# 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.)
- [X] 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:
- [X] 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
JOHNSON FINANCIAL GROUP, INC. RETIREE MEDICAL SAVINGS ACCOUNT PLAN

**1b** Three-digit plan number (PN) ▶ 508

**1c** Effective date of plan 01/01/2004

**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)
JOHNSON FINANCIAL GROUP, INC.

555 MAIN STREET SUITE 280
RACINE, WI 53403-4615

**2b** Employer Identification Number (EIN)
39-1629756

**2c** Plan Sponsor's telephone number
262-619-2682

**2d** Business code (see instructions)
522110

**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. | 10/06/2026 | WENDY BRUDNICKI |
| | **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 [X] 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

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1217 |
| **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 | **6a(1)** | 383 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 342 |
| **b** | Retired or separated participants receiving benefits | **6b** | 836 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1178 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

4A

**9a** Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
JOHNSON FINANCIAL GROUP, INC. RETIREE MEDICAL SAVINGS ACCOUNT PLAN

**B** Three-digit plan number (PN) ▶ 508

**C** Plan sponsor's name as shown on line 2a of Form 5500
JOHNSON FINANCIAL GROUP, INC.

**D** Employer Identification Number (EIN)
39-1629756

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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**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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 | RECORDKEEPER | 29356 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE 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
JOHNSON FINANCIAL GROUP, INC. RETIREE MEDICAL SAVINGS ACCOUNT PLAN

**B** Three-digit plan number (PN) ▶ 508

**C** Plan sponsor's name as shown on line 2a of Form 5500
JOHNSON FINANCIAL GROUP, INC.

**D** Employer Identification Number (EIN)
39-1629756

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 488702 | 492413 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 15780959 | 16765802 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 16269661 | 17258215 |
| **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 through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 16269661 | 17258215 |

## 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) | 277139 | |
| **(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) | | 277139 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| **(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) | 850314 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 850314 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 5872148 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 5817344 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 54804 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (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) | | 862783 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2045040 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1027130 | |
| (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) | | 1027130 |
| 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) | 29356 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 29356 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1056486 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 988554 |
| 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)** [X] 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)** [X] 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: WIPFLI LLP **(2)** EIN: 41-2899048

**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.) | **4a** | | X | |
| **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.) | **4b** | | X | |
| **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.) | **4c** | | X | |
| **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.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 15000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **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? | **4g** | | X | |
| **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? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **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.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **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. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

# Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

## Financial Statements and Supplemental Schedules

Including Independent Auditor's Report

As of December 31, 2025 and 2024

and for the Year Ended December 31, 2025

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# Independent Auditor's Report

To the Plan Administrator of Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

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

We have performed audits of the financial statements of Johnson Financial Group, Inc. Retiree Medical Savings Account Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Johnson Financial Group, Inc. Retiree Medical Savings Account 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 year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

"Wipfli" is the brand name under which Wipfli LLP and Wipfli Advisory LLC and its respective subsidiary entities provide professional services. Wipfli LLP and Wipfli Advisory LLC (and its respective subsidiary entities) practice in an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations, and professional standards. Wipfli LLP is a licensed independent CPA firm that provides attest services to its clients, and Wipfli Advisory LLC provides tax and business consulting services to its clients. Wipfli Advisory LLC and its subsidiary entities are not licensed CPA firms.

### *Opinion*

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by 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 Audit of the Financial Statements section of our report. We are required to be independent of Johnson Financial Group, Inc. Retiree Medical Savings Account Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### *Responsibilities of Management for the Financial Statements*

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Johnson Financial Group, Inc. Retiree Medical Savings Account Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

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***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Johnson Financial Group, Inc. Retiree Medical Savings Account 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 Johnson Financial Group, Inc. Retiree Medical Savings Account Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

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***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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, 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).

Wipfli LLP

Wipfli LLP
Milwaukee, Wisconsin

October 1, 2026

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Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| **Investments** | | |
| Investments at fair value | $ 17,258,215 | $ 16,269,661 |
| **Total assets** | 17,258,215 | 16,269,661 |
| **Net assets available for benefits** | $ 17,258,215 | $ 16,269,661 |

See accompanying notes to the financial statements.

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

| | 2025 |
|---|---|
| **Additions** | |
| **Investment income** | |
| Interest and dividends | $ 850,314 |
| Net appreciation in fair value of investments | 917,587 |
| **Total investment income** | 1,767,901 |
| **Contributions** | |
| Employer contributions | 277,139 |
| **Total additions** | 2,045,040 |
| **Deductions** | |
| Administrative expenses | 29,356 |
| Benefits paid to participants | 1,027,130 |
| **Total deductions** | 1,056,486 |
| **Net increase** | 988,554 |
| Net assets available for benefits | |
| Beginning of year | 16,269,661 |
| **End of year** | $ 17,258,215 |

See accompanying notes to the financial statements.

## 1. Description of Plan

The following description of the Johnson Financial Group, Inc. Retiree Medical Savings Account Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

*General*

Johnson Financial Group, Inc. and its affiliated companies (the Company or Employer) established the plan effective January 1, 2004. The Plan covers the employees of the Company. All part-time and full-time associates were eligible to participate immediately following employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent tax reform acts. The Plan's Governance Committee has overall responsibility for the operation and administration of the plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Governance Committee.

On August 17, 2023, the Board of Directors approved freezing of the Plan as of December 31, 2023. As a result, no new participants were permitted to enter the Plan and no additional contributions were made following the final payroll of 2023.

*Benefits*

Participants have an unlimited period of time to use their available funds following termination of employment. Examples of medical premiums include COBRA insurance, Medicare supplement, retiree medical or other coverage through their spouse's employer, individual health policy premiums or out-of-pocket health care expenses as defined by Section 213 (d) of the Internal Revenue Code (IRC). If a participant dies while actively employed with the Company, their surviving spouse (or if none, eligible tax dependents) may use their Retiree Medical Savings Account (RMSA), including matching contributions and related earnings, for RMSA allowed expenses. If no surviving spouse or eligible tax dependents exist, the account balance is forfeited to the RMSA trust.

*Contributions*

Prior to December 31, 2023, participants were permitted to contribute from 1% to 20% of eligible compensation, on an after-tax basis, up to $10,000 annually to the Plan. These contributions were invested in a diversified mix of investments as determined by the Benefit Plan Committee at the Company. The Company partially matched participant contributions, subject to certain limitations.

**1. Description of Plan (Continued)**

The Company's matching contributions were not funded in advance and are recorded as contribution revenue only when benefits are paid. The unfunded amounts as of December 31, 2025 and 2024 are $3,305,291 and $3,461,994, respectively.

Participant accounts continue to be credited with interest on the Company's matching contributions each quarter. The annual interest credit is based on the average 10-year U.S. Treasury rate from the preceding calendar year. The interest credit rate for the Plan year ended December 31, 2025 was 4.21%.

*Company Contribution Entitlement*

Participants became immediately entitled to their own contributions and the actual earnings thereon upon termination of employment. Eligibility for the Company’s matching contributions, along with the associated interest credits, is contingent upon the participant completing ten years of service, or upon termination due to disability or death. Participants who do not meet these criteria forfeit the Company’s matching contributions.

*Participant accounts*

Each participant's account included the participant's contributions made prior to December 31, 2023, along with an allocation of the Plan's investment earnings or losses. Participant accounts were also credited with the Company's matching contributions and related interest credits. Administrative expenses paid by the Plan were allocated to participant accounts based on account balances. The benefit to which a participant is entitled upon termination is the value of their account balance, including any Company matching contributions and associated earnings, if eligible.

*Forfeited accounts*

As of December 31, 2025 and 2024, forfeited nonvested accounts totaled $6,517 and $64, respectively. These forfeited amounts are proportionally allocated among all eligible participants. During 2025, no forfeited funds were distributed to eligible participant accounts.

**2. Summary of Accounting Policies**

*Basis of Accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

**2. Summary of Accounting Policies (Continued)**

*Use of Estimates*

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Payment of Benefits*

Benefits are recorded when funds are sent to an external bank account designated for participant payments, which generally aligns with the timing of disbursements to participants.

*Expenses*

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Fees related to the administration of benefit payments and recordkeeping are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

*Investment Valuation and Income Recognition*

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

*Subsequent Events*

Subsequent events were evaluated through October 1, 2026, the date the financial statements were available to be issued.

**3. Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation technique include:

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

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

Level 3 - Inputs to the valuation technique are unobservable and significant to the fair value measurement.

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

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

*Money market funds:* Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

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

**3. Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

| Assets at Fair Value as of December 31, 2025 | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 492,413 | $ - | $ - | $ 492,413 |
| Mutual funds | 16,765,802 | - | - | 16,765,802 |
| **Total investments at fair value** | $ 17,258,215 | $ - | $ - | $ 17,258,215 |

| Assets at Fair Value as of December 31, 2024 | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 488,702 | $ - | $ - | $ 488,702 |
| Mutual funds | 15,780,959 | - | - | 15,780,959 |
| **Total investments at fair value** | $ 16,269,661 | $ - | $ - | $ 16,269,661 |

**4. Information Certified by Custodian**

The Plan Administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan’s financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by Empower Trust Company, LLC, the Plan's Custodian and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity, including net appreciation, interest, and dividends reported in the accompanying Statement of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025.

**5. Related-Party and Party In Interest Transactions**

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

## 6. Plan Termination

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

## 7. Tax Status

The Plan obtained its latest determination letter on January 24, 2006, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC and was tax-exempt under the provisions of Section 501(c)(9) of the IRC as a Voluntary Employee Beneficiary Association. The Plan is required to operate in conformity with the IRC to maintain its qualification.

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

## 8. Risks and Uncertainties

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

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

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

EIN: 39-1629756 Plan Number: 508

As of December 31, 2025

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Vanguard Treasury Money Market Inv | Money Market Fund | $ 492,413 | $ 492,413 |
| | American Funds EuroPacific Gr | Mutual Fund | 1,201,774 | 1,411,378 |
| | Fidelity Total Bond K6 | Mutual Fund | 5,027,173 | 5,119,787 |
| | Baird Intermediate Bond Inst | Mutual Fund | 5,063,469 | 5,144,681 |
| | MassMutual Mid Cap Growth I | Mutual Fund | 372,364 | 313,652 |
| | MFS Mid Cap Value | Mutual Fund | 255,382 | 331,509 |
| | MFS New Discovery Value | Mutual Fund | 209,497 | 241,630 |
| | Principal Real Estate Securities Fd | Mutual Fund | 420,303 | 488,695 |
| | TRowe Integ US Sm-Cap Grwt Eqty I | Mutual Fund | 198,923 | 252,921 |
| | Vanguard Institutional Index Instl | Mutual Fund | 816,134 | 1,970,594 |
| | Vanguard Total Intl Stock Index Admiral | Mutual Fund | 1,015,759 | 1,490,955 |
| | Total Investment | | $ 15,073,191 | $ 17,258,215 |

This schedule has been derived from information certified as complete and accurate by Empower Trust Company, LLC, the Plan's Custodian.

See Independent Auditor's Report

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 39-1629756  Plan Number: 508

For the Year Ended December 31, 2025

| (a) | (b) Description of Asset | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expenses | (g) Cost | (h) Current value | (i) Net gain/(loss) |
|---|---|---|---|---|---|---|---|---|
| | See Attachment A | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

This schedule has been derived from information certified as complete and accurate by Empower Trust Company, LLC, the Plan's Custodian.

See Independent Auditor's Report

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



**Johnson Financial Group Retiree Medical Savings Account (RMSA)**

**01-JAN-25 to 31-DEC-25**

14-JAN-26 07:22:01

| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 3JFGPH | 18,796.07 | 0.000000 | 13 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 3VUSXX | 6,453.23 | 6,453.230000 | 13 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 4VUSXX | 0.48 | 0.480000 | 12 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 1DBLSX | 8,910.28 | 929.017527 | 1182 | (2,554,166.67) | (264,689.038290) | 2473 | (2,614,855.55) | SERIES |
| 1PFRSX | 13,248.61 | 466.370485 | 4646 | (23,662.53) | (835.603073) | 5438 | (19,446.85) | SERIES |
| 1RERGX | 176,854.91 | 2,976.687391 | 3488 | (59,801.26) | (999.492261) | 5438 | (50,051.18) | SERIES |
| 1VTIAX | 46,277.45 | 1,200.261588 | 4657 | (62,799.90) | (1,727.759672) | 5439 | (46,640.75) | SERIES |
| 1NDVVX | 24,282.36 | 1,429.543642 | 6827 | (11,096.50) | (630.876095) | 5437 | (8,842.01) | SERIES |
| 1TQAIX | 14,940.73 | 325.279484 | 1160 | (11,185.09) | (254.329999) | 5436 | (8,710.36) | SERIES |
| 1MEFZX | 53,239.10 | 3,163.728876 | 2314 | (14,434.63) | (758.758261) | 5437 | (15,370.95) | SERIES |
| 1MVCKX | 25,318.77 | 815.681046 | 3383 | (15,089.71) | (472.938518) | 5437 | (10,784.86) | SERIES |
| 1VINIX | 41,159.63 | 78.180350 | 9208 | (85,021.33) | (169.274385) | 5441 | (35,213.44) | SERIES |
| 1BIMIX | 5,262,062.51 | 506,298.353576 | 14005 | (200,362.21) | (19,112.687207) | 4158 | (198,593.69) | SERIES |
| 1FTKFX | 235,018.18 | 26,491.116752 | 17517 | (237,704.93) | (26,916.697027) | 5472 | (235,928.60) | SERIES |
| 1GILHX | 15,214.42 | 621.249073 | 2367 | (2,573,945.02) | (104,933.594885) | 2491 | (2,637,246.62) | SERIES |
| 1JFGPH | 2,147.27 | 0.000000 | 1 | (298,082.39) | 0.000000 | 368 | (298,082.39) | SERIES |
| 1VUSXX | 20,135.71 | 20,135.710000 | 16239 | (22,877.73) | (22,877.730000) | 5468 | (22,877.73) | SERIES |
| **5% TRANSACTIONS** | | | | | | | | |
| 1DBLSX | 0.00 | 0.000000 | 0 | (2,534,346.65) | (262,626.581946) | 1180 | (2,594,403.24) | 26-FEB-25 |
| 1BIMIX | 5,088,363.98 | 489,736.667961 | 2368 | 0.00 | 0.000000 | 0 | 0.00 | 26-FEB-25 |
| 1GILHX | 7,026.44 | 286.442751 | 1179 | (2,554,017.33) | (104,118.110018) | 1188 | (2,616,645.48) | 26-FEB-25 |

LEGEND

INVESTMENT OPTION:

| | | | |
|---|---|---|---|
| 3JFGPH | Johnson Financial Group | 3VUSXX | Vanguard Treasury Money Market Inv |
| 4VUSXX | Vanguard Treasury Money Market Inv | 1DBLSX | DoubleLine Low Duration Bond I |
| 1PFRSX | Principal Real Estate Securities Fd R-6 | 1RERGX | American Funds Eupac R6 |
| 1VTIAX | Vanguard Total Intl Stock Index Admiral | 1NDVVX | MFS New Discovery Value R6 |
| 1TQAIX | T. Rowe Price Integrated US Sm Gr Eq I | 1MEFZX | MassMutual Mid Cap Growth I |
| 1MVCKX | MFS Mid Cap Value R6 | 1VINIX | Vanguard Institutional Index Instl |
| 1BIMIX | Baird Intermediate Bond Inst | 1FTKFX | Fidelity Total Bond K6 |
| 1GILHX | Guggenheim Limited Duration Instl | 1JFGPH | Johnson Financial Group |
| 1VUSXX | Vanguard Treasury Money Market Inv | | |

See Independent Auditor's Report

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 39-1629756  Plan Number: 508

For the Year Ended December 31, 2025

| (a) | (b) Description of Asset | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expenses | (g) Cost | (h) Current value | (i) Net gain/(loss) |
|---|---|---|---|---|---|---|---|---|
| | See Attachment A | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

This schedule has been derived from information certified as complete and accurate by Empower Trust Company, LLC, the Plan's Custodian.

See Independent Auditor's Report

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



**Johnson Financial Group Retiree Medical Savings Account (RMSA)**

**01-JAN-25 to 31-DEC-25**

14-JAN-26 07:22:01

| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 3JFGPH | 18,796.07 | 0.000000 | 13 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 3VUSXX | 6,453.23 | 6,453.230000 | 13 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 4VUSXX | 0.48 | 0.480000 | 12 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 1DBLSX | 8,910.28 | 929.017527 | 1182 | (2,554,166.67) | (264,689.038290) | 2473 | (2,614,855.55) | SERIES |
| 1PFRSX | 13,248.61 | 466.370485 | 4646 | (23,662.53) | (835.603073) | 5438 | (19,446.85) | SERIES |
| 1RERGX | 176,854.91 | 2,976.687391 | 3488 | (59,801.26) | (999.492261) | 5438 | (50,051.18) | SERIES |
| 1VTIAX | 46,277.45 | 1,200.261588 | 4657 | (62,799.90) | (1,727.759672) | 5439 | (46,640.75) | SERIES |
| 1NDVVX | 24,282.36 | 1,429.543642 | 6827 | (11,096.50) | (630.876095) | 5437 | (8,842.01) | SERIES |
| 1TQAIX | 14,940.73 | 325.279484 | 1160 | (11,185.09) | (254.329999) | 5436 | (8,710.36) | SERIES |
| 1MEFZX | 53,239.10 | 3,163.728876 | 2314 | (14,434.63) | (758.758261) | 5437 | (15,370.95) | SERIES |
| 1MVCKX | 25,318.77 | 815.681046 | 3383 | (15,089.71) | (472.938518) | 5437 | (10,784.86) | SERIES |
| 1VINIX | 41,159.63 | 78.180350 | 9208 | (85,021.33) | (169.274385) | 5441 | (35,213.44) | SERIES |
| 1BIMIX | 5,262,062.51 | 506,298.353576 | 14005 | (200,362.21) | (19,112.687207) | 4158 | (198,593.69) | SERIES |
| 1FTKFX | 235,018.18 | 26,491.116752 | 17517 | (237,704.93) | (26,916.697027) | 5472 | (235,928.60) | SERIES |
| 1GILHX | 15,214.42 | 621.249073 | 2367 | (2,573,945.02) | (104,933.594885) | 2491 | (2,637,246.62) | SERIES |
| 1JFGPH | 2,147.27 | 0.000000 | 1 | (298,082.39) | 0.000000 | 368 | (298,082.39) | SERIES |
| 1VUSXX | 20,135.71 | 20,135.710000 | 16239 | (22,877.73) | (22,877.730000) | 5468 | (22,877.73) | SERIES |
| **5% TRANSACTIONS** | | | | | | | | |
| 1DBLSX | 0.00 | 0.000000 | 0 | (2,534,346.65) | (262,626.581946) | 1180 | (2,594,403.24) | 26-FEB-25 |
| 1BIMIX | 5,088,363.98 | 489,736.667961 | 2368 | 0.00 | 0.000000 | 0 | 0.00 | 26-FEB-25 |
| 1GILHX | 7,026.44 | 286.442751 | 1179 | (2,554,017.33) | (104,118.110018) | 1188 | (2,616,645.48) | 26-FEB-25 |

LEGEND

INVESTMENT OPTION:

| | | | |
|---|---|---|---|
| 3JFGPH | Johnson Financial Group | 3VUSXX | Vanguard Treasury Money Market Inv |
| 4VUSXX | Vanguard Treasury Money Market Inv | 1DBLSX | DoubleLine Low Duration Bond I |
| 1PFRSX | Principal Real Estate Securities Fd R-6 | 1RERGX | American Funds Eupac R6 |
| 1VTIAX | Vanguard Total Intl Stock Index Admiral | 1NDVVX | MFS New Discovery Value R6 |
| 1TQAIX | T. Rowe Price Integrated US Sm Gr Eq I | 1MEFZX | MassMutual Mid Cap Growth I |
| 1MVCKX | MFS Mid Cap Value R6 | 1VINIX | Vanguard Institutional Index Instl |
| 1BIMIX | Baird Intermediate Bond Inst | 1FTKFX | Fidelity Total Bond K6 |
| 1GILHX | Guggenheim Limited Duration Instl | 1JFGPH | Johnson Financial Group |
| 1VUSXX | Vanguard Treasury Money Market Inv | | |

See Independent Auditor's Report

Johnson Financial Group, Inc. Retiree Medical Savings Account Plan

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

EIN: 39-1629756 Plan Number: 508

As of December 31, 2025

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Vanguard Treasury Money Market Inv | Money Market Fund | $ 492,413 | $ 492,413 |
| | American Funds EuroPacific Gr | Mutual Fund | 1,201,774 | 1,411,378 |
| | Fidelity Total Bond K6 | Mutual Fund | 5,027,173 | 5,119,787 |
| | Baird Intermediate Bond Inst | Mutual Fund | 5,063,469 | 5,144,681 |
| | MassMutual Mid Cap Growth I | Mutual Fund | 372,364 | 313,652 |
| | MFS Mid Cap Value | Mutual Fund | 255,382 | 331,509 |
| | MFS New Discovery Value | Mutual Fund | 209,497 | 241,630 |
| | Principal Real Estate Securities Fd | Mutual Fund | 420,303 | 488,695 |
| | TRowe Integ US Sm-Cap Grwt Eqty I | Mutual Fund | 198,923 | 252,921 |
| | Vanguard Institutional Index Instl | Mutual Fund | 816,134 | 1,970,594 |
| | Vanguard Total Intl Stock Index Admiral | Mutual Fund | 1,015,759 | 1,490,955 |
| | Total Investment | | $ 15,073,191 | $ 17,258,215 |

This schedule has been derived from information certified as complete and accurate by Empower Trust Company, LLC, the Plan's Custodian.

See Independent Auditor's Report