

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 DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2000
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) DAVID&GOLIATH, LLC 909 N. PACIFIC COAST HWY SUITE 700 EL SEGUNDO, CA 90245
2b	Employer Identification Number (EIN) 13-4088671
2c	Plan Sponsor's telephone number 310-445-5208
2d	Business code (see instructions) 541800

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.	09/14/2026	CATHY DEUTMEYER
	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	5 300
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) 166 6a(2) 147 6b 0 6c 134 6d 281 6e 1 6f 282 6g(1) 296 6g(2) 282 6h 29
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 3B 3H

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 DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DAVID&GOLIATH, LLC	D Employer Identification Number (EIN) 13-4088671	

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
TRANSAMERICA FINANCIAL LIFE INSURANCE CO

(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
36-6071399	70688	601323	282	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	1168849
5 Current value of plan's interest under this contract in separate accounts at year end	5	35685821

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 ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	435756
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c Additions: (1) Contributions deposited during the year	7c(1)	59129	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	9757	
(4) Transferred from separate account	7c(4)	861732	
(5) Other (specify below)	7c(5)	241582	

▶ STABLE FORFS, LOAN PRINCIPAL & INTEREST PAID INTO FIXED FUND, ADDITIONS TO FORF AND EBA ADDITIONS

(6) Total additions	7c(6)	1172200
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1607956
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14296	
(2) Administration charge made by carrier	7e(2)	3053	
(3) Transferred to separate account	7e(3)	165391	
(4) Other (specify below)	7e(4)	256367	

▶ FIXED FUND TRANSFER OUT, LOAN ISSUED FROM FIXED FUND, ALLOCATED FORF & ADV ER & OTHER EXPENSES

(5) Total deductions	7e(5)	439107
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1168849
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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)	
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)	
(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)	
(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. Specify nature of costs.	10b	

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 DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DAVID&GOLIATH, LLC	D Employer Identification Number (EIN) 13-4088671	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA FINANCIAL LIFE INS CO
36-6071399
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

MERRILL LYNCH

13-2808480

(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?
16 23 27 53	INVESTMENT ADVISORY- PLAN	89617	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	81369	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE 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.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DAVID&GOLIATH, LLC		D Employer Identification Number (EIN) 13-4088671
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)		
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP IDX		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 937410
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1723845
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 783651
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BD IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-416	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 630481
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-625	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1293451
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 641389
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS NEW PERSPECTIVE ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-255	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1309116
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPP ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-844	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177063
a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD MID CAP RET ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-726	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1064561
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-830	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1383074
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN RET ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-473	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 770515
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BD RET ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-597	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 722636
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY PIONEER STRATEGIC INCOME RE	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-474	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 788249
a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS CEREDEX MD-CP VAL EQ RT ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-339	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1151976
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PTNR STOCK IDX RT ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-139	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5892649
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FDS EUROPACIFIC GR RT ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-076	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1226148
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLBL ALLOC RET ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-864	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22812

a Name of MTIA, CCT, PSA, or 103-12 IE:		BLACKROCK EQ DIVIDEND RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-935	d Entity code	P 2113722
a Name of MTIA, CCT, PSA, or 103-12 IE:		FEDERATED HERMES L HIGH YLD BD	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-942	d Entity code	P 1052876
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD MATERIALS INDEX RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-959	d Entity code	P 177639
a Name of MTIA, CCT, PSA, or 103-12 IE:		ALGER CAPITAL APPRECIATION RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-091	d Entity code	P 4959608
a Name of MTIA, CCT, PSA, or 103-12 IE:		HARTFORD DIVIDEND AND GR RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-108	d Entity code	P 1249391
a Name of MTIA, CCT, PSA, or 103-12 IE:		AMERICAN 2010 TARGET DATE RETIREMEN	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-290	d Entity code	P 2712
a Name of MTIA, CCT, PSA, or 103-12 IE:		AMERICAN 2020 TARGET DATE RETIREMEN	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-292	d Entity code	P 43759
a Name of MTIA, CCT, PSA, or 103-12 IE:		AMERICAN 2025 TARGET DATE RETIREMEN	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-293	d Entity code	P 1903870
a Name of MTIA, CCT, PSA, or 103-12 IE:		AMERICAN 2030 TARGET DATE RETIREMEN	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-294	d Entity code	P 166290
a Name of MTIA, CCT, PSA, or 103-12 IE:		AMERICAN 2035 TARGET DATE RETIREMEN	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-295	d Entity code	P 45316

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN 2040 TARGET DATE RETIREMEN	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-296	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 273484
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN 2045 TARGET DATE RETIREMEN	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-297	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1545615
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN 2050 TARGET DATE RETIREMEN	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-298	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 449556
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN 2055 TARGET DATE RETIREMEN	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-299	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 971330
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN 2060 TARGET DATE RETIREMEN	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-300	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108332
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2065 TARGET DATE RET	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-455	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15634
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY CONSERVATI	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-724	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1350
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GROWTH RET	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-122	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40432
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MODERATE G	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-914	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45879
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS TECH OPP RET ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIALS LIVE INS CO	
c EIN-PN 83-1098532-107	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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
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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 DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DAVID&GOLIATH, LLC		D Employer Identification Number (EIN) 13-4088671

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	34617	32418
(2) Participant contributions.....	1b(2)	81878	75921
(3) Other	1b(3)	841	738
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	232916	211657
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	30555228	35685821
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	435756	1168849
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	31341236	37175404

Liabilities

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

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	31341236	37175404
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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)	726972	
(B) Participants	2a(1)(B)	1916781	
(C) Others (including rollovers)	2a(1)(C)	244564	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		2888317
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	18468	
(F) Other	2b(1)(F)	9757	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28225
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5700519
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8617061

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2611907	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2611907
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	81369	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	89617	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		170986
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2782893

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5834168
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: **HASKELL & WHITE LLP**

(2) EIN: **33-0310569**

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?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DAVID&GOLIATH, LLC		D Employer Identification Number (EIN) 13-4088671
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): 13-3689044		
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)..... 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)..... 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).....	14a 14b 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
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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
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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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q704148A</u> .	

*Financial Statements and Supplemental Schedule
(with Independent Auditor's Report Thereon)*



David & Goliath Employees 401(k)/Profit Sharing Plan

*As of December 31, 2025 and 2024 and
For the Year Ended December 31, 2025*

DAVID & GOLIATH EMPLOYEES 401(k)/PROFIT SHARING PLAN

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Other schedules are omitted because they are not applicable or are not required disclosures under the Employee Retirement Income Security Act of 1974 and regulations issues by the Department of Labor.

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
David & Goliath Employees 401(k)/Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of David & Goliath Employees 401(k)/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 statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Basis for Opinion

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

Management’s Responsibilities for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agrees to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Haskell + White LLP

HASKELL & WHITE LLP

Irvine, California
September 11, 2026

DAVID & GOLIATH EMPLOYEES 401(K)/PROFIT SHARING PLAN

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

Assets	2025	2024
Investments:		
Pooled separate accounts at fair value (Note 3)	\$ 35,685,821	\$ 30,555,228
Stable value fund at contract value (Note 4)	<u>1,168,849</u>	<u>435,756</u>
Total investments	<u>36,854,670</u>	<u>30,990,984</u>
Receivables:		
Participant contributions	32,418	34,617
Employer contributions	75,921	81,878
Notes receivable from participants	211,657	232,916
Other receivable	<u>738</u>	<u>841</u>
Total receivables	<u>320,734</u>	<u>350,252</u>
Net assets available for benefits	<u><u>\$ 37,175,404</u></u>	<u><u>\$ 31,341,236</u></u>

See accompanying notes to the financial statements and independent auditor's report.

DAVID & GOLIATH EMPLOYEES 401(K)/PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2025

Additions to net assets attributed to:

Contributions:	
Employer	\$ 726,972
Participant	1,916,781
Rollover	<u>244,564</u>
Total contributions	<u>2,888,317</u>
Interest income on notes receivable from participants	<u>18,468</u>
Investment gain:	
Net appreciation in fair value of investments	5,700,519
Interest income on stable value fund	<u>9,757</u>
Total investment gain	<u>5,710,276</u>
Total additions to net assets	<u>8,617,061</u>

Deductions from net assets attributed to:

Benefits paid to participants	2,611,907
Administrative expenses	<u>170,986</u>
Total deductions from net assets	<u>2,782,893</u>

Net increase in assets available for benefits 5,834,168

Net assets available for benefits:

Beginning of year	<u>31,341,236</u>
End of year	<u><u>\$ 37,175,404</u></u>

See accompanying notes to the financial statements and independent auditor's report.

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Notes to Financial Statements December 31, 2025 and 2024

1. Description of Plan

The following description of the David & Goliath Employees 401(k)/Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of David & Goliath, LLC (the “Company” or “Plan sponsor”) with a minimum age of 21 and a minimum service requirement of three months of service from date of hire. The Plan is also available to part-time employees who complete one year of service in any year of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Administration

Transamerica Trust Company serves as the trustee of the Plan and Transamerica Retirement Solutions, LLC, the third-party administrator, serves as the recordkeeper of the Plan. The Plan’s pooled separate accounts and stable value fund are offered to the Plan’s participants under the group annuity contracts with Transamerica Financial Life Insurance Company (“Transamerica”), the custodian of the plan assets.

Participant Contributions

Each year, participants may elect to contribute up to 75% of their annual eligible compensation, with an option to separately elect to defer up to 100% of any irregular pay, as defined by the Plan, not to exceed limits established by the Internal Revenue Code (the “Code”) (\$23,500 in 2025). Participants who have attained age 50 prior to the end of a Plan year are eligible to make catch-up contributions to the Plan. During 2025, a participant’s catch-up contributions for the plan year may not exceed \$7,500. Participants may rollover into the Plan amounts representing distributions from other qualified plans, subject to provisions of the Plan.

Employer Contributions

The Company matches 100% of employee contributions up to 2% of compensation and 50% of employee contributions of the next 4% of compensation. The Company may make annual discretionary profit-sharing contributions, subject to provisions of the Plan. Contributions are also subject to certain Internal Revenue Service (“IRS”) limitations.

See accompanying independent auditor’s report

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Notes to Financial Statements (continued) December 31, 2025 and 2024

1. Description of Plan (continued)

Participant Accounts

A separate account is maintained for each participant and is credited with the participant's contributions, participant rollover contributions from other qualified plans, employer matching contributions, as well as an allocation of (i) the Company's profit-sharing employer contributions, if any, (ii) Plan earnings based on investment options selected for each participant account, and (iii) administrative expenses. All allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the employer matching and profit-sharing contributions plus actual earnings thereon is based on years of continuous service as shown below. A participant is fully vested after 5 years of credited service.

<u>Years of Service</u>	<u>Percentage</u>
Less than 2 years	0%
2	25%
3	50%
4	75%
5	100%

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 minus the highest outstanding balance of loans in the past 12 months or fifty percent of their vested account balance in the Plan. The participant may have no more than one loan outstanding at one time. The loans are secured by the balance in the participants' accounts and bear interest at prime rate as published in the Wall Street Journal plus 1% per annum. The interest rate on outstanding loans at December 31, 2025 ranged from 7.25% to 9.50%. Principal and interest are paid ratably through payroll deductions over a period not to exceed 5 years, except for loans for the purchase of a principal residence, which may be repaid within a period up to 30 years.

See accompanying independent auditor's report

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Notes to Financial Statements (continued) December 31, 2025 and 2024

1. Description of Plan (continued)

Investment Elections

Participants may elect to direct the investment of their contributions into various investment options offered by the Plan. The Company's matching and profit-sharing contributions, if any, are allocated among the funds within each participant account in the same manner as the employee's contributions.

The Plan offers the participants with various pooled separate accounts held and managed by Transamerica, which substantially invest in one underlying mutual fund traded on an established market. Pooled separate accounts are valued daily using publicly available quoted market prices. The Plan also offers Transamerica stable value fund, as a deposit liability of Transamerica with no underlying assets.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant (or the beneficiary of the participant in the event of death) may elect to receive a lump-sum amount equal to the value of the vested interest in his or her account or a series of installments as defined by the Plan. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Hardship Distribution

A participant can take hardship withdrawals as defined by the Plan. The Plan was amended to allow a participant that has taken a hardship withdrawal to continue to make deferral contributions to the Plan. Participants do not need to take a Plan loan prior to taking a hardship withdrawal.

Forfeited Accounts

Nonvested employer matching contributions are forfeited based on the Plan's vesting policy. If a former participant is re-employed prior to the five consecutive "one-year breaks in service" and repays the amount of his or her distribution, employer matching contributions previously forfeited are restored to his or her account.

Forfeited nonvested amounts totaled \$6,632 and \$18,695 at December 31, 2025 and 2024, respectively. Forfeitures may be used to pay Plan expenses or to reduce amounts otherwise required to be contributed to the Plan. For the year ended December 31, 2025, the Plan used \$166,316 of forfeited amounts to cover employer contributions. For the year ended December 31, 2024, the Plan used \$50,357 of forfeited amounts to cover Plan expenses.

See accompanying independent auditor's report

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Notes to Financial Statements (continued) December 31, 2025 and 2024

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds to pay benefits and administrative expenses charged by the insurance company.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes thereon, and disclosure of contingent assets and liabilities. 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 such changes could materially affect participant account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value (Note 3) except for fully benefit-responsive investment contracts, reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

See accompanying independent auditor's report

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Notes to Financial Statements (continued) December 31, 2025 and 2024

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation/depreciation in the fair value of its investments, which consists of net realized and unrealized gains and losses.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses as incurred. Delinquent loans are treated as deemed distributions based on the terms of the Plan documents.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Fees related to the management of investments and record keeping are charged directly to the participant accounts and are recorded as administrative expenses on the accompanying Statement of Changes in Net Assets Available for Benefits. Administrative expenses were \$170,986 for the year ended December 31, 2025 and \$50,357 were paid from Plan assets through forfeitures.

3. Fair Value Measurements

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, Fair Value Measurement, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

See accompanying independent auditor’s report

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Notes to Financial Statements (continued) December 31, 2025 and 2024

3. Fair Value Measurements (continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

- Pooled separate accounts with underlying mutual fund investments – measured using quoted prices in active markets for identical underlying assets (level 1 input under ASC 820).
- Pooled separate accounts with underlying fixed maturity securities – measured based on the pricing data provided by outside valuation service providers who in turn generally use the mean of bid or ask prices but may also use alternative observable pricing input for certain securities, which approximates fair value (level 2 input under ASC 820).

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

See accompanying independent auditor's report

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Notes to Financial Statements (continued) December 31, 2025 and 2024

3. Fair Value Measurements (continued)

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

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Total investments at fair value				
Pooled separate accounts	<u>\$ 22,674,912</u>	<u>\$ 13,010,909</u>	<u>\$ -</u>	<u>\$ 35,685,821</u>

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Total investments at fair value				
Pooled separate accounts	<u>\$ 19,493,365</u>	<u>\$ 11,061,863</u>	<u>\$ -</u>	<u>\$ 30,555,228</u>

4. Stable Value Fund

The Plan offers the stable value fund into which the participants may elect as an investment option. The stable value fund complies with FASB's fully benefit-responsive requirements and is reported at contract value in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024. Contract value, as reported by Transamerica is the beginning balance plus any deposit and credited interest, less any withdrawals, charges or expenses and approximates fair value. Participants may ordinarily direct the withdrawals or transfer of all or a portion of their investments at contract value.

The stable value fund seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment has a portfolio investment rate design by which all deposits in the investment are credited with the same interest rate on a daily basis, and without a set of maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate become effective. The guaranteed rate of interest shall not change for six months from the date it becomes effective and there is not a stated minimum or maximum interest rate for the stable value fund.

The stable value fund offered by the Plan, a deposit liability or obligation of Transamerica with no underlying assets, has no direct investments. The fund is based on the general unallocated account of Transamerica and the risk of the investment is based on Transamerica's insurance ratings.

See accompanying independent auditor's report

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Notes to Financial Statements (continued) December 31, 2025 and 2024

4. Stable Value Fund (continued)

The repayment of principal and interest credited to participants holding the stable value fund is a financial obligation of Transamerica. Since the stable value fund is an obligation of Transamerica, the occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable - for example, a significant decline in creditworthiness of Transamerica, the stable value fund may no longer be considered fully benefit-responsive.

The terms of Transamerica's group annuity contract require all permitted participant-initiated transactions involving the investment to occur at contract value with no conditions, limits or restrictions. Permitted participant-initiated transactions are those allowed by the underlying defined contribution plan such as withdrawals for benefits, loans or transfers to other investment options within the Plan.

The average yields for the stable value fund for the years ended December 31, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
The average yield based on actual earnings	1.65%	1.58%
The average yield based on interest rate credited to participants	1.60%	1.65%

5. Information Certified by the Insurance Company

The Plan administrator elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company has certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- The total value of investments as of December 31, 2025 and 2024, as indicated on the Statements of Net Assets Available for Benefits;
- All investment information, as indicated in the Statement of Changes in Net Assets Available for Benefits; and
- All information on Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

See accompanying independent auditor's report

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Notes to Financial Statements (continued) December 31, 2025 and 2024

5. Information Certified by the Insurance Company (continued)

The Plan sponsor instructed the Plan's independent auditors not to perform any auditing procedures with respect to the certified information, except for comparing such information with the related information in the financial statements and supplemental schedule.

6. Related Party Transactions and Party-In-Interest Transactions

The Plan's assets in pooled separate accounts and stable value fund are held and managed by Transamerica Retirement Solutions, LLC, the issuer of group annuity contracts of the Plan, which is an affiliate of Transamerica, the asset custodian. Therefore, these transactions qualify as party-in-interest transactions and are exempt from the prohibited transactions rules under ERISA.

The Plan issues loans to participants which are secured by their vested balances. Fees paid by the Plan for the investment management services were included as a reduction in the return earned on each fund. In addition, the Plan made a direct payment to the Plan's service provider of \$170,986 and \$153,159 for the years ended December 31, 2025 and 2024, respectively, reported as administrative expenses. These qualify as exempt party-in-interest transactions.

7. Tax Status

Effective July 1, 2017, the Plan adopted the Non-Standardized Pre-Approved Profit Sharing Plan with CODA, which received a favorable opinion letter from the Internal Revenue Service (the "IRS") dated June 30, 2020. The Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code and is therefore exempt from income taxes. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Notes to Financial Statements (continued) December 31, 2025 and 2024

8. Plan Termination

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

9. Subsequent Events

In preparing these financial statements, management has evaluated events and transactions for potential recognition or disclosure through, September 11, 2026, the date at which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

DAVID & GOLIATH EMPLOYEES 401(k)/Profit Sharing Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

As of December 31, 2025

Plan #001 EIN #13-4088671

(a)	(b) Identity of Issue, Borrower or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Transamerica Financial Life	Transamerica Partners Stock Index Fund	**	\$ 5,892,649
*	Transamerica Financial Life	Alger Capital Appreciation Ret Acct	**	4,959,609
*	Transamerica Financial Life	BlackRock Equity Dividend Ret Acct	**	2,113,722
*	Transamerica Financial Life	American 2025 Target Date Retirement Ret Acct	**	1,903,870
*	Transamerica Financial Life	American 2045 Target Date Retirement Ret Acct	**	1,545,615
*	Transamerica Financial Life	State Street International Index Ret Acct	**	1,723,845
*	Transamerica Financial Life	State Street Russell Small Cap Index Ret Acct	**	937,410
*	Transamerica Financial Life	American Funds New Perspective Ret Acct	**	1,309,116
*	Transamerica Financial Life	Janus Henderson Triton Ret Acct	**	1,383,075
*	Transamerica Financial Life	American Funds New World Ret Acct	**	1,293,451
*	Transamerica Financial Life	Hartford Mid Cap Ret Acct	**	1,064,561
*	Transamerica Financial Life	Hartford Dividend and Growth Ret Acct	**	1,249,391
*	Transamerica Financial Life	American Funds EuroPacific Growth Ret Acct	**	1,226,148
*	Transamerica Financial Life	Virtus Ceredex Mid-Cap Value Equity Ret Acct	**	1,151,976
*	Transamerica Financial Life	Federated Hermes Institutional High Yield Bond	**	1,052,876
*	Transamerica Financial Life	TA Vanguard Real Estate Index Ret Acct	**	641,389
*	Transamerica Financial Life	Pioneer Strategic Income Ret Acct	**	788,249
*	Transamerica Financial Life	State Street S&P Mid Cap Index Ret Acct	**	783,651
*	Transamerica Financial Life	PGIM Total Ret Bond Ret Acct	**	722,637
*	Transamerica Financial Life	PIMCO Real Return Ret Acct	**	770,515
*	Transamerica Financial Life	State Street U.S. Bond Index Ret Acct	**	630,481
*	Transamerica Financial Life	American 2020 Target Date Retirement Ret Acct	**	43,759
*	Transamerica Financial Life	American 2050 Target Date Retirement Ret Acct	**	449,556
*	Transamerica Financial Life	American 2040 Target Date Retirement Ret Acct	**	273,484
*	Transamerica Financial Life	American 2055 Target Date Retirement Ret Acct	**	971,330
*	Transamerica Financial Life	BlackRock Health Sciences Opportunities Ret Acct	**	177,063
*	Transamerica Financial Life	American 2030 Target Date Retirement Ret Acct	**	166,290
*	Transamerica Financial Life	Vanguard Materials Index Ret Acct	**	177,639
*	Transamerica Financial Life	American 2060 Target Date Retirement Ret Acct	**	108,332
*	Transamerica Financial Life	TA Vanguard LifeStrategy Growth Ret Acct	**	40,432
*	Transamerica Financial Life	TA Vanguard LifeStrategy Moderate Growth Ret Acct	**	45,879
*	Transamerica Financial Life	American 2035 Target Date Retirement Ret Acct	**	45,316
*	Transamerica Financial Life	BlackRock Global Allocation Ret Acct	**	22,812
*	Transamerica Financial Life	American 2010 Target Date Retirement Ret Acct	**	2,712
*	Transamerica Financial Life	TA Vanguard LifeStrategy Conservative Growth Ret Acct	**	1,347
*	Transamerica Financial Life	American Funds 2065 Target Date Retirement Ret Acct	**	15,634
				<u>35,685,821</u>
*	Transamerica Financial Life	Stable value fund at contract value	**	1,168,849
*	Participant loans	Interest rates ranging from 7.25% to 9.5%, maturing through 2054	-	<u>211,657</u>
				<u><u>\$ 37,066,327</u></u>
*	A party-in-interest as defined by ERISA			
**	Cost information for investments is not required for participant-directed investments			

See accompanying independent auditor's report.

David&Goliath Employees 401k/Profit Sharing Plan
EIN No.: 13-4088671, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Financial Life Ins Co	Transamerica Stbl Val Core Account	\$ 1,168,849
		Stable Value Total	\$ 1,168,849
*	Transamerica Financial Life Ins Co	State Street Russell Sm cp Idx	\$ 937,410
*	Transamerica Financial Life Ins Co	State Street Intl Index Ret Acct	\$ 1,723,845
*	Transamerica Financial Life Ins Co	State Street S&P Md cp Idx Ret Acct	\$ 783,651
*	Transamerica Financial Life Ins Co	State Street U.S. Bd Idx Ret Acct	\$ 630,481
*	Transamerica Financial Life Ins Co	American Funds New World Ret Acct	\$ 1,293,451
*	Transamerica Financial Life Ins Co	TA Vanguard REIT Index Ret Acct	\$ 641,389
*	Transamerica Financial Life Ins Co	American Fds New Perspective Acct	\$ 1,309,116
*	Transamerica Financial Life Ins Co	BlackRock Health Sciences Opp Acct	\$ 177,063
*	Transamerica Financial Life Ins Co	Hartford Mid Cap Ret Acct	\$ 1,064,561
*	Transamerica Financial Life Ins Co	Janus Henderson Triton Ret Acct	\$ 1,383,075
*	Transamerica Financial Life Ins Co	PIMCO Real Return Ret Acct	\$ 770,515
*	Transamerica Financial Life Ins Co	PGIM Total Return Bd Ret Acct	\$ 722,636
*	Transamerica Financial Life Ins Co	Victory Pioneer Strategic Income Ret Acct	\$ 788,249
*	Transamerica Financial Life Ins Co	Virtus Ceredex Md-cp Val Eq Rt Acct	\$ 1,151,976
*	Transamerica Financial Life Ins Co	Transamerica Ptnr Stock Idx Rt Acct	\$ 5,892,649
*	Transamerica Financial Life Ins Co	Amer Fds EuroPacific Gr Rt Acct	\$ 1,226,148
*	Transamerica Financial Life Ins Co	BlackRock Gbl Alloc Ret Acct	\$ 22,812
*	Transamerica Financial Life Ins Co	BlackRock Eq Dividend Ret Acct	\$ 2,113,722
*	Transamerica Financial Life Ins Co	Federated Hermes I High Yld Bd	\$ 1,052,876
*	Transamerica Financial Life Ins Co	Vanguard Materials Index Ret Acct	\$ 177,639
*	Transamerica Financial Life Ins Co	Alger Capital Appreciation Ret Acct	\$ 4,959,609
*	Transamerica Financial Life Ins Co	Hartford Dividend and Gr Ret Acct	\$ 1,249,391
*	Transamerica Financial Life Ins Co	American 2010 Target Date Retirement	\$ 2,712
*	Transamerica Financial Life Ins Co	American 2020 Target Date Retirement	\$ 43,759
*	Transamerica Financial Life Ins Co	American 2025 Target Date Retirement	\$ 1,903,870
*	Transamerica Financial Life Ins Co	American 2030 Target Date Retirement	\$ 166,290
*	Transamerica Financial Life Ins Co	American 2035 Target Date Retirement	\$ 45,316
*	Transamerica Financial Life Ins Co	American 2040 Target Date Retirement	\$ 273,484
*	Transamerica Financial Life Ins Co	American 2045 Target Date Retirement	\$ 1,545,615
*	Transamerica Financial Life Ins Co	American 2050 Target Date Retirement	\$ 449,556
*	Transamerica Financial Life Ins Co	American 2055 Target Date Retirement	\$ 971,330
*	Transamerica Financial Life Ins Co	American 2060 Target Date Retirement	\$ 108,332
*	Transamerica Financial Life Ins Co	American Funds 2065 Target Date Retirement Ret Acct	\$ 15,634
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Conservative Growth Ret Acct	\$ 1,350
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Growth Ret Acct	\$ 40,432
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Moderate Growth Ret Acct	\$ 45,879
		Separate Fund Totals	\$ 35,685,821
*	Participants	Notes Receivable with interest rates of 7.25% to 9.50%	\$ 211,657
		TOTAL PLAN ASSETS	\$ 37,066,327

* Indicates Party-In-Interest to the Plan