

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 G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
1b	Three-digit plan number (PN) ▶ 101
1c	Effective date of plan 01/01/2011
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) G.I. ASSOCIATES, LLC 2801 W. KINNICKINNIC RIVER PARKWAY SUITE 1080 MILWAUKEE, WI 53215-5217
2b	Employer Identification Number (EIN) 39-1994360
2c	Plan Sponsor's telephone number 414-908-6500
2d	Business code (see instructions) 621111

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.	09/16/2026	NICHOLAS ZAPF
	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	5 392
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) 302 6a(2) 299 6b 0 6c 94 6d 393 6e 0 6f 393 6g(1) 6g(2) 6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 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 0
- (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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	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	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) 101
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF G.I. ASSOCIATES, LLC	D Employer Identification Number (EIN) 39-1994360
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	18784659	
b	Actuarial value	2b	18784659	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	0	0	0
b	For terminated vested participants	90	2115483	2115483
c	For active participants	302	14552936	14632428
d	Total	392	16668419	16747911
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.31 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	1774870	
b	Expected plan-related expenses	6b	82558	
c	Target normal cost	6c	1857428	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary SARA K. DEFILIPPO Type or print name of actuary DUNBAR, BENDER & ZAPF, INC. Firm name 400 HOLIDAY DRIVE SUITE 102 PITTSBURGH, PA 15220 Address of the firm	07/21/2026 Date 26-07318 Most recent enrollment number 412-263-0102 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	399604
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	399604
10 Interest on line 9 using prior year's actual return of <u>13.54</u> %	0	54106
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		54306
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.75</u> %		2580
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		56886
d Portion of (c) to be added to prefunding balance		50000
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	503710

Part III Funding Percentages

14 Funding target attainment percentage	14	109.15 %
15 Adjusted funding target attainment percentage	15	112.16 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.03 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/12/2026	899325	0			
05/19/2026	1013093	0			
Totals ►			18(b)	1912418	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1788922

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.07 %2nd segment:
5.31 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

1857428

b Excess assets, if applicable, but not greater than line 31a**31b**

1533038

32 Amortization installments:**a** Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

324390

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

324390

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

1788922

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

1464532

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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 G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 G.I. ASSOCIATES, LLC	D Employer Identification Number (EIN) 39-1994360	

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

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

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

AMP WEALTH MANAGMENT

421 E. SILVER SPRING DR., STE. 3
WHITEFISH BAY, WI 53217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	184158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	35175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK FIVE NINE

155 WEST WISCONSIN AVENUE
OCONOMOWOC, WI 53066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	30672	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DUNBAR, BENDER, & ZAPF, INC.

25-1650062

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	16440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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 G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules 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.
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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 G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) ► 101
C Plan sponsor's name as shown on line 2a of Form 5500 G.I. ASSOCIATES, LLC	D Employer Identification Number (EIN) 39-1994360

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.				
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
G.I. ASSOCIATES, LLC	PLAN SPONSOR	EXPENSES PAID FOR ANOTHER PLAN OUT OF PLAN ASSETS.			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
			17588		

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶ 101
C Plan sponsor's name as shown on line 2a of Form 5500 G.I. ASSOCIATES, LLC	D Employer Identification Number (EIN) 39-1994360	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	888694	1912418
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	30389
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	275435	2209924
(2) U.S. Government securities	1c(2)	2981771	3313246
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1097933	1132808
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	11759200	11353867
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	756730	771267
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1032576	930880

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	18792339	21654799

Liabilities

1g Benefit claims payable	1g	2892	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	2892	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	18789447	21654799
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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)	1912418	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1912418
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7502	
(B) U.S. Government securities	2b(1)(B)	11534	
(C) Corporate debt instruments	2b(1)(C)	96671	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	83612	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		199319
(2) Dividends: (A) Preferred stock	2b(2)(A)	279930	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	35928	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		315858
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9993797	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8700325	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1293472
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	472331	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		472331

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		14537
c Other income	2c		-40
d Total income. Add all income amounts in column (b) and enter total	2d		4207895

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1034467	
(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)		1034467
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)		
(4) IQPA audit fees	2i(4)	35175	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	214830	
(7) Actuarial fees	2i(7)	16440	
(8) Legal fees	2i(8)	825	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	40806	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		308076
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1342543

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2865352
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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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.)	☒		17588
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 571154.

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 G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST		B Three-digit plan number (PN) ▶ 101
C Plan sponsor's name as shown on line 2a of Form 5500 G.I. ASSOCIATES, LLC		D Employer Identification Number (EIN) 39-1994360
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): 45-4104995		
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 22
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | NEIGHBORS
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS | REGULARS | DINERS | VISITORS

**G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION
PLAN AND TRUST**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2025 AND 2024

Right there with you

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G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
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YEARS ENDED DECEMBER 31, 2025 AND 2024

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INDEPENDENT AUDITORS' REPORT

Board of Directors
G.I. Associates, LLC
Milwaukee, Wisconsin

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of G.I. Associates, LLC Defined Benefit Pension Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of G.I. Associates, LLC Defined Benefit Pension Plan and Trust as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about G.I. Associates, LLC Defined Benefit Pension Plan and Trust's ability to continue as a going concern within 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of G.I. Associates, LLC Defined Benefit Pension Plan and Trust'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 G.I. Associates, LLC Defined Benefit Pension Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025 and schedule of reportable transactions and schedule of nonexempt transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

Milwaukee, Wisconsin
September 10, 2026

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Short-Term Cash Investments	\$ 2,209,924	\$ 244,463
Fixed Income Bonds	5,376,934	5,112,280
Mutual Funds	771,267	756,730
Stocks	11,353,867	11,759,200
Total Investments	<u>19,711,992</u>	<u>17,872,673</u>
RECEIVABLES		
Company Contribution Receivable	1,912,418	888,694
Other Receivable	30,389	-
Total Receivables	<u>1,942,807</u>	<u>888,694</u>
Total Assets	21,654,799	18,761,367
LIABILITIES		
OTHER PAYABLE	<u>-</u>	<u>2,892</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 21,654,799</u></u>	<u><u>\$ 18,758,475</u></u>

See accompanying Notes to Financial Statements.

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 1,606,400	\$ 1,588,461
Interest and Dividends	<u>508,078</u>	<u>487,809</u>
Total Investment Income	2,114,478	2,076,270
COMPANY CONTRIBUTIONS	<u>1,912,418</u>	<u>1,738,694</u>
Total Additions	4,026,896	3,814,964
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	1,037,454	1,987,890
ADMINISTRATIVE EXPENSES	<u>93,118</u>	<u>69,599</u>
Total Deductions	<u>1,130,572</u>	<u>2,057,489</u>
NET INCREASE	2,896,324	1,757,475
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>18,758,475</u>	<u>17,001,000</u>
End of Year	<u><u>\$ 21,654,799</u></u>	<u><u>\$ 18,758,475</u></u>

See accompanying Notes to Financial Statements.

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the G.I. Associates, LLC Defined Benefit Pension Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory cash balance plan covering substantially all employees of G.I. Associates, LLC, Milwaukee G.I. Specialists, S.C., Gastroenterology Consultants, Ltd. and Gastroenterology Specialists, S.C. (collectively, the Company). Effective January 1, 2011, a hypothetical account is maintained for each participant and pay credits are credited to the participant's account for the benefit of the individual. Participants who were actively employed during 2011 were credited with a lump sum opening balance equivalent to the present value of accrued pension benefits under the Plan's benefit provisions. It is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and amendments.

Contributions

Company contributions are computed under the unit credit method which recognizes the cost of benefits over the period in which the employee's service has been rendered. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024. The Company's funding policy is to contribute an amount ranging from the ERISA defined minimum required contribution to the maximum amount that could be deducted for federal income tax purposes. Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

The Plan administrator will maintain a cash balance account on behalf of each participant. Annually, the cash balance account of each participant will be credited with an amount equal to either a flat dollar amount or a percentage of the participant's compensation during the Plan.

As of each credit date (December 31), each participant's cash balance account will also be credited with an amount equal to:

- 1) The amount of the participant's cash balance account as of the immediately preceding credit date, multiplied by
- 2) The lesser of (i) 5.00%; or (ii) the third segment rate described in Internal Revenue Service (IRS) Section 430(h)(2)(C)(iii) for the month of September during the prior Plan year. The third segment rate used was 5.36% and 4.52% for the years ended December 31, 2025 and 2024, respectively. Effective January 1, 2021, the interest crediting rate increased to a flat 5.00% for non-highly compensated employees. Effective January 1, 2022, the interest credit rate increased to a flat 5.00% for highly compensated employees.

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Benefit Options (Continued)

Upon reaching the normal retirement date, age 62 and the fifth anniversary of his/her initial entry date, a participant shall be entitled to the normal retirement benefit or may elect to defer the commencement of the normal retirement benefit to the participant's termination date, or a date specified in the election. On termination of service due to death or disability, a participant or designated beneficiary may elect to receive the benefit as soon as administratively feasible. If a participant separates from service before reaching the normal retirement date, the participant may elect to receive his or her accrued benefit as soon as administratively feasible. Generally, the form of payment shall be in the normal form of benefit (life annuity payable in monthly installments). For a participant who dies before the date his or her benefits are to begin, and that has a surviving spouse, payment is in the form of a qualified pre-retirement survivor annuity.

A participant may, in lieu of the amount and form of the benefits otherwise provided for in the Plan document, choose an optional form of payment which is the actuarial equivalent of the normal form of benefit specified in the Plan document. Such optional form of benefit shall include the following:

- 1) Payment in one lump sum.
- 2) Payment as a joint and 50%, 75%, or 100% survivor annuity.
- 3) Payment as a rollover distribution to an eligible retirement plan specified by the distributee.

Vesting

Generally, a participant's accrued benefit shall become fully vested upon a participant's death, disability, attainment of retirement age, upon termination of the Plan, and upon partial termination of the Plan. Accrued benefits vest as follows:

<u>Years of Service</u>	<u>Vesting Percent</u>
Less than 3	0%
3 or More	100%

Forfeitures

Forfeited nonvested accounts are used to reduce the Company's contributions, as determined under the funding method used by the Plan's actuary. At December 31, 2025 and 2024, there were no forfeited nonvested accounts.

Administrative Expenses

The majority of administrative expenses are paid out of the Plan assets for the years ended December 31, 2025 and 2024.

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair 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. See Note 4 for discussion on fair value measurements.

Security transactions are recognized on the date the transaction is settled by the delivery or receipt of the security and the receipt or payment of cash. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through September 10, 2026, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to:

- a) Retired or terminated employees or their beneficiaries,
- b) Beneficiaries of employees who have died, and
- c) Present employees or their beneficiaries.

Benefits under the Plan are based on a percentage of the employees' annual compensation. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The participant's primary social security benefit is integrated in the present value computation. The Plan's valuation date is as of the beginning of the Plan year.

The significant actuarial assumptions used in the valuation as of December 31, 2024 were:

- a) Life Expectancy of Participants (the IRC 430 Combined Healthy Mortality Table)
- b) Return on Assets (5.50%)
- c) Annual Earnings Crediting Rate for Cash Balance Accounts (5.00%)
- d) Average Retirement Age (62)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The following is a summary of actuarial present value of accumulated Plan benefits as of December 31, 2024:

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:

Participants Currently Receiving Payments	\$ -
Other Participants	17,062,543
Total Vested Benefits	<u>17,062,543</u>
Nonvested Benefits	<u>89,286</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 17,151,829</u></u>

The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the year ended December 31, 2024:

Actuarial Present Value of Accumulated Plan Benefits -

Beginning of Year	\$ 16,620,417
Increase (Decrease) During the Year Attributable to:	
Increase in Benefits Accumulated	1,721,150
Increase Due to Passage of Time	798,152
Benefits Paid	<u>(1,987,890)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u><u>\$ 17,151,829</u></u>

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1. Had the valuations been performed as of December 31, there would be no material differences.

NOTE 4 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market 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. There have been no changes in the valuation methodologies used at December 31, 2025 and 2024.

Short-Term Cash Investments – Valued at cost, which approximates fair value.

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Municipal and Corporate Bonds – Valued with an institutional bid evaluation or an institutional mid evaluation. A bid evaluation is an estimated price at which a dealer would pay for a security (typically in an institutional round lot). A mid evaluation is the average of the estimated price at which a dealer would sell a security and the estimated price at which a dealer would pay for a security (typically in an institutional round lot). Oftentimes, these evaluations are based on proprietary models which pricing vendors establish for these purposes. In some cases, there may be manual sources used when primary price vendors do not supply prices.

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

Stocks – Valued using the official close (for NASDAQ only), last trade, bid or the ask offer price reported on the active market on which the individual securities are traded.

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

2025				
	Level 1	Level 2	Level 3	Total
Short-Term Cash Investments	\$ -	\$ 2,209,924	\$ -	\$ 2,209,924
Fixed Income Bonds	-	5,376,934	-	5,376,934
Mutual Funds	771,267	-	-	771,267
Stocks	11,353,867	-	-	11,353,867
Total Investments at Fair Value	<u>\$ 12,125,134</u>	<u>\$ 7,586,858</u>	<u>\$ -</u>	<u>\$ 19,711,992</u>

2024				
	Level 1	Level 2	Level 3	Total
Short-Term Cash Investments	\$ -	\$ 244,463	\$ -	\$ 244,463
Fixed Income Bonds	-	5,112,280	-	5,112,280
Mutual Funds	756,730	-	-	756,730
Stocks	11,759,200	-	-	11,759,200
Total Investments at Fair Value	<u>\$ 12,515,930</u>	<u>\$ 5,356,743</u>	<u>\$ -</u>	<u>\$ 17,872,673</u>

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 5 PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits former employees, or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 6 PLAN TAX STATUS

The Plan obtained its latest determination letter on June 2, 2021, in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

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

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 7 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 the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Charles Schwab is the custodian as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees paid by the Plan and retained by Charles Schwab amounted to \$93,118 and \$89,405 for the years ended December 31, 2025 and 2024, respectively.

NOTE 9 CONCENTRATION OF CREDIT RISK

The Plan's cash balances are held at various financial institutions located in Wisconsin. Accounts at these institutions are insured by a government agency up to \$250,000. At times the balances in these accounts may exceed the insured limit.

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2025	2024
Net Assets Available for Benefits per Financial Statements	\$ 21,654,799	\$ 18,758,475
Outstanding Checks	-	30,972
Net Assets Available for Benefits per Form 5500	<u>\$ 21,654,799</u>	<u>\$ 18,789,447</u>

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of net increase per the financial statements to Form 5500 for the years ended December 31:

	2025	2024
Net Increase per Financial Statements	\$ 2,896,324	\$ 1,757,475
Change in Outstanding Checks	<u>(30,972)</u>	<u>(18,299)</u>
Net Increase per Form 5500	<u>\$ 2,865,352</u>	<u>\$ 1,739,176</u>

Checks issued are recorded on the Form 5500 when they clear the bank and on the financial statements when they are issued.

NOTE 11 NONEXEMPT TRANSACTION

During the year ended December 31, 2025, the Company paid from Plan assets certain expenses that were not allowable expenses. This is deemed a prohibited transaction in accordance with ERISA and the IRC. The Company is in the process of restoring expenses paid out of the Plan for the 2025 nonexempt transactions and the previously reported nonexempt transactions in 2024 and filing the required Form 5330 with the IRS to pay the appropriate excise tax.

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
E.I.N. 45-4104995 PLAN NO. 101
SCHEDULE G, PART III—NONEXEMPT TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

Identity of Party Involved	Relationship to Plan, Employer or Other Party-In-Interest	Description of Transactions including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Purchase Price	Selling Price	Lease Rental	Expenses Incurred in Connection with Transaction	Cost of Asset	Current Value of Asset	Net Gain or (Loss) on Each Transaction
G.I. Associates, LLC	Plan Sponsor	Expenses paid for another plan out of plan assets	\$ -	\$ -	\$ -	\$ -	\$17,588	\$ -	\$ -

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
E.I.N. 45-4104995 PLAN NO. 101
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Johnson Bank	Money Market Checking Account	\$ 377,409	\$ 377,409
*	Charles Schwab	FDIC Insured Deposit Accounts	1,832,515	1,832,515
	California Municipal	Municipal Bond	67,900	66,124
	Cinola Canyons	Municipal Bond	50,020	49,772
	Colorado Municipal	Municipal Bond	40,120	41,782
	Georgia Municipal	Municipal Bond	28,641	30,122
	GNMA Municipal	Municipal Bond	6,665	6,588
	Indiana Municipal	Municipal Bond	77,368	69,525
	Maine Municipal	Municipal Bond	25,854	29,078
	Maryland Municipal	Municipal Bond	15,194	14,849
	Massachusetts Municipal	Municipal Bond	124,502	125,336
	Minnesota Municipal	Municipal Bond	10,165	10,002
	Monterey County Municipal	Municipal Bond	55,474	56,545
	New Jersey Municipal	Municipal Bond	86,786	83,103
	New York Municipal	Municipal Bond	54,428	36,601
	North Carolina Municipal	Municipal Bond	10,326	10,022
	Ohio Municipal	Municipal Bond	103,161	86,264
	Public Fin Auth	Municipal Bond	54,888	55,318
	Regional Transportation District	Municipal Bond	55,021	44,824
	Rhode Island Municipal	Municipal Bond	40,017	41,966
	US Treasury	Municipal Bond	3,244,439	3,306,657
	Abbvie	Corporate Bond	37,821	39,240
	Albemarle Corp	Corporate Bond	25,763	22,593
	Campbell Soup Co	Corporate Bond	23,337	21,623
	Cardinal Health Inc	Corporate Bond	38,525	36,023
	Conagra Brands Inc.	Corporate Bond	45,012	42,946
	CVS Health Corporation	Corporate Bond	40,643	36,174
	General Motors Company	Corporate Bond	26,302	22,655
	Goldman Sachs	Corporate Bond	86,618	82,127
	Grand Canyon University	Corporate Bond	55,735	54,662
	Hewlett Packard Enterprise Co Sr Note	Corporate Bond	52,518	51,335
	International Paper Co	Corporate Bond	36,601	36,065
	Juniper Networks Inc.	Corporate Bond	41,880	40,007
	KLA Corporation	Corporate Bond	39,425	43,043
	Kraft Heinz Foods Company.	Corporate Bond	84,817	77,633
	Kroger Co	Corporate Bond	46,877	44,794
	Leidos Holdings Inc.	Corporate Bond	51,505	51,345
	Marathon Pete Corp	Corporate Bond	40,485	38,742
	Molson Coors Brewing Senior	Corporate Bond	44,530	41,498
	Morgan Stanley	Corporate Bond	15,075	14,494
	Mosaic Co	Corporate Bond	38,425	38,263
	Motorola Solutions Inc	Corporate Bond	39,461	38,977

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
E.I.N. 45-4104995 PLAN NO. 101
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Oneok Inc.	Corporate Bond	\$ 56,875	\$ 48,081
	Reynolds American Inc	Corporate Bond	39,975	41,763
	Schwab (Charles) Corp	Corporate Bond	51,794	51,288
	University of St Thomas Texas	Corporate Bond	31,276	24,986
	Unum Group	Corporate Bond	26,414	24,709
	Valmont Inds Inc.	Corporate Bond	42,564	41,819
	Verizon Communications Inc.	Corporate Bond	42,540	35,327
	Westlake Chemical Corp Sr Nt	Corporate Bond	37,193	34,068
	Whirlpool Corp	Corporate Bond	45,278	36,176
	iShares Iboxx Inv Cp ETF	Mutual Fund	232,718	217,075
	iShares PFD and INCM Sec ETF	Mutual Fund	188,610	162,540
	Vanguard Shrt Trm Corp Bd ETF	Mutual Fund	198,535	202,753
	Vanguard Inter Trm Treas ETF	Mutual Fund	196,257	188,899
	Abott Labs	Corporate Stock	190,108	192,445
	Amer Electric Pwr Co	Corporate Stock	160,288	227,276
	American Express Co	Corporate Stock	151,327	252,306
	Apple Inc.	Corporate Stock	59,483	271,044
	Atmos Energy Corp	Corporate Stock	133,341	225,630
	Bank New York Mellon Corporation	Corporate Stock	127,613	246,459
	Blackrock Health Science	Corporate Stock	104,897	98,712
	Broadcom Inc.	Corporate Stock	68,323	276,880
	Caterpillar Inc.	Corporate Stock	138,338	281,852
	Charles Schwab	Corporate Stock	130,559	127,500
	Chevron Corporation	Corporate Stock	168,366	191,275
	Chubb Ltd	Corporate Stock	156,678	225,663
	Cohen and Steers	Corporate Stock	230,917	181,912
	Dell Technologies Inc	Corporate Stock	169,251	130,538
	Deutsche Telekom Ag	Corporate Stock	124,954	179,556
	DNP Select Income	Corporate Stock	101,724	94,905
	DTE Energy Co	Corporate Stock	66,587	63,420
	Duke Energy Co	Corporate Stock	105,550	103,837
	Eli Lilly & Company	Corporate Stock	56,755	282,641
	ExxonMobil Corporation	Corporate Stock	122,090	218,537
	Fastenal Co	Corporate Stock	83,707	199,286
	Ford Motor Co	Corporate Stock	61,014	73,955

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
E.I.N. 45-4104995 PLAN NO. 101
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	GE Aerospace	Corporate Stock	\$ 162,903	\$ 241,187
	General Dynamics Corp	Corporate Stock	212,353	252,832
	Georgia Power Co	Corporate Stock	102,724	91,392
	Goldman Sachs Group Inc.	Corporate Stock	116,430	258,426
	Home Depot Inc.	Corporate Stock	172,047	196,825
	Illinois Tool Works Inc.	Corporate Stock	127,426	192,114
	Johnson & Johnson	Corporate Stock	179,213	290,972
	JP Morgan Chase & Co	Corporate Stock	119,853	253,265
	KLA-Tencor Corp	Corporate Stock	28,524	279,468
	Mckesson Corp	Corporate Stock	133,330	238,704
	Meta Platforms Inc.	Corporate Stock	174,753	195,387
	Microsoft Corp	Corporate Stock	47,359	200,702
	Morgan Stanley	Corporate Stock	72,204	265,407
	Northrop Grumman Corp	Corporate Stock	194,154	185,318
	Nuveen Municipal High Income	Corporate Stock	104,096	74,387
	Pepsico Inc.	Corporate Stock	211,616	215,711
	PNC Financial Services	Corporate Stock	219,435	250,471
	Proctor & Gamble Co	Corporate Stock	128,085	169,536
	Qualcomm Inc	Corporate Stock	176,510	227,668
	Royal Bank CDA Montreal Que	Corporate Stock	138,122	305,348
	RTX Corporation	Corporate Stock	162,108	250,891
	Sanofi	Corporate Stock	223,627	198,153
	Stryker Corp	Corporate Stock	199,290	186,279
	Stifel Financial Corp	Corporate Stock	102,093	83,518
	T-Mobile US Inc.	Corporate Stock	158,829	180,706
	Taiwan Semiconductor M F	Corporate Stock	210,837	266,512
	The Coca-Cola Company	Corporate Stock	192,749	213,016
	Tractor Supply Co	Corporate Stock	100,713	201,240
	Union Pac Corp	Corporate Stock	142,337	206,569
	Visa Inc	Corporate Stock	140,050	206,217
	Walmart Inc.	Corporate Stock	95,851	237,860
	WEC Energy Group Inc.	Corporate Stock	157,120	207,967
	Wells Fargo & Co	Corporate Stock	329,520	384,190
		Total Assets (Held at End of Year)	<u>\$ 16,210,408</u>	<u>19,711,992</u>

* Indicates party-in-interest

G.I. ASSOCIATES, LLC DEFINED BENEFIT PENSION PLAN AND TRUST
E.I.N. 45-4104995 PLAN NO. 101
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets								
* Charles Schwab - 7489	FDIC Insured Deposit Account	\$ 1,157,188	\$ -	\$ -	\$ -	\$ 1,157,188	\$ 1,157,188	\$ -
* Charles Schwab - 7489	FDIC Insured Deposit Account	1,300,000	-	-	-	1,300,000	1,300,000	-
* Charles Schwab - 7489	FDIC Insured Deposit Account	950,263	-	-	-	950,263	950,263	-
* Charles Schwab - 7489	FDIC Insured Deposit Account	-	1,154,135	-	-	1,154,135	1,154,135	-
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
* Johnson Bank	Money Market Account	955,637	-	-	-	955,637	955,637	-
* Johnson Bank	Money Market Account	-	590,005	-	-	590,005	590,005	-
* Charles Schwab - 7489	FDIC Insured Deposit Account	7,529,652	-	-	-	7,529,652	7,529,652	-
* Charles Schwab - 7489	FDIC Insured Deposit Account	-	6,027,591	-	-	6,027,591	6,027,591	-

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2025.

** Indicates party-in-interest*



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Securities and investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor, member FINRA/SIPC.

Plan Name: G.I. Associates, LLC Defined Benefit Pension Plan and Trust

Sponsor EIN: 39-1994360

Plan Number: 101

Plan Year: 01/01/2025 - 12/31/2025

Schedule SB, line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		4								
25 to 29	5	17								
30 to 34		17	6							
35 to 39	1	21	13	3						
40 to 44		12	24	6						
45 to 49		6	12	14						
50 to 54	1	14	9	15						
55 to 59	1	12	11	24						
60 to 64	2	6	8	20						
65 to 69		3	7	4						
70 & up		1	2	1						

Plan Name:	G.I. Associates, LLC Defined Benefit Pension Plan and Trust	Sponsor EIN:	39-1994360
Plan Number:	101	Plan Year:	01/01/2025 - 12/31/2025

Schedule SB, Part V - Schedule of Actuarial Assumptions and Methods

Minimum Required Contribution (IRC 430)

Cost Method	IRC 430 Mandated (ARPA Shortfall = Yes)
Segment Rate Lookback Months	4
Asset Valuation Method	Fair market value
Expense Load	\$82558

	<u>Pre-Retirement</u>	<u>Post Retirement</u>
Interest Rates		
Segment 1	5.07%	5.07%
Segment 2	5.31%	5.31%
Segment 3	5.50%	5.50%
Mortality	None	IRC 430(h)(3)(a) (projected RP-2014) Separate male/female
Future Interest Crediting Rate	5.00%	
Salary Scale		
Male	0.00%	
Female	0.00%	
Probability of Lump Sum	100.00%	
Turnover	None	

GI Associates LLC Defined Benefit Pension Plan and Trust
EIN / PN: 39-1994360 / 101

Schedule H, Line 4j - Schedule of Reportable Transactions

(a) Identity or Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Individual Transactions								
TD Bank NA - Acct 7489	Cash	1,157,188	0	0	0	1,157,188	1,157,188	0
TD Bank NA - Acct 7489	Cash	1,300,000	0	0	0	1,300,000	1,300,000	0
TD Bank NA - Acct 7489	Cash	950,263	0	0	0	950,263	950,263	0
TD Bank NA - Acct 7489	Cash	0	1,154,135	0	0	1,154,135	1,154,135	0
Category (iii) - Series of Transactions								
Premier Business Checking Account - Acct 4244	Cash	917,389	0	0	0	917,389	917,389	0
Premier Business Checking Account - Acct 4244	Cash	0	590,005	0	0	590,005	590,005	0
TD Bank NA - Acct 7489	Cash	7,529,483	0	0	0	7,529,483	7,529,483	0
TD Bank NA - Acct 7489	Cash	0	6,027,591	0	0	6,027,591	6,027,591	0

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan G.I. Associates, LLC Defined Benefit Pension Plan and Trust	B Three-digit plan number (PN) ▶ 101
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF G.I. Associates, LLC	D Employer Identification Number (EIN) 39-1994360
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2025	
2 Assets:	
a Market value	2a 18,784,659
b Actuarial value	2b 18,784,659
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 0 (2) Vested Funding Target 0 (3) Total Funding Target 0
b For terminated vested participants	90 2,115,483 2,115,483
c For active participants	302 14,552,936 14,632,428
d Total	392 16,668,419 16,747,911
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.31%
6 Target normal cost	
a Present value of current plan year accruals	6a 1,774,870
b Expected plan-related expenses	6b 82,558
c Target normal cost	6c 1,857,428

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		7/21/2026
Sara K. DeFilippo		Date
Type or print name of actuary		2607318
Dunbar, Bender & Zapf, Inc.		Most recent enrollment number
Firm name		412-263-0102
400 Holiday Drive Suite 102 Pittsburgh PA 15220		Telephone number (including area code)
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2025
v. 250312

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	399,604
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	399,604
10	Interest on line 9 using prior year's actual return of <u>13.54</u> %	0	54,106
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		54,306
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.75</u> %		2,580
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		56,886
d	Portion of (c) to be added to prefunding balance		50,000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	503,710

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage.....	14	109.15 %
15	Adjusted funding target attainment percentage.....	15	112.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
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18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/12/2026	899,325	0					
05/19/2026	1,013,093	0					
			Totals ►	18(b)	1,912,418	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,788,922

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 5.07 % 2nd segment: 5.31 % 3rd segment: 5.50 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	63
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	1,857,428
b	Excess assets, if applicable, but not greater than line 31a	31b	1,533,038
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 style="text-align: right;">324,390
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance
	0	0	0
36	Additional cash requirement (line 34 minus line 35).....		36 style="text-align: right;">324,390
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 style="text-align: right;">1,788,922
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a style="text-align: right;">1,464,532
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b style="text-align: right;">0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 style="text-align: right;">0
40	Unpaid minimum required contributions for all years		40 style="text-align: right;">0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021		

Plan Name:	G.I. Associates, LLC Defined Benefit Pension Plan and Trust	Sponsor EIN:	39-1994360
Plan Number:	101	Plan Year:	01/01/2025 - 12/31/2025

Schedule SB, line 19 - Discounted Employer Contributions

Date	Deposit Amount	IRC 430 Year	Effective Rate	Quarterly Penalty Rate	Effective Interest	Late Quarterly Penalty Interest	Applied to IRC 430 Minimum
05/19/2026	\$1,013,093	2025	5.31%	10.31%	(69,718)	0	\$943,375
03/12/2026	899,325	2025	5.31%	10.31%	(53,778)	0	845,547
Totals	\$1,912,418						\$1,788,922

Plan Name: G.I. Associates, LLC Defined Benefit Pension Plan and Trust

Sponsor EIN: 39-1994360

Plan Number: 101

Plan Year: 01/01/2025 - 12/31/2025

Schedule SB, line 22 - Description of Weighted Average Retirement Age

The age reported is the weighted average of the Normal Retirement Ages for all active employees as of the valuation date, rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's Normal Retirement Age. Each participant's rate of retirement is assumed to be 100% at his or her assumed retirement age.

Age	Retirement Probability	Weight
62	100%	84.11
63	100%	2.32
64	100%	2.98
65	100%	2.98
66	100%	1.32
67	100%	1.66
68	100%	0.99
69	100%	1.66
71	100%	0.66
73	100%	0.33
74	100%	0.33
76	100%	0.33
77	100%	0.33

Weighted Retirement Age is 62.71

GI Associates LLC Defined Benefit Pension Plan and Trust
EIN / PN: 39-1994360 / 101

Schedule H, Line 4i - Schedule of Assets Acquired and Disposed of Within Year

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Salesforce Inc	Corporate Stocks	268,057	222,438

Plan Name:	G.I. Associates, LLC Defined Benefit Pension Plan and Trust	Sponsor EIN:	39-1994360
Plan Number:	101	Plan Year:	01/01/2025 - 12/31/2025

Schedule SB, Part V - Summary of Plan Provisions

Effective Date	01/01/2011
Plan Year End	12/31
Eligible Employees	All employees (excluding CBA (union employees), leased employees, non-resident aliens, self-employed employees, Janis Kengis, M.D., and Tatyana Taranukha, M.D.)
Eligibility Requirements	
Minimum Age	21
Minimum Service	1 year(s)
Entry Dates	First day of each plan quarter (coincident with or next following)
Benefit Formula	Cash balance

Class/Named Participant	Amount/Percentage
I. Aaron Baltz, M.D., David Carron, M.D., Nalini Guda, M.D., Lyndon Hernandez, M.D., Joseph P. Kim, M.D., Helen Lantz, M.D., Ricardo Li, M.D., Steven Lipscomb, M.D., Alan Mayer, M.D., Brian Moloney, M.D., Maria Rivera, M.D., Rajesh Santharam, M.D., and David Staff, M.D.	I. 21.00% of compensation
II. Aravind Vijayapal, M.D.	II. 16.30% of compensation
III. William J. Blosky, M.D., Nicole Griglione, M.D., Syed M. Hussain, M.D., Nathaniel Jest, M.D., James Kwiatt, M.D., Jacob C. Laine, M.D., Julia A. Leo, M.D., Jamal Qureshi, M.D., Erica Samuel, M.D., Alexander Ulitsky, M.D., Mario J. Velez, M.D., and Anas Raed, M.D.	III. 16.00% of compensation
IV. Julie Jackson	IV. 14.25% of compensation
V. Asad Jehangir, M.D., Michael Schmalz, M.D., Matthew Mohorek, M.D., Elizabeth Sprague, M.D., Adam Van Huis, M.D., and Chetan Mittal, M.D.	V. 6.1225% of compensation or \$15,000, whichever is less
VI. All other participants not described in I - V above.	VI. 2.00% of compensation

Interest Credit Rate (current year)	5.00%
Normal Retirement	
Age	62
Service	5 Anniversaries of participation
Date	First day of calendar month coincident or next following NRA
Early Retirement	N/A
Normal Benefit Form	Single life annuity
Actuarial Equivalence	
Interest Rates	Pre-Retirement 5.00% Post Retirement 5.50%
Mortality	None 2025 Applicable (IRC 417(e)(3))

GI Associates LLC Defined Benefit Pension Plan and Trust
EIN / PN: 39-1994360 / 101

Schedule H, Line 4i - Schedule of Assets Held At End of Year

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Charles Schwab TD Bank, NA	Cash	1,832,516	1,832,516
	Premier Business Checking Account - Acct 4244	Cash	377,409	377,409
	Abbvie 4.5% 05/5/2035	Corporate Debt Instruments	37,821	39,240
	Albemarle Corp 5.45% 12/01/2044	Corporate Debt Instruments	25,763	22,593
	Campbell Soup Co 4.8% 03/15/2048	Corporate Debt Instruments	23,337	21,623
	Cardinal Health Inc 4.9% 09/15/2045	Corporate Debt Instruments	38,525	36,023
	Conagra Brands Inc. 5.3% 11/01/2038	Corporate Debt Instruments	45,012	42,946
	CVS Health Corporation 5.125% 07/20/2045	Corporate Debt Instruments	40,643	36,174
	General Motors Company 5.4% 04/01/2048	Corporate Debt Instruments	26,302	22,655
	Goldman Sachs Capital II 5.793% 12/31/2199	Corporate Debt Instruments	24,644	20,625
	Goldman Sachs 5.75% 05/15/2036	Corporate Debt Instruments	31,841	31,831
	Goldman Sachs Group Inc 4.75% 08/15/2035	Corporate Debt Instruments	30,133	29,671
	Hewlett Packard Enterprise Co Sr Note 6.35% 10/15/2045	Corporate Debt Instruments	52,518	51,335
	International Paper Co. Sr 5.15% 5/15/2046	Corporate Debt Instruments	36,601	36,065
	Juniper Networks Inc 5.95% 03/15/2041	Corporate Debt Instruments	41,880	40,007
	KLA-Tencor Corp 5.65% 11/1/2034	Corporate Debt Instruments	39,425	43,043
	Kraft Foods Group Inc 5% 06/04/2042	Corporate Debt Instruments	84,817	77,633
	Kroger Co 5.4% 07/15/2040	Corporate Debt Instruments	46,877	44,794
	Leidos Holdings Inc 5.95% 12/01/40	Corporate Debt Instruments	51,505	51,345
	Marathon Pete Corp Senior Note 5.85% 12/15/2045	Corporate Debt Instruments	40,485	38,742
	Molson (Adolph) Coors Bevera 5% 05/01/2042	Corporate Debt Instruments	44,530	41,498
	Morgan Stanley Dean Witter 8.125% 04/29/2026	Corporate Debt Instruments	15,075	14,494
	Mosaic Co Senior Note 5.625% 11/15/2043	Corporate Debt Instruments	38,425	38,263
	Motorola Inc 5.5% 9/1/2044	Corporate Debt Instruments	39,461	38,977
	Oneok Inc 4.95% 07/13/2047	Corporate Debt Instruments	56,875	48,081
	Reynolds American Inc 5.7% 08/15/2035	Corporate Debt Instruments	39,975	41,763
	Schwab (Charles) Corp 4% 12/31/2199	Corporate Debt Instruments	51,794	51,287
	Unum Group Corp 5.75% 08/15/2042	Corporate Debt Instruments	26,414	24,709
	Valmont Inds Inc Sr Callable 5.25% 10/01/2054	Corporate Debt Instruments	42,563	41,818
	Verizon Communications Inc Sr Med 5% 06/15/2048	Corporate Debt Instruments	42,540	35,327
	Westlake Chemical Corp Sr Nt 5% 08/15/2046	Corporate Debt Instruments	37,193	34,068
	Whirlpool Corp 5.15% 03/01/2043	Corporate Debt Instruments	45,278	36,176
	Abbott Labs	Corporate Stocks	190,108	192,445
	American Elec Pwr Inc	Corporate Stocks	160,287	227,276
	American Express Co	Corporate Stocks	151,327	252,306
	Apple Inc	Corporate Stocks	59,483	271,044
	Atmos Energy Corp	Corporate Stocks	133,341	225,630
	Bank of NY Mellon Co	Corporate Stocks	127,613	246,459
	Blackrock Health S	Corporate Stocks	104,897	98,712
	Broadcom Inc	Corporate Stocks	68,323	276,880
	Caterpillar Inc	Corporate Stocks	138,338	281,852
	Chevron Corporation	Corporate Stocks	168,366	191,275
	Chubb Limited	Corporate Stocks	156,678	225,663
	Coca-Cola Co	Corporate Stocks	192,749	213,016
	Cohen & Steers	Corporate Stocks	230,917	181,912
	Dell Technologies Inc	Corporate Stocks	169,251	130,538
	Deutsche Telekom AG	Corporate Stocks	124,954	179,556
	DNP Select Income Fund Inc	Corporate Stocks	101,724	94,905
	DTE Energy Co 5.25% 01/12/77	Corporate Stocks	66,587	63,420
	Duke Energy Holdings Corp 5.625 9/15/78	Corporate Stocks	105,550	103,837
	Eli Lilly and Company	Corporate Stocks	56,755	282,641
	Exxon Mobil Corporation	Corporate Stocks	122,089	218,537
	Fastenal Co	Corporate Stocks	83,707	199,286
	Ford Motor Co 6.2% 01/06/2059	Corporate Stocks	61,014	73,955
	GE Aerospace	Corporate Stocks	162,903	241,187
	General Dynamics Corp	Corporate Stocks	212,353	252,832
	Georgia Power Company PDF 5.0% 10/1/22	Corporate Stocks	102,724	91,392
	Goldman Sachs Group Inc	Corporate Stocks	116,430	258,426
	Home Depot Inc	Corporate Stocks	172,047	196,825
	Illinois Tool Works Inc	Corporate Stocks	127,426	192,114
	Johnson & Johnson	Corporate Stocks	179,213	290,972
	Jp Morgan Chase & Co	Corporate Stocks	119,853	253,265

GI Associates LLC Defined Benefit Pension Plan and Trust
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Schedule H, Line 4i - Schedule of Assets Held At End of Year

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	KLA-Tencor Corp	Corporate Stocks	28,524	279,468
	McKesson Corp	Corporate Stocks	133,330	238,704
	Meta Platforms Inc	Corporate Stocks	174,753	195,387
	Microsoft Corp	Corporate Stocks	47,359	200,702
	Morgan Stanley	Corporate Stocks	72,204	265,407
	Northrop Grumman Corp	Corporate Stocks	194,154	185,318
	Nuveen Muni High Income Opp Fu	Corporate Stocks	104,096	74,387
	Pepsico Inc	Corporate Stocks	211,616	215,711
	PNC Financial Services Group	Corporate Stocks	219,435	250,476
	Procter & Gamble Co	Corporate Stocks	128,085	169,536
	Qualcomm Inc	Corporate Stocks	176,510	227,668
	Royal Bank CDA Montreal Que	Corporate Stocks	138,122	305,348
	RTX Corp	Corporate Stocks	162,108	250,891
	Sanofi S A	Corporate Stocks	223,627	198,153
	Schwab (Charles) Corp 5.95%	Corporate Stocks	130,558	127,500
	Stifel Finl Corp 5.2% 10/15/47	Corporate Stocks	102,093	83,518
	Stryker Corp	Corporate Stocks	199,290	186,279
	T-Mobile US Inc	Corporate Stocks	158,829	180,706
	Taiwan Semiconductor M F	Corporate Stocks	210,837	266,512
	Tractor Supply Co	Corporate Stocks	100,713	201,240
	Union Pac Corp	Corporate Stocks	142,337	206,569
	Visa Inc	Corporate Stocks	140,050	206,217
	Walmart Inc	Corporate Stocks	95,851	237,860
	WEC Energy Group Inc	Corporate Stocks	157,120	207,967
	Wells Fargo & Co	Corporate Stocks	199,504	260,308
	Wells Fargo 5.625% Pfd	Corporate Stocks	130,016	123,879
	Ishares Iboxx Inv Cp ETF	Exchange Traded Funds	232,718	217,074
	Ishares Trust Pfd and Incm Sec ETF	Exchange Traded Funds	188,610	162,540
	Vanguard Inter Term Treas ETF	Exchange Traded Funds	196,257	188,899
	Vanguard Shrt Trm Corp Bd ETF	Exchange Traded Funds	198,535	202,753
	US Treasury Bill Due 04/02/26	Government Fund	490,665	495,556
	US Treasury Bill Due 04/16/26	Government Fund	1,830,165	1,880,624
	US Treasury Bill Due 08/06/26	Government Fund	923,609	930,477
	GNMA 7.5% Due 09/20/53	Government Fund	1,850	1,884
	GNMA 7.0% Due 06/20/53	Government Fund	4,815	4,704
	Atlanta GA 4.479% 01/01/2030	Other	28,641	30,122
	Baltimore Md Spl 5.625% 09/01/2033	Other	15,194	14,849
	California Mun Fin Auth Fed 2.519% 10/01/2035	Other	20,500	22,267
	Canby Minn 5.75% 12/1/2038	Other	10,165	10,002
	Cibolo Canyons Tex 5.375% 08/15/2032	Other	50,020	49,772
	Cleveland-Cuyahoga Cnty Ohio 6.25% 11/15/2045	Other	61,306	47,335
	Colorado Hsg & Fin Auth 5.359% 05/01/2031	Other	40,120	41,782
	Grand Canyon University 5.125% 10/01/2028	Other	55,735	54,662
	Grandview MO Indl Dev Auth 6.25% 5/1/2045	Other	20,437	17,669
	Hamilton Ohio Cmnty Auth Ppty 6.125% 12/01/2049	Other	41,855	38,929
	Maine Health & Higher Edl Facs 1.659% 07/01/2027	Other	25,854	29,078
	Massachusetts St Hsg Fin Agy 5.916% 12/01/2047	Other	41,147	40,153
	Massachusetts St Hsg Fin Agy 5.154% 06/01/2029	Other	55,014	56,963
	Massachusetts E 3.775% 07/01/2035	Other	28,339	28,220
	Monterey Cnty Calif Regl Fire 5.65% 09/01/2027	Other	55,474	56,545
	Montgomery Cnty Ind 5% 07/15/2042	Other	56,931	51,856
	New Jersey Economic Dev Auth R 4.097% 06/15/2037	Other	55,490	51,937
	Niagara N Y Area Dev Corp 4.233% 05/01/2049	Other	54,428	36,601
	Placentia Calif Pub Fing Auth 4.581% 06/01/2045	Other	27,141	22,635
	Public Fin Auth 5.024% 10/01/2028	Other	54,887	55,318
	Regional Transn Dist Colo Priv 4% 01/15/2041	Other	55,021	44,824
	Rhode Island Hsg & Mtg Fin Cor 5.351% 10/01/2030	Other	40,017	41,966
	Siskiyou Cnty Ca 6.1% 6/1/2037	Other	20,259	21,222
	South Jersey Port Corp 7.065% 01/01/2029	Other	31,296	26,166
	South Jersey Port Corp 7.065% 01/01/2029	Other	0	5,000
	University St Thomas Texas 5.173% 10/01/2040	Other	31,276	24,986
	Whamers North Carolina 8% 11/01/2028	Other	10,326	10,022