

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan DYKEMA GOSSETT PLLC RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 03/28/1973
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) DYKEMA GOSSETT PLLC 777 WOODWARD AVENUE, HR, SUITE 400 DETROIT, MI 48226
2b	Employer Identification Number (EIN) 38-1446628
2c	Plan Sponsor's telephone number 313-568-6800
2d	Business code (see instructions) 541110

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.	09/22/2026	AYANNA CLINTON
	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	5 251
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) 51 6a(2) 48 6b 111 6c 74 6d 233 6e 18 6f 251 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I 3B 3H

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

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

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
--	---	--

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 DYKEMA GOSSETT PLLC RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DYKEMA GOSSETT PLLC	D Employer Identification Number (EIN) 38-1446628
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	68450812	
b	Actuarial value	2b	64318043	
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	112	62664535	62664535
b	For terminated vested participants	88	9857736	9857736
c	For active participants	51	7702036	7781863
d	Total	251	80224307	80304134
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	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	448000	
c	Target normal cost	6c	448000	

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 JAMES D. PINKERTON, FSA, EA Type or print name of actuary OCTOBER THREE CONSULTING LLC Firm name 233 S. WACKER DRIVE SUITE 8350 CHICAGO, IL 60606 Address of the firm	09/17/2026 Date 26-06373 Most recent enrollment number 312-878-2352 Telephone number (including area code)
--------------------------	---	--

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	6948
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	6948
10 Interest on line 9 using prior year's actual return of <u>9.81</u> %	0	682
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		128834
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>5.00</u> %		6442
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		135276
d Portion of (c) to be added to prefunding balance		0
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	7630

Part III Funding Percentages

14 Funding target attainment percentage	14	80.08 %
15 Adjusted funding target attainment percentage	15	84.79 %
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	87.85 %
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
01/07/2025	35000		06/06/2025	35000	
02/07/2025	35000		07/07/2025	35000	
03/07/2025	35000		07/15/2025	536000	
04/08/2025	35000		08/07/2025	35000	
04/15/2025	536000		09/05/2025	35000	
05/07/2025	35000		10/07/2025	35000	
Totals ▶			18(b)	5044191	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	4783472

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
0	0	0	0

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)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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 _____ %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	%
15 Adjusted funding target attainment percentage	15	%
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	%
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
10/15/2025	536000		07/15/2026	586690	
11/07/2025	35000		09/15/2026	886811	
12/05/2025	35000				
12/31/2025	420000				
01/14/2026	536000				
04/14/2026	586690				
Totals ►			18(b)		18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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** 448000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		15993721	1898760
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** 2346760

	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** 2346760**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 4783472**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 2436712**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 DYKEMA GOSSETT PLLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DYKEMA GOSSETT PLLC	D Employer Identification Number (EIN) 38-1446628	

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
SEI TRUST COMPANY
06-1271230
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

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

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

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

SEI INVESTMENTS MANAGEMENT CORP

04-2452803

(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?
19 21 25 27 28 33 49 50 51 52 68	NONE	290060	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

OCTOBER THREE CONSULTING LLC

27-1503891

(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 50	NONE	105930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN, PLLC

33-1498605

(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 50	NONE	28500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DYKEMA GOSSETT PLLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DYKEMA GOSSETT PLLC	D Employer Identification Number (EIN) 38-1446628	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:	SEI CORE PROPERTY COLLECTIVE INV TR
---	-------------------------------------

b Name of sponsor of entity listed in (a):	SEI TRUST COMPANY
--	-------------------

c EIN-PN 27-3224429-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3756326
-------------------------	-----------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	SEI GLBL PRIV ASSETS IV COLL INV TR
---	-------------------------------------

b Name of sponsor of entity listed in (a):	SEI TRUST COMPANY
--	-------------------

c EIN-PN 81-5067490-103	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3291887
-------------------------	-----------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	SEI GLBL PRIV ASSETS V COLL INV TR
---	------------------------------------

b Name of sponsor of entity listed in (a):	SEI TRUST COMPANY
--	-------------------

c EIN-PN 84-3069065-136	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4894963
-------------------------	-----------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

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

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 DYKEMA GOSSETT PLLC RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DYKEMA GOSSETT PLLC		D Employer Identification Number (EIN) 38-1446628

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)	383000	2596191
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	63526	128301
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	420000
(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)	14076136	11943176
(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)	53937902	61090449
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	68460564	76178117

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	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	68460564	76178117
--	-----------	----------	----------

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)	5044191	
(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)		5044191
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1711	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1711
(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)	1680773	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1680773
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8887892	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8825027	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		62865
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-299316	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-299316

		(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)		7742515
c Other income	2c		1170902
d Total income. Add all income amounts in column (b) and enter total	2d		15403641

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7055024	
(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)		7055024
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)	28500	
(5) Investment advisory and investment management fees	2i(5)	277814	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	105930	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	12246	
(11) Other expenses	2i(11)	206574	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		631064
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7686088

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7717553
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
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 584091.

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 DYKEMA GOSSETT PLLC RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DYKEMA GOSSETT PLLC		D Employer Identification Number (EIN) 38-1446628
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): 04-2452803		
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 0
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_____.

Dykema Gossett PLLC Retirement Plan

Modified Cash Basis Financial Report
December 31, 2025

Dykema Gossett PLLC Retirement Plan

Contents

Independent Auditor's Report	1-3
Statement of Net Assets Available for Benefits - Modified Cash Basis	4
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis	5
Notes to Modified Cash Basis Financial Statements	6-13
Schedule of Assets Held at End of Year - Modified Cash Basis	14
Schedule of Reportable Transactions - Modified Cash Basis	15

Independent Auditor's Report

To the Plan Administrator
Dykema Gossett PLLC Retirement Plan

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

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

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

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

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Basis of Accounting

We draw attention to Note 2 to the modified cash basis financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2 and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of modified cash basis financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing audits in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

Accordingly, the objective of the ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.

To the Plan Administrator
Dykema Gossett PLLC Retirement Plan

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year (modified cash basis) as of December 31, 2025 and reportable transactions (modified cash basis) for the year ended December 31, 2025 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules (modified cash basis), we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Plante & Moran, PLLC

Denver, Colorado
September 16, 2026

Dykema Gossett PLLC Retirement Plan

Statement of Net Assets Available for Benefits - Modified Cash Basis

		December 31, 2025 and 2024	
		2025	2024
Assets			
Investments at fair value:			
Money market fund	\$	420,000	\$ -
Mutual funds		61,090,449	53,937,902
Common/collective trust funds		11,943,176	14,076,136
Total investments at fair value		73,453,625	68,014,038
Accrued interest and dividends		128,301	63,526
Net Assets Available for Benefits		\$ 73,581,926	\$ 68,077,564

Dykema Gossett PLLC Retirement Plan

Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis

	Years Ended December 31, 2025 and 2024	
	2025	2024
Additions		
Employer contributions	\$ 2,831,000	\$ 2,721,290
Investment income:		
Interest, dividends, and other income	1,682,484	1,882,906
Net realized and unrealized gains on investments	8,676,966	5,341,214
Total investment income	10,359,450	7,224,120
Total additions	13,190,450	9,945,410
Deductions		
Benefits paid directly to participants or beneficiaries	7,055,024	7,816,497
Administrative expenses	631,064	755,488
Purchase of annuity contracts (Note 8)	-	22,019,097
Total deductions	7,686,088	30,591,082
Net Increase (Decrease)	5,504,362	(20,645,672)
Net Assets Available for Benefits		
Beginning of year	68,077,564	88,723,236
End of year	<u><u>\$ 73,581,926</u></u>	<u><u>\$ 68,077,564</u></u>

Dykema Gossett PLLC Retirement Plan

Notes to Modified Cash Basis Financial Statements

December 31, 2025 and 2024

Note 1 - Plan Description

The following description of Dykema Gossett PLLC Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering eligible employees and members of Dykema Gossett PLLC (the "Firm"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Vesting

All employees and members of the Firm are eligible to participate in the Plan upon attaining the age of 20 except for those listed below:

- A member who owns more than 10 percent of either the capital or profits of the Firm
- A member whose compensation from the Firm is fixed and is not based upon firm profits and who does not elect to participate in the Plan
- An associate attorney who was not offered regular employment with the Firm on or before July 1, 1990

Participants become fully vested upon attainment of age 65, upon completion of five years of service, or upon disability with three years of service. Effective December 31, 2006, the Plan is closed to new participants.

Pension Benefits

Participants may receive their vested benefits in the Plan upon normal retirement, early retirement, or delayed retirement. Disability retirement benefits and deferred vested benefits are also available under the Plan. Normal retirement commences on the first day of the month coincident with or following the later of age 65 or completion of five years of service. Effective March 31, 2007, plan benefits are frozen, and no additional benefits can be accumulated under the Plan.

For retiring participants, the normal annual retirement benefit is the greatest of the amounts computed under (1), (2), (3), (4), or (5).

(1) The sum of (a) and (b) below, multiplied by (c) below:

- (a) The participant's highest average annual compensation during any 5-consecutive-year period, but not exceeding the average Social Security taxable wage base during the most recent 35-year period, multiplied by a percentage ranging from 0.850 percent to 0.975 percent based on date of birth
- (b) 1.6 percent of the participant's highest average annual compensation during any 5-consecutive-year period in excess of the average Social Security taxable wage base during the most recent 35-year period
- (c) The participant's years of credited service, not to exceed 35 years

(2) The benefit computed under (1) above, but based only on years of credited service earned after December 31, 1988, plus the sum, for all years of participation from January 1, 1979 through December 31, 1988, of 1.25 percent of the participant's compensation not in excess of \$22,900 and 2.50 percent of the participant's compensation in excess of \$22,900, plus the participant's accrued benefit, if any, under the former employees' plan and/or the former members' plan

Notes to Modified Cash Basis Financial Statements

December 31, 2025 and 2024

Note 1 - Plan Description (Continued)

- (3) The participant's benefit under the former employees' plan and/or the former members' plan, plus the sum for all years of participation from January 1, 1979 through March 31, 1991 (December 31, 1988 for non-highly compensated participants) of 1.25 percent of the participant's compensation not in excess of \$22,900 and 2.50 percent of the participants' compensation in excess of \$22,900
- (4) The sum of (a) and (b) below:
 - (a) The larger of the benefit under (1) above at March 31, 1994 or the benefit computed under (2) above at March 31, 1994. However, for the purpose of this computation, the participants' highest average annual compensation during any 5-consecutive-year period shall be determined at December 31, 1993 and shall be limited, as defined in the plan agreement.
 - (b) The benefit computed under (1) above, based on years of credited service after March 31, 1994 (not in excess of 35 minus all years of past participation at March 31, 1994 under the Plan, the former employees' plan, and/or former members' plan)
- (5) A monthly benefit equal to \$75 multiplied by up to the first two years of a participant's service earned after April 1, 2004 (for nonmember, non-highly compensated participants only)

Contributions

All contributions to the Plan are made in actuarially determined amounts by the Firm. No participant contributions are permitted. It is the Firm's policy to contribute such amounts to the Plan to satisfy the minimum funding requirements of ERISA. Contributions (before reduction by available credits), as determined by the Plan's actuary, of \$2,346,760 and \$2,140,411 were required for the years ended December 31, 2025 and 2024, respectively, to meet the minimum funding requirements of ERISA. However, as the financial statements of the Plan have been prepared on the modified cash basis of accounting (see Note 2), contributions of \$2,831,000 and \$2,721,290 were made to the Plan and recorded during the years ended December 31, 2025 and 2024, respectively.

Payment of Benefits

Early retirement is permitted for a participant who has attained the age of 55 and who has completed at least five years of service. The participant's early retirement benefit is the normal retirement benefit reduced by a defined factor based on the number of months by which the early retirement date precedes the normal retirement date.

Delayed retirement is permitted for participants who retire after age 65. The participant's delayed retirement benefit is the normal retirement benefit computed on the delayed retirement date, actuarially increased to reflect the delay in payment.

Disability retirement is permitted for participants who have been determined by the Firm to be totally and permanently disabled. The participant's disability retirement benefit commences at the participant's normal retirement date and is the normal retirement benefit computed as if the participant had continued employment until the normal retirement date or March 31, 2007, if earlier.

Participants who have become vested and who terminate employment with the Firm prior to any retirement age are entitled to a deferred benefit upon reaching retirement age. Such deferred benefit is computed based on the normal or early retirement benefits depending on the age that benefits commence. In addition, survivor options are available.

The Plan provides for an involuntary cash-out of benefits for participants retired or terminated after October 17, 2014 if the present value of the participant's benefit is \$5,000 or less at the time of distribution.

Notes to Modified Cash Basis Financial Statements

December 31, 2025 and 2024

Note 1 - Plan Description (Continued)

Party-in-interest Transactions

Certain plan assets are in investment funds managed by SEI Private Trust Company (SEI) or its affiliates. SEI is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions but are not prohibited transactions under ERISA.

In addition, various administrative costs are paid by the Firm that also qualify as party-in-interest transactions.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America and is allowed by the Department of Labor's Rules and Regulations for reporting and Disclosure under ERISA. Under the modified cash basis of accounting used by the Plan, employer contributions and payments to retirees are recorded on the cash basis. Investments are recognized at fair value, and investment activity, including interest and dividends on investments, is recorded on the accrual basis.

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as 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 5 for further discussion of fair value measurements.

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

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses of \$5,886 and \$29,306 for the years ended December 31, 2025 and 2024, respectively, were paid by the Firm.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees or members have rendered. These include benefits expected to be paid to the following:

- (a) Retired or terminated employees/members or their beneficiaries
- (b) Beneficiaries of employees/members who have died
- (c) Present employees/members or their beneficiaries

Benefits are calculated based on the provisions outlined in Note 1.

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary from October Three LLC and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

Notes to Modified Cash Basis Financial Statements

December 31, 2025 and 2024

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2025 are summarized as follows:

Actuarial cost method	Unit credit cost method
ASC 960 discount rate	7.00 percent
Assumed retirement age	Graded assumption beginning at age 55 and ending at 65 for nonmembers and 68 for members
Mortality basis	RP-2014 Adjusted Mortality Table and Projection Scale MP-2021

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

Use of Estimates

The preparation of financial statements on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and that, due to the uncertainties inherent in setting assumptions, the effect of such changes could be material to the modified cash basis financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the modified cash basis financial statements.

Subsequent Events

The modified cash basis financial statements and related disclosures include evaluation of events up through and including September 16, 2026, which is the date the modified cash basis financial statements were available to be issued.

Note 3 - Certified Information

SEI Private Trust Company (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, supplemental schedule of assets held at end of year, and schedule of reportable transactions (reported on a modified cash basis of accounting) are based solely on information certified by the Trustee.

Dykema Gossett PLLC Retirement Plan

Notes to Modified Cash Basis Financial Statements

December 31, 2025 and 2024

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from October Three LLC. The calculation of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which was made as of January 1, 2025, the most recent actuarial valuation, is as follows:

Actuarial present value of accumulated plan benefits - Vested benefits:	
Participants currently receiving benefit payments	\$ 57,374,617
Other vested participants	14,985,204
Total actuarial present value of accumulated plan benefits	\$ 72,359,821

A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended January 1, 2025 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	\$ 92,818,121
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial losses	3,892,975
Interest	5,471,138
Benefits paid	(7,816,497)
Purchase of annuity contract	(22,005,916)
Net decrease	(20,458,300)
Actuarial present value of accumulated plan benefits - End of year	\$ 72,359,821

In 2024, the Plan purchased a group annuity contract. The above changes in actuarial present value of accumulated plan benefits for the year ended January 1, 2025 reflect the impact of the 2024 annuity contract purchase. See Note 8 for additional information.

Note 5 - Fair Value Measurements

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

Level 1

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

Level 2

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

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

Notes to Modified Cash Basis Financial Statements

December 31, 2025 and 2024

Note 5 - Fair Value Measurements (Continued)

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

The following valuation methodologies have been used to value the Plan's investments:

Mutual Funds

Mutual funds are valued at closing quoted prices reported in active markets.

Money Market Fund

The money market fund is valued at the outstanding balance, which is the best estimate of fair value.

Common/Collective Trust Funds

Common/collective trust funds are valued at net asset value per share (NAV) or its equivalent of the funds, which is based on the fair value of the funds' underlying assets.

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

Assets Measured at Fair Value on a Recurring Basis at December 31, 2025				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 420,000	\$ -	\$ 420,000	\$ -
Mutual funds	61,090,449	61,090,449	-	-
Total	61,510,449	<u>\$ 61,090,449</u>	<u>\$ 420,000</u>	<u>\$ -</u>
Investments measured at NAV - Common/collective trust funds	<u>11,943,176</u>			
Total investments at fair value	<u>\$ 73,453,625</u>			
Assets Measured at Fair Value on a Recurring Basis at December 31, 2024				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	\$ 53,937,902	\$ 53,937,902	\$ -	\$ -
Investments measured at NAV - Common/collective trust funds	<u>14,076,136</u>			
Total investments at fair value	<u>\$ 68,014,038</u>			

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in investment companies at year end where the fair value of the investment held is estimated based on net asset value per share (or its equivalent) of the investment company.

Dykema Gossett PLLC Retirement Plan

Notes to Modified Cash Basis Financial Statements

December 31, 2025 and 2024

Note 5 - Fair Value Measurements (Continued)

At year end, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	December 31, 2025	December 31, 2024			
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
SEI Core Property Collective Investment Trust (1)	\$ 3,756,326	\$ 6,027,410	\$ -	Quarterly	105 days
SEI Global Private Assets IV Collective Investment Trust (2)	4,894,963	5,508,298	1,159,418	Ineligible	N/A
SEI Global Private Assets V Collective Investment Trust (3)	3,291,887	2,540,428	972,687	Ineligible	N/A
Total	<u>\$ 11,943,176</u>	<u>\$ 14,076,136</u>	<u>\$ 2,132,105</u>		

- (1) The SEI Core Property Collective Investment Trust fully invests in the SEI Core Property limited partnership, which consists of a diversified strategy of property funds.
- (2) The SEI Global Private Assets IV Collective Investment Trust fully invests in the SEI Global Private Assets IV limited partnership, which consists of a diversified strategy of private equity funds.
- (3) The SEI Global Private Assets V Collective Investment Trust fully invests in the SEI Global Private Assets V limited partnership, which consists of a diversified strategy of private equity funds.

Note 6 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 7 - Plan Termination

Upon termination or partial termination of the Plan, the accrued benefits of all affected participants, as of the date of termination, become fully vested, to the extent such benefit is funded. The assets of the Plan shall be used to pay the accrued benefits in accordance with ERISA requirements, as indicated in the plan document, and any remaining assets after paying all accrued benefits would be returned to the Firm. Certain benefits may be insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency.

Note 8 - Annuity Contract Purchase

In April 2024, the Plan purchased a single premium group annuity contract from United of Omaha Life Insurance Company (United). Under the agreement, United assumed the obligation to pay future pension benefits, starting on June 1, 2024, for specified retirees and surviving beneficiaries who were receiving payments less than \$2,500 per month from the Plan at the time. The purchase price of the annuity contract was \$22,019,097 and is reported in the accompanying statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2024. The transaction did not change the amount of the monthly benefit received by affected retirees and surviving beneficiaries.

Dykema Gossett PLLC Retirement Plan

Notes to Modified Cash Basis Financial Statements

December 31, 2025 and 2024

Note 9 - Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	\$ 73,581,926	\$ 68,077,564
Contributions receivable	2,596,191	383,000
Net assets available for benefits per Form 5500	<u>\$ 76,178,117</u>	<u>\$ 68,460,564</u>

The following is a reconciliation of net increase (decrease) in net assets available for benefits per the financial statements for the years ended December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net increase (decrease) in net assets available for benefits per the financial statements	\$ 5,504,362	\$ (20,645,672)
Change in contributions receivable	2,213,191	(375,423)
Net increase (decrease) in net assets available for benefits per Form 5500	<u>\$ 7,717,553</u>	<u>\$ (21,021,095)</u>

Dykema Gossett PLLC Retirement Plan**Schedule of Assets Held at End of Year - Modified Cash Basis****Form 5500, Schedule H, Line 4i
EIN 38-1446628, Plan No. 001
December 31, 2025**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
SEI Private Trust Company	SEI World Equity Ex-US Fund	\$ 9,954,679	\$ 10,934,605
	SEI S&P 500 Index-A	11,759,060	13,734,815
	SEI Extended Market Index-A	3,832,860	4,303,713
	SEI High Yield Bond Fund	2,502,633	2,193,049
	Emerging Markets Debt Fund	2,245,721	2,199,198
	SEI Emerging Markets EQ-A	1,435,906	1,467,748
	SEI Long Duration Fund	26,522,195	26,257,321
	Common/collective trust funds:		
SEI Private Trust Company	SEI Core Property Collective Inv Tr	2,475,564	3,756,326
	SEI Global Private Assets V CIT	2,380,643	3,291,887
	SEI GPA IV CIT Private Equity Fund	1,760,791	4,894,963
SEI Private Trust Company	Money market fund - SEI Government Fund	420,000	420,000
	Total	\$ 65,290,052	\$ 73,453,625

Dykema Gossett PLLC Retirement Plan

Schedule of Reportable Transactions - Modified Cash Basis

Form 5500, Schedule H, Line 4j
EIN 38-1446628, Plan No. 001
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net (Loss) Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
SEI Private Trust Company	SEI Core Fixed Income Fund (SCOAX)	\$ -	\$ 13,395,921	\$ 14,649,363	\$ 13,395,921	\$ (1,253,442)
SEI Private Trust Company	SEI S&P 500 IDX-A (SPINX)	-	5,972,907	4,541,628	5,972,907	1,431,279
SEI Private Trust Company	SEI World Equity EX-US Fund (WEUSX)	-	4,168,458	3,407,013	4,168,458	761,445
SEI Private Trust Company	SEI Long Duration Fund (LDRAx)	25,689,189	-	25,689,189	25,689,189	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
SEI Private Trust Company	SEI Core Fixed Income Fund (SCOAX):					
	Purchases - 25	1,959,580	-	1,959,580	1,959,580	-
	Sales - 16	-	14,531,421	15,913,660	14,531,421	(1,382,239)
SEI Private Trust Company	SEI S&P 500 IDX-A (SPINX):					
	Purchases - 23	3,392,130	-	3,392,130	3,392,130	-
	Sales - 18	-	8,420,101	6,520,577	8,420,101	1,899,524
SEI Private Trust Company	SEI World Equity EX-US Fund (WEUSX):					
	Purchases - 12	2,187,459	-	2,187,459	2,187,459	-
	Sales - 29	-	6,783,869	5,756,909	6,783,869	1,026,960
SEI Private Trust Company	SEI Long Duration Fund (LDRAx):					
	Purchases - 4	26,626,840	-	26,626,840	26,626,840	-
	Sales - 2	-	104,290	104,644	104,290	(354)
SEI Private Trust Company	SEI Government Fund (SEOXX):					
	Purchases - 46	6,852,373	-	6,852,373	6,852,373	-
	Sales - 48	-	6,432,373	6,432,373	6,432,373	-

There were no Category (ii) or (iv) reportable transactions during the year.

Dykema Gossett PLLC Retirement Plan

EIN / PN 38-1446628 / 001

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

Attained age	Completed years of credited service as of January 1, 2025										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	1	1	-	-	-	-	-	-	-	-	2
45 to 49	-	2	2	-	-	-	-	-	-	-	4
50 to 54	-	5	7	2	-	-	-	-	-	-	14
55 to 59	-	6	3	4	-	-	-	-	-	-	13
60 to 64	-	2	3	1	5	3	-	-	-	-	14
65 to 69	-	-	1	-	1	-	1	-	-	-	3
70 & over	-	-	-	-	-	-	1	-	-	-	1
Total	1	16	16	7	6	3	2	-	-	-	51

Dykema Gossett PLLC Retirement Plan

EIN / PN 38-1446628 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the September immediately preceding the valuation year.

Economic Assumptions

	Funding Target		PBGC Funding Target
	with stabilization	without stabilization	
First segment rate (years 0 to 4):	5.07%	5.07%	5.07%
Second segment rate (years 5 to 19):	5.31%	5.33%	5.33%
Third segment rate (years 20 and after):	5.50%	5.36%	5.36%
Effective interest rate (current year):	5.32%	5.30%	N/A

Long-term rate of return on assets (2023): 7.00%

Long-term rate of return on assets (2024): 7.00%

ASC 960 discount rate (current year): 7.00%

The interest rates listed above are compounded annually.

Dykema Gossett PLLC Retirement Plan
EIN / PN 38-1446628 / 001
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Actuarial Assumptions and Methods

Demographic Assumptions

WEIGHTED AVERAGE RETIREMENT AGE

The retirement decrement assumption assumptions for active participants are described in Exhibit A. The weighted average retirement age rounded to the nearest whole age is 63, as summarized in Exhibit D. Deferred vested participants are assumed to retire at age 65.

RETIREMENT

The retirement decrement assumptions for active participants are described in Exhibit A.

WITHDRAWAL

The withdrawal decrement assumptions are summarized in Exhibit B.

DISABILITY

The disability decrement assumptions are summarized in Exhibit C.

MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2025 Static Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1. For ASC 960, the mortality follows the RP-2014 Mortality Table with Projection Scale MP-2021.

MARITAL STATUS

80% of employees are assumed to be married; husbands are assumed to be three years older than wives.

DECREMENT TIMING

Decrements are assumed to occur as of the beginning of the year.

Other Assumptions

FORM OF PAYMENT

All participants are assumed to elect a single life annuity.

MAXIMUM EARNINGS

Not applicable (all benefits were frozen as of March 31, 2007).

MAXIMUM BENEFIT

The maximum benefit payable under IRC section 415 is \$280,000 for 2025.

Dykema Gossett PLLC Retirement Plan

EIN / PN 38-1446628 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

EXPENSES

Assumed expenses are \$448,000 for 2025. The assumed expenses are based on actual expenses paid in the prior plan year, rounded to the nearest thousand. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

Changes from Prior Year and Rationale for Changes

None.

Actuarial Methods

VALUATION DATE

The valuation date is January 1, 2025.

ACTUARIAL VALUE OF ASSETS

The actuarial value of assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The actuarial value of assets must be within 10% of the market value of assets.

MINIMUM FUNDING METHOD

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

ASC 960 COST METHOD

The method used to calculate the ASC 960 present value of accumulated plan benefits is the traditional unit credit cost method. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The present value of the accrued benefit is calculated using the applicable ASC 960 assumptions.

Changes in Method from Prior Year and Rationale for Changes

None.

Dykema Gossett PLLC Retirement Plan

EIN / PN 38-1446628 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Exhibit A - Retirement Rates

<u>Age</u>	<u>Partners</u>	<u>Non-Partners</u>
55	0.100	0.100
56 to 58	0.020	0.020
59 to 64	0.050	0.050
65	0.200	1.000
66 to 67	0.300	
68	1.000	

Exhibit B - Withdrawal Rates

<u>Age</u>	<u>Males</u>	<u>Females</u>
20 to 24	0.0744	0.1245
25 to 29	0.0493	0.0744
30 to 34	0.0341	0.0493
35 to 39	0.0237	0.0341
40 to 44	0.0131	0.0237
45 to 49	0.0067	0.0131
50 to 54	0.0000	0.0067
55 and over	0.0000	0.0000

Dykema Gossett PLLC Retirement Plan

EIN / PN 38-1446628 / 001

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

Exhibit C - Disability Rates

<u>Age</u>	<u>Males</u>	<u>Females</u>	<u>Age</u>	<u>Males</u>	<u>Females</u>
18	0.000572	0.000572	44	0.002428	0.002204
19	0.000572	0.000572	45	0.002644	0.002380
20	0.000572	0.000572	46	0.002864	0.002560
21	0.000572	0.000572	47	0.003080	0.002736
22	0.000572	0.000572	48	0.003504	0.003072
23	0.000608	0.000316	49	0.003924	0.003408
24	0.000644	0.000356	50	0.004348	0.003748
25	0.000684	0.000392	51	0.004768	0.004084
26	0.000720	0.000432	52	0.005192	0.004420
27	0.000756	0.000468	53	0.005972	0.004976
28	0.000800	0.000540	54	0.006748	0.005532
29	0.000840	0.000608	55	0.007528	0.006092
30	0.000884	0.000680	56	0.008304	0.006648
31	0.000924	0.000748	57	0.009084	0.007204
32	0.000968	0.000820	58	0.009684	0.007284
33	0.001048	0.000904	59	0.010280	0.007364
34	0.001124	0.000988	60	0.010880	0.007440
35	0.001204	0.001072	61	0.011476	0.007520
36	0.001280	0.001156	62	0.012076	0.007600
37	0.001360	0.001240	63	0.012680	0.007680
38	0.001488	0.001360	64	0.013280	0.007760
39	0.001612	0.001484	65	0.013880	0.007840
40	0.001740	0.001604	66	0.014480	0.007920
41	0.001864	0.001728	67	0.015080	0.008000
42	0.001992	0.001848	68	0.015680	0.008080
43	0.002208	0.002024	69	0.016280	0.008160
			70 and over	0.000000	0.000000

Dykema Gossett PLLC Retirement Plan

EIN / PN 38-1446628 / 001

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

Exhibit D - Weighted Average Retirement Age

The weighted average retirement age for partners and non-partners is computed below. The final weighted average retirement age, rounded to the nearest whole age, is 63 since the active population consists of 23 partners and 28 non-partners.

Weighted Average Retirement Age - Partners			
<u>Retirement</u>	<u>Fraction Expected to</u>	<u>Retirement</u>	<u>Weighted Average</u>
<u>Age, (a)</u>	<u>Defer Retirement, (b)</u>	<u>Rate, (c)</u>	<u>Retirement Age, (a)*(b)*(c)</u>
55	1.000	0.100	5.50
56	0.900	0.020	1.01
57	0.882	0.020	1.01
58	0.864	0.020	1.00
59	0.847	0.050	2.50
60	0.805	0.050	2.41
61	0.764	0.050	2.33
62	0.726	0.050	2.25
63	0.690	0.050	2.17
64	0.655	0.050	2.10
65	0.623	0.200	8.09
66	0.498	0.300	9.86
67	0.349	0.300	7.01
68	0.244	1.000	16.60
			63.85

Weighted Average Retirement Age - Non-Partners			
<u>Retirement</u>	<u>Fraction Expected to</u>	<u>Retirement</u>	<u>Weighted Average</u>
<u>Age, (a)</u>	<u>Defer Retirement, (b)</u>	<u>Rate, (c)</u>	<u>Retirement Age, (a)*(b)*(c)</u>
55	1.000	0.100	5.50
56	0.900	0.020	1.01
57	0.882	0.020	1.01
58	0.864	0.020	1.00
59	0.847	0.050	2.50
60	0.805	0.050	2.41
61	0.764	0.050	2.33
62	0.726	0.050	2.25
63	0.690	0.050	2.17
64	0.655	0.050	2.10
65	0.623	1.000	40.47
			62.76

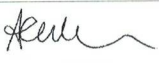
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan DYKEMA GOSSETT PLLC RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 03/28/1973
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) DYKEMA GOSSETT PLLC 777 Woodward Avenue, HR, Suite 400 DETROIT MI 48226	2b Employer Identification Number (EIN) 38-1446628 2c Plan Sponsor's telephone number 313-568-6800 2d Business code (see instructions) 541110

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		9/22/2026	Ayanna Clinton
	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

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

Form 5500 (2025)
v. 250312

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	5 251
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) 51 6a(2) 48 6b 111 6c 74 6d 233 6e 18 6f 251 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1I 3B 3H

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

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

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 _____
- (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 _____

Dykema Gossett PLLC Retirement Plan

Schedule of Reportable Transactions - Modified Cash Basis

Form 5500, Schedule H, Line 4j
 EIN 38-1446628, Plan No. 001
 Year Ended December 31, 2025

(a) Identity of Party Involved		(b) Description of Asset		(c) Purchase Price		(d) Selling Price		(g) Cost of Asset		(h) Current Value of Asset on Transaction Date		(i) Net (Loss) Gain	
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:													
SEI Private Trust Company	SEI Core Fixed Income Fund (SCOAX)	\$	-	\$	13,395,921	\$	14,649,363	\$	13,395,921	\$	(1,253,442)		
SEI Private Trust Company	SEI S&P 500 IDX-A (SPINX)		-		5,972,907		4,541,628		5,972,907		1,431,279		
SEI Private Trust Company	SEI World Equity EX-US Fund (WEUSX)		-		4,168,458		3,407,013		4,168,458		761,445		
SEI Private Trust Company	SEI Long Duration Fund (LDRAX)		25,689,189		-		25,689,189		25,689,189		-		
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:													
SEI Private Trust Company	SEI Core Fixed Income Fund (SCOAX): Purchases - 25 Sales - 16		1,959,580 -		- 14,531,421		1,959,580 15,913,660		1,959,580 14,531,421		- (1,382,239)		
SEI Private Trust Company	SEI S&P 500 IDX-A (SPINX): Purchases - 23 Sales - 18		3,392,130 -		- 8,420,101		3,392,130 6,520,577		3,392,130 8,420,101		- 1,899,524		
SEI Private Trust Company	SEI World Equity EX-US Fund (WEUSX): Purchases - 12 Sales - 29		2,187,459 -		- 6,783,869		2,187,459 5,756,909		2,187,459 6,783,869		- 1,026,960		
SEI Private Trust Company	SEI Long Duration Fund (LDRAX): Purchases - 4 Sales - 2		26,626,840 -		- 104,290		26,626,840 104,644		26,626,840 104,290		- (354)		
SEI Private Trust Company	SEI Government Fund (SEOXX): Purchases - 46 Sales - 48		6,852,373 -		- 6,432,373		6,852,373 6,432,373		6,852,373 6,432,373		- -		

There were no Category (ii) or (iv) reportable transactions during the year.

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
--	---	--

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 Dykema Gossett PLLC Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Dykema Gossett PLLC	D Employer Identification Number (EIN) 38-1446628
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	68,450,812	
b	Actuarial value	2b	64,318,043	
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	112	62,664,535	62,664,535
b	For terminated vested participants	88	9,857,736	9,857,736
c	For active participants	51	7,702,036	7,781,863
d	Total	251	80,224,307	80,304,134
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	5.32%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	448,000	
c	Target normal cost	6c	448,000	

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	James D. Pinkerton JDP Signature of actuary James D. Pinkerton, FSA, EA Type or print name of actuary October Three Consulting LLC Firm name 233 S. Wacker Drive Suite 8350 Chicago IL 60606 Address of the firm	09/17/2026 Date 2606373 Most recent enrollment number 312-878-2352 Telephone number (including area code)
--------------------------	--	---

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	6,948
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	6,948
10 Interest on line 9 using prior year's actual return of <u>9.81</u> %	0	682
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		128,834
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>5.00</u> %		6,442
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		135,276
d Portion of (c) to be added to prefunding balance		0
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	7,630

Part III Funding Percentages

14 Funding target attainment percentage	14	80.08 %
15 Adjusted funding target attainment percentage	15	84.79 %
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	87.85 %
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
01/07/2025	35,000		12/05/2025	35,000	
02/07/2025	35,000		12/31/2025	420,000	
03/07/2025	35,000		01/14/2026	536,000	
04/08/2025	35,000		04/14/2026	586,690	
04/15/2025	536,000		07/15/2026	586,690	
05/07/2025	35,000		09/15/2026	886,811	
06/06/2025	35,000				
07/07/2025	35,000				
07/15/2025	536,000				
08/07/2025	35,000				
09/05/2025	35,000				
10/07/2025	35,000				
10/15/2025	536,000				
11/07/2025	35,000				
Totals ►			18(b)	5,044,191	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	4,783,472

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
0	0	0	0

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	448,000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	15,993,721	1,898,760
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 2,346,760
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36 2,346,760
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 4,783,472
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 2,436,712
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		

Dykema Gossett PLLC Retirement Plan

EIN / PN 38-1446628 / 001

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

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The weighted average retirement age for partners and non-partners is computed below. The final weighted average retirement age, rounded to the nearest whole age, is 63 since the active population consists of 23 partners and 28 non-partners.

Weighted Average Retirement Age - Partners			
Retirement Age, (a)	Fraction Expected to		Weighted Average
	Defer Retirement, (b)	Retirement Rate, (c)	Retirement Age, (a)*(b)*(c)
55	1.000	0.100	5.50
56	0.900	0.020	1.01
57	0.882	0.020	1.01
58	0.864	0.020	1.00
59	0.847	0.050	2.50
60	0.805	0.050	2.41
61	0.764	0.050	2.33
62	0.726	0.050	2.25
63	0.690	0.050	2.17
64	0.655	0.050	2.10
65	0.623	0.200	8.09
66	0.498	0.300	9.86
67	0.349	0.300	7.01
68	0.244	1.000	16.60
			63.85

Weighted Average Retirement Age - Non-Partners			
Retirement Age, (a)	Fraction Expected to		Weighted Average
	Defer Retirement, (b)	Retirement Rate, (c)	Retirement Age, (a)*(b)*(c)
55	1.000	0.100	5.50
56	0.900	0.020	1.01
57	0.882	0.020	1.01
58	0.864	0.020	1.00
59	0.847	0.050	2.50
60	0.805	0.050	2.41
61	0.764	0.050	2.33
62	0.726	0.050	2.25
63	0.690	0.050	2.17
64	0.655	0.050	2.10
65	0.623	1.000	40.47
			62.76

Dykema Gossett PLLC Retirement Plan
EIN / PN 38-1446628 / 001
Schedule SB, Part V - Summary of Plan Provisions
Plan Provisions

EFFECTIVE DATE

The effective date of the Plan was March 28, 1973. The Plan was amended and restated effective January 1, 2014.

PLAN YEAR

January 1 to December 31.

ELIGIBILITY

All Members and Common-law Employees age 20 are eligible to participate in the Plan upon date of hire. Associate attorneys who were not offered regular employment by July 1, 1990 are not eligible to participate. Effective December 31, 2006, no individual shall become a new Participant in the Plan.

ACCRUED BENEFIT

A monthly benefit payable in the form of a lifetime annuity commencing on the Participant's Normal Retirement Date equal to 1/12 of the greater of:

- (1) 0.850% of Final Average Compensation not in excess of Covered Compensation multiplied by Credited Service up to 35 years, plus 1.6% of Final Average Compensation in excess of Covered Compensation, multiplied by Credited Service to a maximum of 35 years. For Participants with a Social Security retirement age of 66 or 67, the above 0.850% is replaced with 0.919% and 0.975%, respectively.
- (2) The formula described in (1) above, but using service after December 31, 1988 only (limited to 35 years minus service prior to December 31, 1988), plus the Participant's Pension under the Partners' Plan and/or the Employees' Plan, plus the benefit earned from January 1, 1979 through December 31, 1988 (based on the formula 1.25% of Compensation not in excess of \$22,900, plus 2.50% of Compensation in excess of \$22,900).
- (3) The Participant's Accrued Benefit at March 31, 1991 (based on the formula 1.25% of Compensation not in excess of \$22,900, plus 2.50% of Compensation in excess of \$22,900), plus the Participant's Pension under the Partners' Plan and/or the Employees' Plan.
- (4) The Accrued Benefit as of March 31, 1994 based on service earned through March 31, 1994, compensation earned through December 31, 1993, and the compensation limit in effect prior to the 1994 plan year, plus any further accruals based on participation service earned after March 31, 1994 and the new compensation limit of \$160,000 with service limited to 35 years minus service prior to March 31, 1994.
- (5) Effective December 31, 2004 (with respect to service earned after April 1, 2004), a Participant who is not a Highly Compensated Employee shall earn an Accrued Benefit of not less than \$75 times years of Credited Service for the first two years of Credited Service.

Effective March 31, 2007, Participants' Accrued Benefits were frozen.

Dykema Gossett PLLC Retirement Plan
EIN / PN 38-1446628 / 001
Schedule SB, Part V - Summary of Plan Provisions
Plan Provisions

VESTING SERVICE

An Employee receives one year of Vesting Service for each calendar year in which he is credited with at least 1000 Hours of Service with the Firm.

CREDITED SERVICE

An Employee receives one year of Credited Service for each calendar year in which he is credited with at least 1600 Hours of Service with the Firm. An Employee receives a partial year of Credited Service for each calendar year in which he is credited with 1000 to 1600 Hours of Service. In any calendar year in which an Employee returns to the Firm after a Break in Service, and in the calendar year in which an Employee retires, dies, becomes disabled, or terminates service with the Firm, a partial year of Credited Service will be granted even though the Employee has completed fewer than 1000 Hours of Service for the year. The partial year is determined by dividing 1600 into the Employee's actual Hours of Service and rounding up to the nearest 1/12th year. Effective March 31, 2007, years of Credited Service for purposes of determining a Participant's frozen Accrued Benefit shall be determined based only on the Participant's service as of March 31, 2007.

FINAL AVERAGE COMPENSATION

The highest average annual rate of pay from any five consecutive calendar year period. The Final Average Compensation for an Employee who is employed for fewer than five consecutive calendar years shall be determined over his actual period of employment, whether or not consecutive. For any calendar year in which an Employee is credited with a partial year of Credited Service, his Compensation shall be converted to a full time equivalent. Each year's earnings is limited to \$200,000 (as indexed per Code Section 401(a)(17)(B)). Compensation for all periods after March 31, 2007 shall not be taken into account.

ACTUARIAL EQUIVALENCE

An annual 6% rate of interest and the 1971 Group Annuity Mortality Table (male). For purposes of computing lump sum payments, the applicable interest rate and applicable mortality specified in Code Section 417(e)(3). The applicable interest rate shall be based on the adjusted segment rates for the November preceding the plan year during which a distribution is made.

NORMAL RETIREMENT

Eligibility

The later of the attainment of age 65 or, with respect to Participants who had not attained age 65 as of March 31, 2004, the fifth anniversary of the date the Participant commenced participation in the Plan.

Benefit

The Accrued Benefit payable at Normal Retirement Date.

Dykema Gossett PLLC Retirement Plan
EIN / PN 38-1446628 / 001
Schedule SB, Part V - Summary of Plan Provisions
Plan Provisions

EARLY RETIREMENT

Eligibility

Termination of employment after attaining age 55 with 5 Years of Service.

Benefit

The Accrued Benefit at Normal Retirement Date, reduced by the factors illustrated below.

<u>Years Prior to Normal Retirement Date</u>	<u>Early Retirement Factor</u>
1	0.93
2	0.87
3	0.80
4	0.73
5	0.67
6	0.63
7	0.60
8	0.57
9	0.53
10	0.50

DEFERRED VESTED RETIREMENT

Eligibility

Termination of employment after completing 5 Years of Vesting Service.

Benefit

The Accrued Benefit calculated at the date of termination and payable at Normal Retirement Date. If the benefit is commenced before age 65, but no earlier than age 55, the benefit is reduced using the factors illustrated in the Early Retirement section above.

DELAYED RETIREMENT

Eligibility

Termination of employment after attaining age 65.

Benefit

The Accrued Benefit at the Delayed Retirement Date is equal to the Accrued Benefit at Normal Retirement increased using the plan's actuarial equivalence assumptions.

Dykema Gossett PLLC Retirement Plan
EIN / PN 38-1446628 / 001
Schedule SB, Part V - Summary of Plan Provisions
Plan Provisions

DISABILITY RETIREMENT

Eligibility

Three Years of Service and Totally and Permanently disabled as determined by the Plan Administrator.

Benefit

The Accrued Benefit payable on the first day of the month after the month in which payments to the Participant under the Firm's long-term disability plan cease, but not later than Normal Retirement Date.

PRERETIREMENT DEATH BENEFIT

Eligibility

Spouse of a vested active or terminated Participant who was married to the deceased Employee for at least one year prior to his date of death.

Benefit

The amount of the benefit is equal to 50% of the vested portion of the Employee's Accrued Benefit, payable on the earlier of the first of the month following the date of the Employee's death or the date the Employee would have attained age 55. The benefit is reduced for the payment prior to age 65 and for the election of the joint annuitant option.

PAYMENT FORMS

The normal form of benefit is a life annuity. The automatic form of payment is the normal form (for single participants) or a 50% joint and survivor annuity (for married participants). Participants may also elect a one of the optional forms of annuity payment, with the proper spousal consent.

Dykema Gossett PLLC Retirement Plan**Schedule of Assets Held at End of Year - Modified Cash
Basis****Form 5500, Schedule H, Line 4i
EIN 38-1446628, Plan No. 001
December 31, 2025**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
SEI Private Trust Company	SEI World Equity Ex-US Fund	\$ 9,954,679	\$ 10,934,605
	SEI S&P 500 Index-A	11,759,060	13,734,815
	SEI Extended Market Index-A	3,832,860	4,303,713
	SEI High Yield Bond Fund	2,502,633	2,193,049
	Emerging Markets Debt Fund	2,245,721	2,199,198
	SEI Emerging Markets EQ-A	1,435,906	1,467,748
	SEI Long Duration Fund	26,522,195	26,257,321
	Common/collective trust funds:		
SEI Private Trust Company	SEI Core Property Collective Inv Tr	2,475,564	3,756,326
	SEI Global Private Assets V CIT	2,380,643	3,291,887
	SEI GPA IV CIT Private Equity Fund	1,760,791	4,894,963
SEI Private Trust Company	Money market fund - SEI Government Fund	420,000	420,000
	Total	\$ 65,290,052	\$ 73,453,625

Dykema Gossett PLLC Retirement Plan
 EIN / PN 38-1446628 / 001
 Schedule SB, Line 32 - Schedule of Amortization Bases

Development of Shortfall Amortization Charge January 1, 2025

1. Funding target				\$80,304,134
2. Adjusted plan assets				
a. Actuarial value of assets for minimum required contribution				\$64,318,043
b. Prefunding balance				<u>7,630</u>
c. Adjusted plan assets, (a) - (b), not less than zero				\$64,310,413
3. Funding shortfall: (1) - (2), not less than zero				\$15,993,721
4. Shortfall amortization base for 2025				
a. Exemption from shortfall amortization base				
i. Shortfall funding target, (1)				\$80,304,134
ii. Actuarial value of assets for minimum required contribution, less prefunding balance, if any portion of the balance is used to offset minimum required contribution				\$64,318,043
iii. Exemption from new shortfall amortization base? (Yes, if (ii) greater than or equal to (i))				No
b. Funding shortfall, (3), if (a)(iii) is no				\$15,993,721
c. Amount attributable to future installments				<u>11,732,173</u>
d. Total, (b) - (c)				\$4,261,548
5. Amortization charges *	Present Value of	Years	Amortization	
a. Shortfall amortization installments	<u>Future Installments</u>	<u>Remaining</u>	<u>Installments</u>	
i. 2020	\$16,400,713	10	\$2,042,342	
ii. 2021	(2,651,513)	11	(307,371)	
iii. 2022	(4,917,353)	12	(534,934)	
iv. 2023	3,542,824	13	364,116	
v. 2024	(642,498)	14	(62,742)	
vi. 2025	<u>4,261,548</u>	15	<u>397,349</u>	
vii. Total, not less than zero	\$15,993,721		\$1,898,760	
b. Waiver amortization installments	\$0	0	\$0	

* When the funding shortfall is zero, the shortfall and waiver amortization bases for all preceding years are reduced to zero.