

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 single-employer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ 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 LINK ASSOCIATES EMPLOYER 403B RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 07/01/1998
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) LINK ASSOCIATES EMPLOYER 403(B) RETIREME 1452 29TH STREET WEST DES MOINES, IA 50266-1306
2b	Employer Identification Number (EIN) 42-0815363
2c	Plan Sponsor's telephone number 515-262-8888
2d	Business code (see instructions) 624310

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	LINDA DUNSHEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/16/2026	LINDA DUNSHEE
	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	5 407
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) 129 6a(2) 153 6b 6c 288 6d 441 6e 6f 441 6g(1) 407 6g(2) 441 6h
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:

2G 2L

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan	B Three-digit plan number (PN)	003
LINK ASSOCIATES EMPLOYER 403B RETIREMENT PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
LINK ASSOCIATES EMPLOYER 403(B) RETIREME	42-0815363	

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

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	53519	441	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
13716	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SHAWN MONAHAN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10795			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DAVID W. DYKSTRA
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2524			3

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

TEAM, CLIENT SUPPORT

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
329			3

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

KATHLEEN S. DENNIS

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36			3

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

PAMELA A. CORRICK

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

STEVEN C. VALLINE

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15			3

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	451968
5 Current value of plan's interest under this contract in separate accounts at year end	5	3226528

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	484923
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c Additions: (1) Contributions deposited during the year	7c(1)	23234	
	7c(2)		
	7c(3)	12677	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	35911
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d Total of balance and additions (add lines 7b and 7c(6))	7d	520834
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	63374	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	4155	
(4) Other (specify below)	7e(4)	1338	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	68867
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	451967
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 LINK ASSOCIATES EMPLOYER 403B RETIREMENT PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 LINK ASSOCIATES EMPLOYER 403(B) RETIREME	D Employer Identification Number (EIN) 42-0815363

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2935626	3226528
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	484923	451968
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	3420549	3678496

Liabilities

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

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	3420549	3678496
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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)	5343	
(B) Participants	2a(1)(B)	267139	
(C) Others (including rollovers)	2a(1)(C)	63420	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		335902
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	12677	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12677
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		430217
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		778796

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	513468	
(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)		513468
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)	7381	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7381
j Total expenses. Add all expense amounts in column (b) and enter total	2j		520849

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		257947
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: **DENMAN CPA LLP**

(2) EIN: **42-0794029**

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.)	☒	☐	66
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☒	

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

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

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

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

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

**Link Associates Employer 403(b) Retirement Plan
West Des Moines, Iowa**

FINANCIAL REPORT

December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

Plan Trustees
Link Associates Employer 403(b) Retirement Plan
West Des Moines, Iowa

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

We were engaged to perform audits of the accompanying financial statements of Link Associates Employer 403(b) Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Link Associates Employer 403(b) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of Link Associates Employer 403(b) Retirement Plan referred to in the first paragraph. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Link Associates Employer 403(b) Retirement Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 2 to the financial statements, Link Associates Employer 403(b) Retirement Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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 Link Associates Employer 403(b) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Link Associates Employer 403(b) Retirement Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Link Associates Employer 403(b) Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at the end of year as of December 31, 2025 and delinquent participant contributions 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.


Denman CPA LLP

West Des Moines, Iowa
July 28, 2026

Link Associates Employer 403(b) Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2025	2024
ASSETS		
Investments at fair value		
Registered investment companies	\$ 3,226,528	\$ 2,935,626
Insurance company general account	451,968	484,923
Total investments at fair value	<u>3,678,496</u>	<u>3,420,549</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,678,496</u></u>	<u><u>\$ 3,420,549</u></u>

See Notes to Financial Statements.

Link Associates Employer 403(b) Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31	
	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 430,217	\$ 298,547
Interest	12,677	12,432
Total investment income	<u>442,894</u>	<u>310,979</u>
Contributions		
Employer contributions	5,343	4,951
Participant contributions	267,139	247,634
Rollover contributions	63,420	—
Total contributions	<u>335,902</u>	<u>252,585</u>
Total additions	<u>778,796</u>	<u>563,564</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	513,468	391,036
Administrative expenses	7,381	7,780
Total deductions	<u>520,849</u>	<u>398,816</u>
NET INCREASE	257,947	164,748
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	<u>3,420,549</u>	<u>3,255,801</u>
Ending	<u>\$ 3,678,496</u>	<u>\$ 3,420,549</u>

See Notes to Financial Statements.

Link Associates Employer 403(b) Retirement Plan
NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF PLAN

The following description of Link Associates Employer 403(b) Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Link Associates (the Organization or Plan Sponsor). An employee becomes eligible for participation in the Plan on his/her first day of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may elect to contribute to the Plan a portion of their annual compensation, as defined in the Plan, up to the maximum limitations imposed by the IRS. Participants also have the option to contribute post-tax compensation through Roth contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Plan provides for discretionary employer contributions. In 2025 and 2024, the Plan Sponsor provided discretionary contributions equal to 2% of the participants' contribution.

Participant Accounts

Each participant's account is credited with the participant's contributions, employer's discretionary contributions, and Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions to shares of registered investment companies or funds held in the insurance company's general account. Participants may change their investment options at any time.

Vesting

Participants are immediately vested in their elective deferrals plus actual earnings. Vesting in the employer's contribution portion of their accounts plus actual earnings is based on years of continuous service. Participants are 100% vested in the employer contributions after six years of credited service.

Forfeitures

As of December 31, 2025 and 2024, the forfeiture account balance was \$515 and \$500, respectively. Forfeitures may be used to reduce future employer contributions.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant or beneficiary may elect distribution under one, or any combination, of the following methods:

- 1) by payment in a lump sum; or
- 2) by payment in installments over a fixed reasonable period of time, not exceeding the life expectancy of the participant, or the joint life and last survivor expectancy of the participant and his beneficiary.

**Link Associates Employer 403(b) Retirement Plan
NOTES TO FINANCIAL STATEMENTS**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting, except as noted below.

The Plan has excluded from investments in the accompanying statements of net assets available for benefits and supplemental schedules certain annuity and custodial accounts issued to current and former employees prior to July 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated 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 7 for discussion of fair value measurements.

The Plan has investments in The Variable Annuity Life Insurance Company (VALIC) general account. The interest rate credited to investments in the general account is based on a current rate, and is not dependent upon the length of time the assets are invested with VALIC. Requests for withdrawal can be made at any time and are processed on the day that they are received by VALIC, and are not dependent on the liquidation of securities in order to generate payment. The value of the general account investment reported by VALIC is the redeemable value of the fund, and there are no charges or other adjustments that would affect liquidity and investment value as the result of a withdrawal request.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in the shares of registered investment companies are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Organization. No such officer or employee receives compensation from the Plan. Certain other administrative expenses of the Plan, including third-party administrator fees and audit fees, are paid by the Organization.

**Link Associates Employer 403(b) Retirement Plan
NOTES TO FINANCIAL STATEMENTS**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Uncertain Tax Positions

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

Payment of Benefits

Benefits are recorded when paid. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid at December 31, 2025 and 2024.

NOTE 3 INFORMATION CERTIFIED BY THE CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian, The Variable Annuity Life Insurance Company, for the years ended December 31, 2025 and 2024 as follows:

	<u>2025</u>	<u>2024</u>
Registered investment companies	\$ 3,226,528	\$ 2,935,626
Insurance company general account	451,968	484,923
Net appreciation in fair value of investments	430,217	298,547
Interest	12,677	12,432

NOTE 4 PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan document to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 5 FEDERAL INCOME TAX STATUS

The Plan uses a prototype plan document sponsored by the Organization. Internal Revenue Service (IRS) Revenue Procedure 2013-22 was issued in April 2013, setting forth the procedures of the IRS for issuing opinion and advisory letters for pre-approved (that is, prototype) 403(b) plans. Applications for these letters were accepted by the IRS beginning June 28, 2013. As of the date of these financial statements, the prototype sponsor has not submitted an application for review. However, the Plan's management and the prototype sponsor believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Link Associates Employer 403(b) Retirement Plan
NOTES TO FINANCIAL STATEMENTS

NOTE 6 RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

NOTE 7 FAIR VALUE MEASUREMENTS

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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB Accounting Standards Codification (ASC) 820 are described as follows:

Level 1—Inputs to the valuation methodology are unadjusted quoted prices for identical assets 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, either directly or indirectly, such as:

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

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

Level 3—Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

Registered investment companies—Registered investment companies invest primarily in domestic and international long-term bonds, domestic and international stocks, or single mutual funds. The net asset value (NAV) is used as a practical expedient to determine fair value for these accounts and is based on the market value of its underlying investments which represents the NAV of the units held by the Plan at the end of the year. The NAV is not publicly quoted but is available to current investors when plan participants access their accounts via the custodian's website. Registered investment companies are deemed to have readily available fair values which are calculated on a daily basis and are actively traded within the Plan.

Insurance company general account—The Plan has investment contracts with VALIC. Deposits are invested in VALIC's general account to which interest is added at the contractual rate. Deposits into these contracts are guaranteed the contract rate of return. The investment contract is stated at fair value, determined to be amortized cost.

Link Associates Employer 403(b) Retirement Plan
NOTES TO FINANCIAL STATEMENTS

NOTE 7 FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level within the fair value hierarchy the Plan's investments at fair value as of December 31, 2025 and 2024. Classification within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

December 31, 2025	Investments at Fair Value			
	Fair value	Level 1	Level 2	Level 3
Insurance company general account	\$ 451,968	\$ —	\$ 451,968	\$ —
Registered investment companies	3,226,528	3,226,528	—	—
Total investments at fair value	<u>\$3,678,496</u>	<u>\$3,226,528</u>	<u>\$ 451,968</u>	<u>\$ —</u>

December 31, 2024	Investments at Fair Value			
	Fair value	Level 1	Level 2	Level 3
Insurance company general account	\$ 484,923	\$ —	\$ 484,923	\$ —
Registered investment companies	2,935,626	2,935,626	—	—
Total investments at fair value	<u>\$3,420,549</u>	<u>\$2,935,626</u>	<u>\$ 484,923</u>	<u>\$ —</u>

Transfers between Levels

For the years ended December 31, 2025 and 2024, there were no transfers between Levels 1, 2, or 3.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of accounts maintained by VALIC. VALIC is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

The Plan's trustees and administrator participate in the Plan.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 9 PROHIBITED TRANSACTIONS

During the years ended December 31, 2025 and 2024, participant deferrals of \$66 and \$-0-, respectively, were not deposited within the timeframe required by the United States Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. These late deposits resulted in approximately \$5 and \$-0-, respectively, of lost interest income.

NOTE 10 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 28, 2026, the date which the financial statements were available to be issued. There were no subsequent events which required accrual or disclosure.

SUPPLEMENTAL SCHEDULES

Link Associates Employer 403(b) Retirement Plan
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2025

Plan employer identification number: 42-0815363
Plan number: 003

<u>Year</u>	<u>Participant contributions transferred late to Plan</u>	<u>Check here if late participant loan repayments are included</u>	<u>Total that Constitutes Nonexempt Prohibited Transactions</u>			<u>Total fully corrected under VFCP and PTE 2002-51</u>
			<u>Contributions not corrected</u>	<u>Contributions corrected outside VFCP</u>	<u>Contributions pending correction in VFCP</u>	
2025	\$66		\$66	None	None	None

Participant contributions were transferred late to the Plan during the year ended December 31, 2025. Lost earnings of \$5 resulted from the 2025 untimely remittance.

Link Associates Employer 403(b) Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2025

Plan employer identification number: 42-0815363

Plan number: 003

(a)	(b) Identify of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost**	(e) Current value
*	The Variable Annuity Life Insurance Company	Fixed Account Plus		\$ 451,035
*	The Variable Annuity Life Insurance Company	Short Term Fixed Account		933
	Subtotal – Fixed account			<u>451,968</u>
*	The Variable Annuity Life Insurance Company	Aggressive Allocation Lifestyle		255,770
*	The Variable Annuity Life Insurance Company	Ariel Appreciation Fund		8,904
*	The Variable Annuity Life Insurance Company	Ariel Fund		8,899
*	The Variable Annuity Life Insurance Company	Core Bond Fund		135,749
*	The Variable Annuity Life Insurance Company	Dividend Value		4,604
*	The Variable Annuity Life Insurance Company	Emerging Economies		93,245
*	The Variable Annuity Life Insurance Company	International Value Fund		40,261
*	The Variable Annuity Life Insurance Company	Global Real Estate Fund		27,031
*	The Variable Annuity Life Insurance Company	Global Strategy		24,590
*	The Variable Annuity Life Insurance Company	Growth Fund		29,727
*	The Variable Annuity Life Insurance Company	High Yield Bond Fund		35,479
*	The Variable Annuity Life Insurance Company	Inflation Protected Fund		56,978
*	The Variable Annuity Life Insurance Company	International Growth Fund		1,088
*	The Variable Annuity Life Insurance Company	International Equities Index Fund		188,123
*	The Variable Annuity Life Insurance Company	International Government Bond		1,887
*	The Variable Annuity Life Insurance Company	International Opportunities		47,544
*	The Variable Annuity Life Insurance Company	Invesco Bal Risk Commodities Strategy R5		28,741
*	The Variable Annuity Life Insurance Company	Large Cap Core		20,216
*	The Variable Annuity Life Insurance Company	Mid Cap Index Fund		126,733
*	The Variable Annuity Life Insurance Company	Mid Cap Strategic Growth		63,191
*	The Variable Annuity Life Insurance Company	Mid Cap Value Fund		50,150
*	The Variable Annuity Life Insurance Company	Moderate Allocation Lifestyle		450,590
*	The Variable Annuity Life Insurance Company	NASDAQ-100(r) Index Fund		855
*	The Variable Annuity Life Insurance Company	Science and Technology Fund		42,053
*	The Variable Annuity Life Insurance Company	Small Cap Growth Fund		730
*	The Variable Annuity Life Insurance Company	Small Cap Index Fund		65,683
*	The Variable Annuity Life Insurance Company	Small Cap Value Fund		1,183
*	The Variable Annuity Life Insurance Company	Small Cap Special Value Fund		64
*	The Variable Annuity Life Insurance Company	US Socially Responsible Fund		78,210
*	The Variable Annuity Life Insurance Company	Stock Index Fund		183,614
*	The Variable Annuity Life Insurance Company	Systematic Core Fund		3,327
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2025		197
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2030		19,031
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2035		76,691
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2040		114,053
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2045		99,147
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2050		75,729
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2055		33,309
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2060		81,856

See Accompanying Independent Auditor's Report.

Link Associates Employer 403(b) Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (continued)
December 31, 2025

Plan employer identification number: 42-0815363

Plan number: 003

(a)	(b) Identify of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost**	(e) Current value
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Growth		22,507
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Moderate		7,321
*	The Variable Annuity Life Insurance Company	Vanguard Wellington Fund Inc		83,637
*	The Variable Annuity Life Insurance Company	Vanguard Windsor II		212,878
*	The Variable Annuity Life Insurance Company	Conservative Allocation Lifestyle		16,296
*	The Variable Annuity Life Insurance Company	AM Beacon Broadway Large Cap		10,491
*	The Variable Annuity Life Insurance Company	Government Securities Fund		4,245
*	The Variable Annuity Life Insurance Company	Government Money Market Fund		182,793
*	The Variable Annuity Life Insurance Company	International Socially Responsible Fund		32,049
*	The Variable Annuity Life Insurance Company	Systemic Growth Fund		39,597
*	The Variable Annuity Life Insurance Company	Systemic Value		6,867
*	The Variable Annuity Life Insurance Company	VC I Capital Appreciation		32,615
	Subtotal – Registered investment companies			<u>3,226,528</u>
				<u>\$3,678,496</u>

Above information was certified by The Variable Annuity Life Insurance Company.

*Indicates party-in-interest to the Plan.

**Cost information is omitted due to transactions being participant-directed.

Link Associates Employer 403(b) Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2025

Plan employer identification number: 42-0815363

Plan number: 003

(a)	(b) Identify of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost**	(e) Current value
*	The Variable Annuity Life Insurance Company	Fixed Account Plus		\$ 451,035
*	The Variable Annuity Life Insurance Company	Short Term Fixed Account		933
	Subtotal – Fixed account			<u>451,968</u>
*	The Variable Annuity Life Insurance Company	Aggressive Allocation Lifestyle		255,770
*	The Variable Annuity Life Insurance Company	Ariel Appreciation Fund		8,904
*	The Variable Annuity Life Insurance Company	Ariel Fund		8,899
*	The Variable Annuity Life Insurance Company	Core Bond Fund		135,749
*	The Variable Annuity Life Insurance Company	Dividend Value		4,604
*	The Variable Annuity Life Insurance Company	Emerging Economies		93,245
*	The Variable Annuity Life Insurance Company	International Value Fund		40,261
*	The Variable Annuity Life Insurance Company	Global Real Estate Fund		27,031
*	The Variable Annuity Life Insurance Company	Global Strategy		24,590
*	The Variable Annuity Life Insurance Company	Growth Fund		29,727
*	The Variable Annuity Life Insurance Company	High Yield Bond Fund		35,479
*	The Variable Annuity Life Insurance Company	Inflation Protected Fund		56,978
*	The Variable Annuity Life Insurance Company	International Growth Fund		1,088
*	The Variable Annuity Life Insurance Company	International Equities Index Fund		188,123
*	The Variable Annuity Life Insurance Company	International Government Bond		1,887
*	The Variable Annuity Life Insurance Company	International Opportunities		47,544
*	The Variable Annuity Life Insurance Company	Invesco Bal Risk Commodities Strategy R5		28,741
*	The Variable Annuity Life Insurance Company	Large Cap Core		20,216
*	The Variable Annuity Life Insurance Company	Mid Cap Index Fund		126,733
*	The Variable Annuity Life Insurance Company	Mid Cap Strategic Growth		63,191
*	The Variable Annuity Life Insurance Company	Mid Cap Value Fund		50,150
*	The Variable Annuity Life Insurance Company	Moderate Allocation Lifestyle		450,590
*	The Variable Annuity Life Insurance Company	NASDAQ-100(r) Index Fund		855
*	The Variable Annuity Life Insurance Company	Science and Technology Fund		42,053
*	The Variable Annuity Life Insurance Company	Small Cap Growth Fund		730
*	The Variable Annuity Life Insurance Company	Small Cap Index Fund		65,683
*	The Variable Annuity Life Insurance Company	Small Cap Value Fund		1,183
*	The Variable Annuity Life Insurance Company	Small Cap Special Value Fund		64
*	The Variable Annuity Life Insurance Company	US Socially Responsible Fund		78,210
*	The Variable Annuity Life Insurance Company	Stock Index Fund		183,614
*	The Variable Annuity Life Insurance Company	Systematic Core Fund		3,327
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2025		197
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2030		19,031
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2035		76,691
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2040		114,053
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2045		99,147
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2050		75,729
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2055		33,309
*	The Variable Annuity Life Insurance Company	T Rowe Price Retirement 2060		81,856

See Accompanying Independent Auditor's Report.

Link Associates Employer 403(b) Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (continued)
December 31, 2025

Plan employer identification number: 42-0815363

Plan number: 003

(a)	(b) Identify of issuer, borrower, lessor or similar party	(c) Description of investments	(d) Cost**	(e) Current value
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Growth		22,507
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Moderate		7,321
*	The Variable Annuity Life Insurance Company	Vanguard Wellington Fund Inc		83,637
*	The Variable Annuity Life Insurance Company	Vanguard Windsor II		212,878
*	The Variable Annuity Life Insurance Company	Conservative Allocation Lifestyle		16,296
*	The Variable Annuity Life Insurance Company	AM Beacon Broadway Large Cap		10,491
*	The Variable Annuity Life Insurance Company	Government Securities Fund		4,245
*	The Variable Annuity Life Insurance Company	Government Money Market Fund		182,793
*	The Variable Annuity Life Insurance Company	International Socially Responsible Fund		32,049
*	The Variable Annuity Life Insurance Company	Systemic Growth Fund		39,597
*	The Variable Annuity Life Insurance Company	Systemic Value		6,867
*	The Variable Annuity Life Insurance Company	VC I Capital Appreciation		32,615
	Subtotal – Registered investment companies			<u>3,226,528</u>
				<u>\$3,678,496</u>

Above information was certified by The Variable Annuity Life Insurance Company.

*Indicates party-in-interest to the Plan.

**Cost information is omitted due to transactions being participant-directed.

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.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 LINK ASSOCIATES EMPLOYER 403B RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 07/01/1998
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) LINK ASSOCIATES EMPLOYER 403(B) RETIREME 1452 29TH STREET WEST DES MOINES IA 50266-1306	2b Employer Identification Number (EIN) 42-0815363 2c Plan Sponsor's telephone number 515-262-8888 2d Business code (see instructions) 624310

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	<i>Linda Dunshee</i> Signature of plan administrator	9/16/26 Date	LINDA DUNSHEE Enter name of individual signing as plan administrator
SIGN HERE	<i>Linda Dunshee</i> Signature of employer/plan sponsor	9/16/26 Date	LINDA DUNSHEE Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE