	(579,629.81)	SERIES
IFB25T	26,379.49	1,044.529980	32	(2,540,917.46)	(100,920.467946)	128	(2,346,538.17)	SERIES
IFB30T	24,715.91	935.339775	59	(642,620.99)	(24,508.607789)	63	(578,814.83)	SERIES
IFB35T	18,018.68	608.253117	25	(1,487,260.13)	(50,775.302659)	145	(1,319,630.03)	SERIES
IFB40T	555.43	17.827524	8	(169,285.94)	(5,530.298810)	48	(144,051.32)	SERIES
IFB45T	81,274.73	2,574.203176	110	(2,314,369.49)	(74,582.078688)	241	(1,947,413.87)	SERIES
IFB50T	20,152.39	643.146178	86	(552,824.47)	(18,071.755006)	158	(478,969.06)	SERIES
IFB55T	34,667.13	1,037.428548	112	(1,520,731.22)	(46,168.035761)	295	(1,291,863.30)	SERIES
IFB60T	9,431.84	420.324497	48	(115,115.74)	(5,207.992984)	63	(99,779.97)	SERIES
IFB65T	5,843.34	332.133044	39	(32,426.33)	(1,881.953711)	35	(30,105.28)	SERIES
ITP05CT	15.37	0.529452	1	0.00	0.000000	0	0.00	SERIES
ITP10CT	76.85	2.521325	1	0.00	0.000000	0	0.00	SERIES
ITP15CT	729,664.55	22,382.348158	10	0.00	0.000000	0	0.00	SERIES
ITP20CT	61.48	1.761100	1	0.00	0.000000	0	0.00	SERIES
ITP25CT	2,161,237.46	57,495.010909	31	0.00	0.000000	0	0.00	SERIES
ITP30CT	331,069.12	8,088.666503	14	0.00	0.000000	0	0.00	SERIES
ITP35CT	1,791,400.60	40,283.350574	38	0.00	0.000000	0	0.00	SERIES
ITP40CT	199,256.48	4,168.545607	12	0.00	0.000000	0	0.00	SERIES
ITP45CT	2,192,932.20	44,079.039196	59	0.00	0.000000	0	0.00	SERIES
ITP50CT	687,331.80	13,678.244778	39	0.00	0.000000	0	0.00	SERIES
ITP55CT	1,640,418.13	32,684.162779	74	0.00	0.000000	0	0.00	SERIES
ITP60CT	151,909.65	4,862.664852	16	0.00	0.000000	0	0.00	SERIES
ITP65CT	59,391.53	3,025.549159	1	0.00	0.000000	0	0.00	SERIES
ITR05T4	15.37	0.537037	1	(15.37)	(0.537037)	1	(15.37)	SERIES
ITR10T4	76.85	2.547232	1	(76.85)	(2.547232)	1	(76.85)	SERIES
ITR15T4	656,567.54	22,611.472091	53	(730,313.62)	(22,611.472091)	88	(656,567.60)	SERIES
ITR20T4	61.48	1.778421	1	(61.48)	(1.778421)	1	(61.48)	SERIES
ITR25T4	2,223,952.88	67,353.611235	117	(2,481,216.07)	(67,353.611235)	312	(2,223,952.85)	SERIES
ITR30T4	697,499.34	19,628.330555	170	(786,318.43)	(19,628.330555)	148	(697,499.37)	SERIES
ITR35T4	1,544,288.96	40,852.765704	125	(1,796,761.06)	(40,852.765704)	369	(1,544,289.01)	SERIES
ITR40T4	170,890.99	4,271.990897	34	(201,847.11)	(4,271.990897)	135	(170,891.00)	SERIES
ITR45T4	2,405,949.61	58,299.977173	334	(2,846,493.32)	(58,299.977173)	616	(2,405,949.75)	SERIES
ITR50T4	604,468.05	14,488.947819	308	(716,596.26)	(14,488.947819)	413	(604,468.00)	SERIES
ITR55T4	1,436,379.65	34,575.748236	378	(1,712,762.73)	(34,575.748236)	735	(1,436,379.73)	SERIES
ITR60T4	128,904.49	4,884.037765	121	(152,028.84)	(4,884.037765)	147	(128,904.48)	SERIES
ITR65T4	51,511.44	3,043.459913	125	(59,797.84)	(3,043.459913)	108	(51,511.44)	SERIES
IH0028A	126,541.85	10,682.777773	1477	(976,349.95)	(70,633.664284)	2592	(775,767.71)	SERIES
IMFSECT	853,420.71	74,316.478284	137	(31,036.10)	(2,686.002648)	121	(30,844.97)	SERIES
INTCAEU	1,074,047.32	8,572.190581	175	(24,622.93)	(193,548606)	121	(24,234.19)	SERIES
IVTSNX	404,942.71	2,719.696196	1928	(1,272,486.82)	(8,143.429709)	2073	(1,070,787.67)	SERIES
ICFRFCT	196,438.34	9,074.073187	142	0.00	0.000000	0	0.00	SERIES
IFREGX	71,017.96	4,785.587898	1779	(240,435.35)	(16,232.295380)	1525	(265,459.43)	SERIES
IBPSCVD	186,478.37	18,408.526159	62	(8,605.43)	(852.670285)	121	(8,637.54)	SERIES
INTRICT	1,193,279.15	9,450.395255	109	(21,694.68)	(172,789486)	121	(21,823.26)	SERIES
ITQAIK	40,398.67	895.289629	180	(48,344.01)	(1,084.434326)	191	(46,852.83)	SERIES
IVSCIX	256,030.38	2,177.637752	1743	(1,324,831.34)	(10,661.826119)	2194	(951,599.45)	SERIES
IVSCV75	55,761.72	1,200.380810	1359	(206,773.17)	(3,894.029852)	1204	(150,299.93)	SERIES
INTSPCT	2,532,548.30	21,950.718893	213	(384.02)	(3,325423)	50	(383.73)	SERIES
IPMEGX	263,391.63	4,953.793419	878	(1,876,734.19)	(34,008.951258)	1301	(1,978,909.18)	SERIES
IH0121A	146,675.17	2,388.043369	1336	(286,914.64)	(4,903.876157)	2023	(274,667.55)	SERIES
IMMCGCT	1,197,554.97	67,927.778047	158	0.00	0.000000	0	0.00	SERIES

01-JAN-25 to 31-DEC-25

15-JAN-26 17:27:28

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
IVMCIX	281,400.47	3,635.991658	2414	(2,955,646.42)	(37,334,705237)	2701	(1,665,221.56)	SERIES
IRWMGX	801,370.81	12,319,780955	1201	(277,378.73)	(4,384,092547)	1196	(226,565.71)	SERIES
IH0450A	4,108,616.98	266,505.389032	237	(366,272.71)	(23,541,688088)	31	(362,929.94)	SERIES
IH0109A	268,838.75	2,181.426301	744	(1,332,033.74)	(11,045,135895)	1338	(1,109,170.82)	SERIES
IVFTNX	290,755.62	6,746,785137	1604	(464,631.55)	(11,079,965054)	1794	(377,179.92)	SERIES
IVIIIX	726,101.64	1,411.680008	2913	(5,840,261.43)	(10,953,910017)	3229	(3,732,380.75)	SERIES
IRLBGX	921,968.09	24,843.036530	1349	(269,119.99)	(7,532,433511)	1568	(235,819.85)	SERIES
IH0525A	0.00	0.000000	0	(186.81)	(6,363360)	108	(170.57)	SERIES
IH0089A	234,747.76	8,302.267071	1161	(688,131.73)	(24,380,861557)	1896	(657,339.71)	SERIES
INTCABN	887,465.50	8,593.243608	148	0.00	0.000000	0	0.00	SERIES
IVBTIX	264,606.78	27,544.317942	2136	(1,895,862.90)	(196,655,278108)	1631	(1,968,959.06)	SERIES
IGWAQ25	591,470.50	0.000000	1832	(154,408.01)	0.000000	1965	(154,408.01)	SERIES
5% TRANSACTIONS								
IFIB25T	2,907.15	115.592445	3	(2,192,579.81)	(87,180,113034)	31	(2,028,583.20)	28-MAR-25
IFIB45T	4,603.64	148.360942	13	(2,310,654.38)	(74,465,173755)	62	(1,944,277.73)	28-MAR-25
ITR25T4	2,192,579.81	66,441.812423	31	0.00	0.000000	0	0.00	28-MAR-25
ITR45T4	2,310,654.38	56,179,294434	62	0.00	0.000000	0	0.00	28-MAR-25
ITP25CT	2,161,237.46	57,495,010909	31	0.00	0.000000	0	0.00	19-DEC-25
ITP35CT	1,791,400.60	40,283,350574	38	0.00	0.000000	0	0.00	19-DEC-25
ITP45CT	2,192,932.20	44,079,039196	59	0.00	0.000000	0	0.00	19-DEC-25
ITR25T4	2,810.89	75.541253	4	(2,161,237.46)	(58,082,167866)	31	(1,917,874.29)	19-DEC-25
ITR35T4	3,279.49	74.533863	4	(1,791,400.60)	(40,713,649346)	38	(1,539,045.70)	19-DEC-25
ITR45T4	3,154.51	63,998986	9	(2,192,932.20)	(44,490,406943)	59	(1,837,045.04)	19-DEC-25
INTSPCT	2,485,473.20	21,541,629400	173	0.00	0.000000	0	0.00	19-DEC-25
IVMCIX	6,135.54	76.522075	64	(2,485,473.20)	(30,998,668669)	173	(1,396,979.69)	19-DEC-25
IH0450A	4,104,319.80	266,229,407259	182	0.00	0.000000	0	0.00	19-DEC-25
IVIIIX	6,714.37	12,052793	43	(4,104,704.93)	(7,368,250361)	197	(2,439,849.04)	19-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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LEGEND

INVESTMENT OPTION:

3GWAQ25	El Fixed Account - Series Class III	IMXCJX	Empower SecureFoundation Bal Inst
IFIB15T	Fidelity Freedom Blend 2015 Commingled T	IFIB25T	Fidelity Freedom Blend 2025 Commingled T
IFIB30T	Fidelity Freedom Blend 2030 Commingled T	IFIB35T	Fidelity Freedom Blend 2035 Commingled T
IFIB40T	Fidelity Freedom Blend 2040 Commingled T	IFIB45T	Fidelity Freedom Blend 2045 Commingled T
IFIB50T	Fidelity Freedom Blend 2050 Commingled T	IFIB55T	Fidelity Freedom Blend 2055 Commingled T
IFIB60T	Fidelity Freedom Blend 2060 Commingled T	IFIB65T	Fidelity Freedom Blend 2065 Commingled T
ITP05CT	T Rowe Price Retirement Hybrid 2005 Tr-CT	ITP10CT	T Rowe Price Retirement Hybrid 2010 Tr-CT
ITP15CT	T Rowe Price Retirement Hybrid 2015 Tr-CT	ITP20CT	T Rowe Price Retirement Hybrid 2020 Tr-CT
ITP25CT	T Rowe Price Retirement Hybrid 2025 Tr-CT	ITP30CT	T Rowe Price Retirement Hybrid 2030 Tr-CT
ITP35CT	T Rowe Price Retirement Hybrid 2035 Tr-CT	ITP40CT	T Rowe Price Retirement Hybrid 2040 Tr-CT
ITP45CT	T Rowe Price Retirement Hybrid 2045 Tr-CT	ITP50CT	T Rowe Price Retirement Hybrid 2050 Tr-CT
ITP55CT	T Rowe Price Retirement Hybrid 2055 Tr-CT	ITP60CT	T Rowe Price Retirement Hybrid 2060 Tr-CT
ITP65CT	T Rowe Price Retirement Hybrid 2065 Tr-CT	ITR05T4	T. Rowe Price Ret Hybrid 2005 Tr-T14
ITR10T4	T. Rowe Price Ret Hybrid 2010 Tr-T14	ITR15T4	T. Rowe Price Ret Hybrid 2015 Tr-T14
ITR20T4	T. Rowe Price Ret Hybrid 2020 Tr-T14	ITR25T4	T. Rowe Price Ret Hybrid 2025 Tr-T14
ITR30T4	T. Rowe Price Ret Hybrid 2030 Tr-T14	ITR35T4	T. Rowe Price Ret Hybrid 2035 Tr-T14
ITR40T4	T. Rowe Price Ret Hybrid 2040 Tr-T14	ITR45T4	T. Rowe Price Ret Hybrid 2045 Tr-T14
ITR50T4	T. Rowe Price Ret Hybrid 2050 Tr-T14	ITR55T4	T. Rowe Price Ret Hybrid 2055 Tr-T14
ITR60T4	T. Rowe Price Ret Hybrid 2060 Tr-T14	ITR65T4	T. Rowe Price Ret Hybrid 2065 Tr-T14
IH0028A	Capital Group EuroPacific Growth SA	IMFSECT	MFS International Equity CIT CL CT
INTCAEU	NT Collective ACWI ex US IMI DC NL CT	IVTSNX	Vanguard Total Intl Stock Index Instl
ICFRFCT	Cohen & Steers U.S. Realty Fund Class CT	IFREGX	Nuveen Real Estate Securities R6
IBPSCVD	Boston Partners Small Cap Value II Eq D	INTRICT	NT Collective Russell 2000 Indx DC NL CT
IVQAIX	T. Rowe Price Integrated US Sm Gr Eq I	IVSCIX	Vanguard Small Cap Index Instl
IVSCV75	Victory Small Cap Value Collective 75	INTSPCT	NT Collective S&P 400 Index DC NL CT
IPMEGX	T. Rowe Price Instl Mid-Cap Equity Gr	IH0121A	Mid Cap Value Fund (Mng Boston Partners)
IMMCGCT	MFS Mid Cap Growth CIT CL CT	IVMCIX	Vanguard Mid Cap Index Ins
IRWIMGX	American Funds Washington Mutual R6	IH0450A	Empower S&P 500 Index Separate Acct (IS)
IH0109A	Large Cap Growth / Jemison Fund	IVFTNX	Vanguard FTSE Social Index I
IVIIIX	Vanguard Institutional Index Instl Pl	IRLBGX	American Funds American Balanced R6
IH0525A	Day One IncomeFlex Target Balanced	IH0089A	Core Plus Bond / PGIM Fund
INTCABN	NT Collective Agg Bond NL Tier CT	IVBTIX	Vanguard Total Bond Market Index Inst
IGWAQ25	El Fixed Account - Series Class III		

INFORMATION FOR COMPLETING FORM 5500 SCHEDULE A

Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan

01-JAN-25 to 31-DEC-25

The following information is to assist you in completing the Schedule A for fiscal plan year beginning January 1, 2025 and ending December 31, 2025. This is supplemental information provided for plans that are required by the IRS to file Form 5500 and the associated schedules.

A Name of plan:
B Three-digit plan number:
C Plan sponsor's name:
D Employer Identification Number:

Neyer, Tiseo & Hindo, Ltd. Profit Sharing Plan
003
Neyer, Tiseo & Hindo, Ltd.
38-1880747

Part I

1(a) Name of insurance carrier:
1(b) EIN:
1(c) NAIC Code:
1(d) Contract or Identification Number:
1(e) Approximate number of persons covered at end of policy or contract year:
1(f & g) Policy or contract year from January 1, 2025 to December 31, 2025

Empower Annuity Insurance Company of America
84-0467907
68322
1114151-01
36

2 Amount of commissions paid:
Fees paid/Amount:
3(a) Name and Address of the Agents, and Brokers or other persons to whom commissions or fees were paid:
3(b) Amount of commissions paid:
3(c) Amount:
3(d) Purpose:
3(e) Organization Code:

0.00

Part II

4 Current value of plan's interest under this contract in the general account at year end:
5 Current value of plan's interest under this contract in separate accounts at year end:
7a(4) Type of contract:
7b Balance at the end of the previous year:
7c(1) Contributions deposited during the year:
7c(2) Dividends and credits:
7c(3) Interest credited during the year:
7c(4) Transferred from separate account:
7c(5) Other (specify) > Loan Repayment(s), Forfeitures:
7c(6) Total additions:
7d Total of balance and additions:
7e(1) Disbursed from fund to pay benefits or purchase annuities during the year:
7e(2) Administration charge made by carrier:
7e(3) Transferred to separate account:
7e(4) Other (specify) >
7e(5) Total deductions:
7f Balance at the end of the current year:

1,372,879.97
.00
Group Annuity Contract
908,598.69
44,596.32
.00
21,005.21
547,170.56
23,252.80
636,024.89
1,544,623.58
56,644.18
2,298.95
112,800.48
.00
171,743.61
1,372,879.97

4	Current value of plan's interest under this contract in the general account at year end:	.00
5	Current value of plan's interest under this contract in separate accounts at year end:	8,464,941.65
7a(4)	Type of contract:	Group Annuity Contract
7b	Balance at the end of the previous year:	.00
7c(1)	Contributions deposited during the year:	.00
7c(2)	Dividends and credits:	.00
7c(3)	Interest credited during the year:	.00
7c(4)	Transferred from separate account:	.00
7c(5)	Other (specify) >	.00
7c(6)	Total additions:	.00
7d	Total of balance and additions:	.00
7e(1)	Disbursed from fund to pay benefits or purchase annuities during the year:	.00
7e(2)	Administration charge made by carrier:	.00
7e(3)	Transferred to separate account:	.00
7e(4)	Other (specify) >	.00
7e(5)	Total deductions:	.00
7f	Balance at the end of the current year:	.00

