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. . . . . ▶ [X]

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
MECHANICS LAUNDRY & SUPPLY, INC. TEAMSTERS EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 01/01/1977

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)
CINTAS CORPORATION F/K/A MECHANICS LAUNDRY & SUPPLY, INC.

6800 CINTAS BOULEVARD
MASON, OH 45040

2b Employer Identification Number (EIN) 31-1188630

2c Plan Sponsor's telephone number 513-459-1200

2d Business code (see instructions) 812330

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	JENNIFER MUELLER
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	312
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)**	123
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	122
b	Retired or separated participants receiving benefits	**6b**	86
c	Other retired or separated participants entitled to future benefits	**6c**	93
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	301
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	16
f	Total. Add lines **6d** and **6e**.	**6f**	317
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**	5
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:

1B 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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 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
MECHANICS LAUNDRY & SUPPLY, INC. TEAMSTERS EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CINTAS CORPORATION F/K/A MECHANICS LAUNDRY & SUPPLY, INC.

D Employer Identification Number (EIN)
31-1188630

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 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**	9053752
b Actuarial value	**2b**	8474210

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	100	3108367	3108367
b For terminated vested participants	89	1725317	1725317
c For active participants	123	1859195	2098212
d Total	312	6692879	6931896

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	123032
b Expected plan-related expenses	**6b**	100400
c Target normal cost	**6c**	223432

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 — Date: 10/06/2026

CARTER ANGELL FSA, EA
Type or print name of actuary

26-07855
Most recent enrollment number

OCTOBER THREE CONSULTING LLC
Firm name

312-878-2440
Telephone number (including area code)

ONE AMERICAN SQUARE, SUITE 2625
INDIANAPOLIS, IN 46282
Address of the firm

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

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)	922604	212967
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)	922604	212967
10	Interest on line 9 using prior year's actual return of 11.93 %	110067	25407
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.18 %		0
	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		0
	d Portion of (c) to be added to prefunding balance		
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)	1032671	238374

Part III Funding Percentages

14	Funding target attainment percentage	14	103.91 %
15	Adjusted funding target attainment percentage	15	122.24 %
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	119.93 %
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
			Totals ► 18(b)	0	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	0

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**	61

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**	223432
b Excess assets, if applicable, but not greater than line 31a	**31b**	223432

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
MECHANICS LAUNDRY & SUPPLY, INC. TEAMSTERS EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
CINTAS CORPORATION F/K/A MECHANICS LAUNDRY & SUPPLY, INC.

D Employer Identification Number (EIN)
31-1188630

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)

ERNST AND YOUNG

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	28000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIFTH THIRD BANK RETIREMENT SERVICE

38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45202-3102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	18380	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17781	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

OCTOBER THREE CONSULTING LLC

27-1175487

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	6111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
MECHANICS LAUNDRY & SUPPLY, INC. TEAMSTERS EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
CINTAS CORPORATION F/K/A MECHANICS LAUNDRY & SUPPLY, INC.

D Employer Identification Number (EIN)
31-1188630

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	176
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18524	106205
(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)	9035228	9692179
(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	9053752	9798561
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	9053752	9798561

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2874	
(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)		2874
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(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)		1186469
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1189343
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	324909	
(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)		324909
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)	28000	
(5) Investment advisory and investment management fees	2i(5)	17781	
(6) Bank or trust company trustee/custodial fees	2i(6)	18380	
(7) Actuarial fees	2i(7)	6111	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	33072	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		103344
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		428253
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		761090
l Transfers of assets:			
(1) To this plan	2l(1)		1
(2) From this plan	2l(2)		16282

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: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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		1000000
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**			
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)
CINTAS CORPORATION (G&K SERVICES) PENSION PLAN	31-1188630	020

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 580600.

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
MECHANICS LAUNDRY & SUPPLY, INC. TEAMSTERS EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
CINTAS CORPORATION F/K/A MECHANICS LAUNDRY & SUPPLY, INC.

D Employer Identification Number (EIN)
31-1188630

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): 31-1051736

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**

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_____.

Mechanics Laundry & Supply, Inc.
Teamsters Employees' Pension Plan

Financial Statements
and Supplemental Schedules

As of December 31, 2025 and 2024 and for the Years then Ended
with Report of Independent Auditors

Brixey & Meyer

YOUR SUCCESS IS OUR PASSION

Mechanics Laundry & Supply, Inc.
Teamsters Employees' Pension Plan

Financial Statements
and Supplemental Schedules

As of December 31, 2025 and 2024 and for the Years Then Ended

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YOUR SUCCESS IS OUR PASSION

Independent Auditor's Report

To the Plan Administrator
Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan

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

We have performed an audit of the financial statements of Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension 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 the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (the 2025 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2025 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- The amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying 2025 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 audit 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 2025 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 audit. 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 2025 Financial Statements

Management is responsible for the preparation and fair presentation of the 2025 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 2025 financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the 2025 financial statements are 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 2025 financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2025 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 2025 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 2025 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 2025 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2025 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025 and 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2025 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 2025 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 2025 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the

supplemental schedules that agrees to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental 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 Department of Labor'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 Department of Labor'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).

Other Matter – 2024 Financial Statements

Predecessor auditors performed an audit of the financial statements of the Plan as of December 31, 2024 and for the year then ended (the 2024 financial statements). In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated September 2, 2025, indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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). Their report also indicated that the form and content of the 2024 supplemental schedules, other than the information in the 2024 supplemental schedules that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 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).

Brixey & Meyer

Brixey & Meyer, Inc.
Miamisburg, Ohio
October 6, 2026

Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan
Statements of Net Assets Available For Benefits

	December 31, 2025	December 31, 2024
Assets		
Cash:		
Non-interest-bearing cash	$ 1	$ -
Total cash	1	-
Investments, at fair value:		
Mutual funds	9,692,179	9,035,228
Interest-bearing cash	106,205	18,435
Total investments, at fair value	9,798,384	9,053,663
Receivables:		
Accrued income	176	89
Total assets	9,798,561	9,053,752
Net assets available for benefits	$ 9,798,561	$ 9,053,752

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

Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan
Statements of Changes in Net Assets Available for Benefits

	For the Years Ended December 31, 2025	2024
Additions:		
Investment income:		
Interest and dividends	$ 252,283	$ 222,288
Net appreciation in fair value of investments	937,060	775,760
Total investment income	1,189,343	998,048
Total additions	1,189,343	998,048
Deductions:		
Benefit payments	324,909	293,510
Administrative expenses	103,344	100,385
Total deductions	428,253	393,895
Net increase	761,090	604,153
Other changes in plan assets:		
Transfers in to the plan	1	-
Transfers out of the plan	(16,282)	-
Net transfers out of the plan	(16,281)	-
Net assets available for benefits:		
Beginning of year	9,053,752	8,449,599
End of year	$ 9,798,561	$ 9,053,752

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

Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan
Notes to the Financial Statements
December 31, 2025 and 2024

Note A – Description of Plan

The following brief description of the Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan (the Plan) is provided for general information purposes. Participants should refer to the Summary Plan Description for a complete description of the Plan's provisions. Copies of the Summary Plan Description are available from October Three (the plan administrator).

General Information

The Plan is a defined benefit pension plan. Cintas Corporation (the Company) makes all current contributions to the Plan. The Company acquired Mechanics Laundry & Supply, Inc. on April 30, 1998. The Plan is offered for the benefit of employees who are members of the Teamsters Union (the Union). The trustee is Fifth Third Bank (the Trustee). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension Benefits

Eligible employees are entitled to monthly pension benefits beginning at normal retirement age (65). The standard benefit is payable for the participant's lifetime, with a guarantee that at least 60 monthly payments will be made, and is equal to $10 times the years of benefit service at normal retirement date. However, certain participants retiring at normal retirement date with 20 years of service will not receive less than $725 monthly. Participants may retire at age 55 with 10 years of service and receive a reduced benefit. Certain participants with at least 20 years of service may retire at age 57 and receive a benefit of $650 monthly or at age 60 and receive a benefit of $725 monthly.

The normal form of retirement benefit for married participants shall be an actuarially equivalent reduced monthly pension, which provides for a continuation of monthly payments to a surviving spouse at 50% of the pre-death amount. However, a participant may elect to receive the standard retirement benefit or various optional benefits in lieu of this form of annuity.

Eligibility and Vesting

An eligible employee becomes a participant in the Plan only if the employee is a non-supervisory, delivery, or service employee of the Company and if the employee is a member of the Union that has bargained for the Plan. Eligible employees become participants on their date of hire. Eligible employees are credited with one year of vesting service for each Plan year (January 1 through December 31) in which they are credited with at least 1,000 hours. Participants do not vest in the Plan until completion of five years of service. Upon completion of five years of service, employees become fully vested in the Plan.

Funding

The Company will voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to the Plan's participants. It is the intention of the Company to make annual contributions in amounts sufficient to fund the Plan's cost as required by ERISA and the Pension Protection Act (PPA). The Plan has met the ERISA and PPA minimum funding requirements as of December 31, 2025 and 2024.

Note A – Description of Plan (continued)

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan's provisions. Administrative expenses paid by the Plan include recordkeeping and trustee fees. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses of the Plan are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Note B – Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that effect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Investment Valuation and Income Recognition

Investments in money market funds (interest-bearing cash) and mutual funds are stated at fair value. The Investment Policy Committee determines the valuation policies utilizing information provided by the Plan's investment advisors and the Trustee. See Note D for discussion and disclosures related to fair value measurements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note E) are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services employees have rendered. Accumulated plan benefits include benefits expected to be paid to eligible (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on a formula that incorporates years of credited service, as defined by the Plan document. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Note C – Investments

Certain information related to investments disclosed in the financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and interest and dividends and net appreciation in fair value of investments for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

Note D - Fair Value Measurements

The Plan follows the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement* (ASC 820), which defines fair value 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 and establishes a framework for measuring fair value. ASC 820 defines a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

ASC 820 emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing an asset or liability. As a basis for considering market participant assumption in fair value measurements, and as noted above, ASC 820 defines a three-level fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity and the reporting entity's own assumptions about market participants.

The fair value hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

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

- *Level 2:* Inputs may include quoted prices for similar assets and liabilities in active markets, as well as inputs that are observable for the asset and liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves that are observable at commonly quoted intervals.

- *Level 3:* Inputs are unobservable inputs for the asset or liability, which is typically based on an entity's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

Note D - Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the investments of the Plan at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds:				
Fixed income funds	$ 3,278,542	$ -	$ -	$ 3,278,542
Index funds	4,050,736	-	-	4,050,736
International funds	1,889,295	-	-	1,889,295
Real estate fund	473,606	-	-	473,606
Interest-bearing cash	106,205	-	-	106,205
Total investments, at fair value	$ 9,798,384	$ -	$ -	$ 9,798,384

The following table sets forth by level, within the fair value hierarchy, the investments of the Plan at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds:				
Fixed income funds	$ 2,102,059	$ -	$ -	$ 2,102,059
Index funds	5,076,844	-	-	5,076,844
International funds	1,397,375	-	-	1,397,375
Real estate fund	458,950	-	-	458,950
Interest-bearing cash	18,435	-	-	18,435
Total investments, at fair value	$ 9,053,663	$ -	$ -	$ 9,053,663

The following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value:

- *Interest-bearing cash:* The fair value of this investment is based on the actual observable market quotation of the underlying money market funds and is priced daily at the close of business.

- *Mutual funds:* The fair value of these securities is based on unadjusted observable market quotations for the underlying funds and is priced on a daily basis at the close of business.

Note E – Actuarial Present Value of Accumulated Plan Benefits

October Three, an independent actuary, estimated the actuarial present value of accumulated plan benefits at December 31, 2024, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Note E – Actuarial Present Value of Accumulated Plan Benefits (continued)

The accumulated plan benefit information is determined by the Plan's actuary as of the beginning of the plan year. The actuarial present value of accumulated plan benefits as of the end of the previous plan year December 31, 2024, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	$ 2,911,781
Other participants	3,262,647
Total vested benefits	6,174,428
Nonvested benefits	208,648
Total actuarial present value of accumulated plan benefits	$ 6,383,076

The change in the actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits at beginning of the year – January 1, 2024	$ 6,247,925
Increase (decrease) during the year attributed to:	
Benefits accumulated	62,463
Interest	366,198
Benefits paid	(293,510)
Net increase	135,151
Actuarial present value of accumulated plan benefits at end of year, December 31, 2024	$ 6,383,076

Significant assumptions underlying the actuarial valuation are as follows:

Assumed rate of return on investment	6.0%
Retirement rate	25% assumed to retire at first age eligible for subsidized early retirement, 15% at second age eligible, 10% at third age eligible and age 62, 5% at all other ages, and 100% at age 65
Mortality basis	Pri-2012 with MP-2021 projection

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

The actuary estimated the accumulated plan benefits as of January 1, 2025. There were no significant changes to the Plan that would have changed the valuation had it been performed as of December 31, 2024.

Note F – Plan Termination

The Company and the Union anticipate that the Plan will continue without interruption but reserve the right to mutually agree to discontinue the Plan. If the Plan terminates at some future time, its net assets available for benefits will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at the time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Note G – Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated February 14, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan is qualified and the related trust is tax-exempt.

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

Note H – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Note I – Subsequent Events

In connection with the preparation of the Plan's financial statements for the year ended December 31, 2025, events and transactions subsequent to December 31, 2025 through October 6, 2026 have been evaluated by the plan administrator for possible adjustment and/or disclosure. No subsequent events requiring financial statement adjustment and/or disclosure have been identified.

Supplemental Schedules

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current value
Mutual funds:					
	Vanguard Total Bond Market Fund	145,739,580	shares	$ 1,382,625	$ 1,423,876
	Vanguard Inflation-Protected – AD Fund	20,619,069	shares	464,947	473,620
	Vanguard Long-Term Govt Bond Fund	48,948	shares	920,319	919,731
	Vanguard Intermediate Term Govt Bd Fund	22,781	shares	458,616	461,315
	Vanguard Real Estate Fund	3,777	shares	477,089	473,606
	Vanguard Total International Stock Fund	29,341	shares	936,272	1,189,171
	Vanguard Emerging Markets Stock Fund	15,694	shares	595,297	700,124
	Vanguard Value Index Fund	8,674	shares	573,723	646,324
	Vanguard Small Cap Index Fund	6,894	shares	794,121	851,975
	Vanguard 500 Index Fund	4,040	shares	2,194,554	2,552,437
	Total mutual funds			8,797,563	9,692,179
Interest-bearing cash:					
	Federated Prime Cash Obligations Fund	106,205	shares	106,205	106,205
	Total interest-bearing cash			106,205	106,205
Total				$ 8,903,768	$ 9,798,384

Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan **Plan: 008**
EIN: 31-1188630
For the year ended December 31, 2025

Schedule H, Line 4j - Schedule of Reportable Transactions

(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 gain (loss)
Category (i) - Any single transaction within the plan year in excess of 5% of the current value of the plan assets						
Vanguard Small Cap Value Index Adm	Mutual Funds	$ -	$ 556,730	$ 201,419	$ 565,683	$ 355,311
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	900,000	-	900,000	900,000	-
		$ 900,000	$ 556,730	$ 1,101,419	$ 1,465,683	$ 355,311
Category (iii) - Any transaction involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of plan assets						
Vanguard Small Cap Value Index Adm	Mutual Funds	$ -	$ 25,000	$ 8,936	$ 25,387	$ 16,064
Vanguard Small Cap Value Index Adm	Mutual Funds	3,524	-	3,524	3,524	-
Vanguard Small Cap Value Index Adm	Mutual Funds	2,601	-	2,601	2,601	-
Vanguard Small Cap Value Index Adm	Mutual Funds	-	556,730	201,419	565,683	355,311
Vanguard Small Cap Value Index Adm	Mutual Funds	-	2,788	2,601	2,642	187
		$ 6,125	$ 584,518	$ 219,081	$ 599,837	$ 371,562
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	$ 900,000	$ -	$ 900,000	$ 900,000	$ -
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,346	-	3,346	3,346	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,397	-	3,397	3,397	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,328	-	3,328	3,328	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,437	-	3,437	3,437	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,314	-	3,314	3,314	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,496	-	3,496	3,496	-
		$ 920,318	$ -	$ 920,318	$ 920,318	$ -
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	$ 450,000	$ -	$ 450,000	$ 450,000	$ -
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,444	-	1,444	1,444	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,453	-	1,453	1,453	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,386	-	1,386	1,386	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,442	-	1,442	1,442	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,410	-	1,410	1,410	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,481	-	1,481	1,481	-
		$ 458,616	$ -	$ 458,616	$ 458,616	$ -
Vanguard Value Index Admiral Shares	Mutual Funds	$ 5,997	$ -	$ 5,997	$ 5,997	$ -
Vanguard Value Index Admiral Shares	Mutual Funds	-	40,000	16,251	41,435	23,749
Vanguard Value Index Admiral Shares	Mutual Funds	5,501	-	5,501	5,501	-
Vanguard Value Index Admiral Shares	Mutual Funds	-	385,000	144,646	368,885	240,354
Vanguard Value Index Admiral Shares	Mutual Funds	-	20,000	7,358	18,495	12,642
Vanguard Value Index Admiral Shares	Mutual Funds	3,267	-	3,267	3,267	-
Vanguard Value Index Admiral Shares	Mutual Funds	-	25,000	8,901	22,186	16,099
Vanguard Value Index Admiral Shares	Mutual Funds	3,305	-	3,305	3,305	-
		$ 18,070	$ 470,000	$ 195,226	$ 469,071	$ 292,844
Federated Government Obligation Institutional Shares	Cash Equivalents	$ 98,735	$ -	$ 98,735	$ 98,735	$ -
Federated Government Obligation Institutional Shares	Cash Equivalents	-	26,024	26,024	26,024	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	30,160	30,160	30,160	-
Federated Government Obligation Institutional Shares	Cash Equivalents	86,768	-	86,768	86,768	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	28,078	28,078	28,078	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	64,711	64,711	64,711	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	14,544	14,544	14,544	-
Federated Government Obligation Institutional Shares	Cash Equivalents	129,203	-	129,203	129,203	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	66,182	66,182	66,182	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	28,411	28,411	28,411	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	29,275	29,275	29,275	-
Federated Government Obligation Institutional Shares	Cash Equivalents	60,449	-	60,449	60,449	-
		$ 375,155	$ 287,385	$ 662,540	$ 662,540	$ -

Schedule H, Line 4j - Schedule of Reportable Transactions (continued)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	**Description of asset**	**Purchase price**	**Selling price**	**Cost of asset**	**Current value of asset on transaction date**	**Net gain (loss)**
Category (iv) - Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets.						
Vanguard Total Intl Stk Index Admiral	Mutual Funds	$ -	$ 75,000	$ 51,087	$ 70,858	$ 23,913
Vanguard Total Bond Market Index Admiral Shares	Mutual Funds	-	30,000	32,227	29,387	(2,227)
Vanguard Small Cap Value Index Adm	Mutual Funds	-	25,000	8,936	25,387	16,064
Vanguard Small Cap Value Index Adm	Mutual Funds	-	556,730	201,419	565,683	355,311
Vanguard Small Cap Value Index Adm	Mutual Funds	-	2,788	2,601	2,642	187
Vanguard Inflation-Protected Admiral	Mutual Funds	-	315,000	338,376	305,376	(23,376)
Vanguard Emerging Markets Stock Index Admiral	Mutual Funds	150,000	-	150,000	150,000	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	900,000	-	900,000	900,000	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	450,000	-	450,000	450,000	-
Vanguard Value Index Admiral Shares	Mutual Funds	-	40,000	16,251	41,435	23,749
Vanguard Value Index Admiral Shares	Mutual Funds	-	385,000	144,646	368,885	240,354
Vanguard Value Index Admiral Shares	Mutual Funds	-	20,000	7,358	18,495	12,642
Vanguard Value Index Admiral Shares	Mutual Funds	-	25,000	8,901	22,186	16,099
Vanguard Small Cap Index Admiral Shares	Mutual Funds	-	25,000	7,289	25,221	17,711
Vanguard Small Cap Index Admiral Shares	Mutual Funds	-	235,000	69,479	238,159	165,521
Vanguard Small Cap Index Admiral Shares	Mutual Funds	-	35,000	9,775	33,170	25,225
Vanguard 500 Index Fund Admiral Shares	Mutual Funds	-	75,000	19,141	75,672	55,859
Vanguard 500 Index Fund Admiral Shares	Mutual Funds	-	100,000	23,283	90,307	76,717
Vanguard 500 Index Fund Admiral Shares	Mutual Funds	-	85,000	19,309	74,210	65,691
		$ 1,500,000	$ 2,029,518	$ 2,460,078	$ 3,487,073	$ 1,069,440

There were no reportable category (ii) transactions for the year ended December 31, 2025.
Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.

Brixey & Meyer

YOUR SUCCESS IS OUR PASSION

Schedule SB Line 26 - Schedule of Active Participant Data

Plan Name: Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan

EIN: 31-1188630 PN: 008

ANALYSIS OF EMPLOYEES BY AGE AND SERVICE AS OF JANUARY 1, 2025

YEARS OF CREDITED SERVICE

Attained Age	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 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	1		5		0		0		0		0		0		0		0		0	
25 to 29	1		8		2		0		0		0		0		0		0		0	
30 to 34	2		6		3		0		0		0		0		0		0		0	
35 to 39	1		7		6		5		0		0		0		0		0		0	
40 to 44	0		3		7		3		2		0		0		0		0		0	
45 to 49	1		3		10		4		0		1		0		0		0		0	
50 to 54	0		4		2		2		1		1		2		0		0		0	
55 to 59	0		5		4		1		1		4		3		1		0		0	
60 to 64	0		3		2		0		0		2		1		0		2		0	
65 to 69	0		0		0		0		0		0		0		0		0		0	
70 & up	0		0		0		1		0		0		0		0		0		0	

For any cell that has 20 or more participants, the average compensation (or frozen accrued benefits) is also shown.

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

Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan
EIN: 31-1188630
PN: 008
Plan Year: January 1, 2025 to December 31, 2025

ACTUARIAL ASSUMPTIONS

	PPA Funding (MAP-21/ARPA)	Maximum	FASB ASC
Segmented Interest Rates			
Segment 1 (0-5 years)	5.07%	5.07%	6.00%
Segment 2 (5-20 years)	5.31%	5.33%	6.00%
Segment 3 (20+ years)	5.50%	5.36%	6.00%
Applicable Month	September	September	N/A
Effective Interest Rate	5.38%	5.33%	6.00%
Rationale	For PPA Funding and determination of the Maximum Deductible contribution, the segment rates are set by statute, IRS rule, and employer election. The ASC 960 rate is a long term expected rate of return on plan assets.		
Mortality	2025 Optional Combined Table for Small Plans	2025 Optional Combined Table for Small Plans	Pri-2012 Amount-Weighted Mortality
Mortality Improvement	Mortality includes projection past valuation year of 15 years for non-annuitants and 7 years for annuitants.	Mortality includes projection past valuation year of 15 years for non-annuitants and 7 years for annuitants.	MP-2021 mortality improvement scale
Rationale	For PPA Funding and determination of the Maximum Deductible contribution, the mortality assumptions are set by statute, IRS rule, and employer election. For the ASC 960 calculations, the mortality assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.		

ACTUARIAL ASSUMPTIONS

- Continued -

	PPA Funding (MAP-21/ARPA)	Maximum	FASB ASC 960
Future Salary Increases	N/A	N/A	N/A
Rationale	Dollars times service plan		
Disability	None Assumed	None Assumed	None Assumed
Rationale	The possibility of future disability retirements is not considered material for this valuation and there is no specific disability provision in the plan.		
Termination	Sarason T-3	Sarason T-3	Sarason T-3
Rationale	The termination assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.		
Assumed Retirement Age (Active)			
	25% retirement at first eligibility age for subsidized early retirement, 15% at second eligibility age, 10% at third eligibility age, 5% at other eligibility ages except 10% at age 62 and 100% at age 65	25% retirement at first eligibility age for subsidized early retirement, 15% at second eligibility age, 10% at third eligibility age, 5% at other eligibility ages except 10% at age 62 and 100% at age 65	25% retirement at first eligibility age for subsidized early retirement, 15% at second eligibility age, 10% at third eligibility age, 5% at other eligibility ages except 10% at age 62 and 100% at age 65

ACTUARIAL ASSUMPTIONS
- Continued -

	PPA Funding (MAP-21/ARPA)	Maximum	FASB ASC 960
Assumed Retirement Age (Terminated Vested)	Age 65	Age 65	Age 65
Rationale	These assumptions reflect the expectation of receiving unreduced benefits at 65 and subsidized early retirement benefits at age 57 with 20 years of service.		
Percent Married	80%	80%	80%
Age Difference in Participant & Spouse	Males two years older than females	Males two years older than females	Males two years older than females
Rationale	These assumptions are based on plan specific observations and observations of other plans' experience.		
Administrative Expense	Anticipated Administrative Expenses	Anticipated Administrative Expenses	N/A
Rationale	Based on actual administrative expenses paid by the plan in the most recently completed plan year.		

OTHER DISCLOSURES PERTAINING TO ECONOMIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect economic assumptions selected as of the valuation date?

None

OTHER DISCLOSURES PERTAINING TO DEMOGRAPHIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect demographic assumptions selected as of the valuation date?

None

OTHER DISCLOSURES PERTAINING TO PRESCRIBED ASSUMPTIONS OR METHODS

Any prescribed assumption or method set by another party that significantly conflicts with what, in the actuary's professional judgment, would be reasonable for the purpose of the valuation?

None

Any prescribed assumption or method set by another party that the actuary is unable to evaluate for reasonableness for the purpose of the valuation?

None

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

Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan
EIN: 31-1188630
PN: 008
Plan Year: January 1, 2025 to December 31, 2025

ACTUARIAL METHODS

	PPA Funding	Suggested Maximum Contribution	FAS #35
ACTUARIAL COST METHOD	Accrued Benefit (Unit Credit)	Accrued Benefit (Unit Credit)	Accrued Benefit (Unit Credit)
ASSET VALUATION METHOD	See Below	See Below	Market Value

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Actuarial Value of Assets

The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value. The assumed rate of return for determining the actuarial value of assets is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan **Plan: 008**
EIN: 31-1188630
For the year ended December 31, 2025

Schedule H, Line 4j - Schedule of Reportable Transactions

(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 gain (loss)
Category (i) - Any single transaction within the plan year in excess of 5% of the current value of the plan assets						
Vanguard Small Cap Value Index Adm	Mutual Funds	$ -	$ 556,730	$ 201,419	$ 565,683	$ 355,311
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	900,000	-	900,000	900,000	-
		$ 900,000	$ 556,730	$ 1,101,419	$ 1,465,683	$ 355,311
Category (iii) - Any transaction involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of plan assets						
Vanguard Small Cap Value Index Adm	Mutual Funds	$ -	$ 25,000	$ 8,936	$ 25,387	$ 16,064
Vanguard Small Cap Value Index Adm	Mutual Funds	3,524	-	3,524	3,524	-
Vanguard Small Cap Value Index Adm	Mutual Funds	2,601	-	2,601	2,601	-
Vanguard Small Cap Value Index Adm	Mutual Funds	-	556,730	201,419	565,683	355,311
Vanguard Small Cap Value Index Adm	Mutual Funds	-	2,788	2,601	2,642	187
		$ 6,125	$ 584,518	$ 219,081	$ 599,837	$ 371,562
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	$ 900,000	$ -	$ 900,000	$ 900,000	$ -
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,346	-	3,346	3,346	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,397	-	3,397	3,397	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,328	-	3,328	3,328	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,437	-	3,437	3,437	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,314	-	3,314	3,314	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	3,496	-	3,496	3,496	-
		$ 920,318	$ -	$ 920,318	$ 920,318	$ -
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	$ 450,000	$ -	$ 450,000	$ 450,000	$ -
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,444	-	1,444	1,444	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,453	-	1,453	1,453	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,386	-	1,386	1,386	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,442	-	1,442	1,442	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,410	-	1,410	1,410	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	1,481	-	1,481	1,481	-
		$ 458,616	$ -	$ 458,616	$ 458,616	$ -
Vanguard Value Index Admiral Shares	Mutual Funds	$ 5,997	$ -	$ 5,997	$ 5,997	$ -
Vanguard Value Index Admiral Shares	Mutual Funds	-	40,000	16,251	41,435	23,749
Vanguard Value Index Admiral Shares	Mutual Funds	5,501	-	5,501	5,501	-
Vanguard Value Index Admiral Shares	Mutual Funds	-	385,000	144,646	368,885	240,354
Vanguard Value Index Admiral Shares	Mutual Funds	-	20,000	7,358	18,495	12,642
Vanguard Value Index Admiral Shares	Mutual Funds	3,267	-	3,267	3,267	-
Vanguard Value Index Admiral Shares	Mutual Funds	-	25,000	8,901	22,186	16,099
Vanguard Value Index Admiral Shares	Mutual Funds	3,305	-	3,305	3,305	-
		$ 18,070	$ 470,000	$ 195,226	$ 469,071	$ 292,844
Federated Government Obligation Institutional Shares	Cash Equivalents	$ 98,735	$ -	$ 98,735	$ 98,735	$ -
Federated Government Obligation Institutional Shares	Cash Equivalents	-	26,024	26,024	26,024	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	30,160	30,160	30,160	-
Federated Government Obligation Institutional Shares	Cash Equivalents	86,768	-	86,768	86,768	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	28,078	28,078	28,078	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	64,711	64,711	64,711	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	14,544	14,544	14,544	-
Federated Government Obligation Institutional Shares	Cash Equivalents	129,203	-	129,203	129,203	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	66,182	66,182	66,182	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	28,411	28,411	28,411	-
Federated Government Obligation Institutional Shares	Cash Equivalents	-	29,275	29,275	29,275	-
Federated Government Obligation Institutional Shares	Cash Equivalents	60,449	-	60,449	60,449	-
		$ 375,155	$ 287,385	$ 662,540	$ 662,540	$ -

Schedule H, Line 4j - Schedule of Reportable Transactions (continued)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	**Description of asset**	**Purchase price**	**Selling price**	**Cost of asset**	**Current value of asset on transaction date**	**Net gain (loss)**
Category (iv) - Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets.						
Vanguard Total Intl Stk Index Admiral	Mutual Funds	$ -	$ 75,000	$ 51,087	$ 70,858	$ 23,913
Vanguard Total Bond Market Index Admiral Shares	Mutual Funds	-	30,000	32,227	29,387	(2,227)
Vanguard Small Cap Value Index Adm	Mutual Funds	-	25,000	8,936	25,387	16,064
Vanguard Small Cap Value Index Adm	Mutual Funds	-	556,730	201,419	565,683	355,311
Vanguard Small Cap Value Index Adm	Mutual Funds	-	2,788	2,601	2,642	187
Vanguard Inflation-Protected Admiral	Mutual Funds	-	315,000	338,376	305,376	(23,376)
Vanguard Emerging Markets Stock Index Admiral	Mutual Funds	150,000	-	150,000	150,000	-
Vanguard Long-Term Govt Bd Idx Admiral	Mutual Funds	900,000	-	900,000	900,000	-
Vanguard Intermediate Term Gov Bond Index Fund Admiral Shares	Mutual Funds	450,000	-	450,000	450,000	-
Vanguard Value Index Admiral Shares	Mutual Funds	-	40,000	16,251	41,435	23,749
Vanguard Value Index Admiral Shares	Mutual Funds	-	385,000	144,646	368,885	240,354
Vanguard Value Index Admiral Shares	Mutual Funds	-	20,000	7,358	18,495	12,642
Vanguard Value Index Admiral Shares	Mutual Funds	-	25,000	8,901	22,186	16,099
Vanguard Small Cap Index Admiral Shares	Mutual Funds	-	25,000	7,289	25,221	17,711
Vanguard Small Cap Index Admiral Shares	Mutual Funds	-	235,000	69,479	238,159	165,521
Vanguard Small Cap Index Admiral Shares	Mutual Funds	-	35,000	9,775	33,170	25,225
Vanguard 500 Index Fund Admiral Shares	Mutual Funds	-	75,000	19,141	75,672	55,859
Vanguard 500 Index Fund Admiral Shares	Mutual Funds	-	100,000	23,283	90,307	76,717
Vanguard 500 Index Fund Admiral Shares	Mutual Funds	-	85,000	19,309	74,210	65,691
		$ 1,500,000	$ 2,029,518	$ 2,460,078	$ 3,487,073	$ 1,069,440

There were no reportable category (ii) transactions for the year ended December 31, 2025.
Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.

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
MECHANICS LAUNDRY & SUPPLY, INC. TEAMSTERS EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CINTAS CORPORATION F/K/A MECHANICS LAUNDRY & SUPPLY, INC.

D Employer Identification Number (EIN)
31-1188630

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 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**	9,053,752
b Actuarial value	**2b**	8,474,210

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	100	3,108,367	3,108,367
b For terminated vested participants	89	1,725,317	1,725,317
c For active participants	123	1,859,195	2,098,212
d Total	312	6,692,879	6,931,896

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**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	123,032
b Expected plan-related expenses	**6b**	100,400
c Target normal cost	**6c**	223,432

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 — Date: 10/6/2026

Carter Angell FSA, EA
Type or print name of actuary

2607855
Most recent enrollment number

October Three Consulting LLC
Firm name

312-878-2440
Telephone number (including area code)

One American Square, Suite 2625
Indianapolis IN 46282
Address of the firm

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

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)	922,604	212,967
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)	922,604	212,967
10	Interest on line 9 using prior year's actual return of 11.93%	110,067	25,407
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.18%		0
	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		0
	d Portion of (c) to be added to prefunding balance		
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)	1,032,671	238,374

Part III Funding Percentages

14	Funding target attainment percentage	14	103.91%
15	Adjusted funding target attainment percentage	15	122.24%
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	119.93%
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
			Totals ► 18(b)	0	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	0

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:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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**	223,432
b Excess assets, if applicable, but not greater than line 31a	**31b**	223,432

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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 SB, line 22 - Description of Weighted Average Retirement Age

Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan
EIN: 31-1188630
PN: 008
Plan Year: January 1, 2025 to December 31, 2025

(a) Retirement Age	(b) Retirement Rate	(c) Survival to Age	(a) x (b) x (c)
57	0.25	1.00	14
58	0.15	0.75	7
59	0.10	0.64	4
60	0.05	0.57	2
61	0.05	0.55	2
62	0.10	0.52	3
63	0.05	0.47	1
64	0.05	0.44	1
65	1.00	0.42	27
		AVERAGE RETIREMENT AGE	61

Schedule SB, Part V - Summary of Plan Provisions

Mechanics Laundry & Supply, Inc. Teamsters Employees' Pension Plan
EIN: 31-1188630
PN: 008
Plan Year: January 1, 2025 to December 31, 2025

SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE	January 1, 1977; Last Restatement January 1, 2016.
PARTICIPATION	All non-supervisory, delivery or service employees who is a member of the union. The union is any local of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America which has members covered by this Plan.
ELIGIBILITY FOR BENEFITS:	
Normal Retirement	Age 65
Early Retirement	Age 55 and 10 years of vesting service
Special Early Retirement	Age 57 and 20 years of vesting service
Late Retirement	Subject to continued employment after normal retirement date
Termination Benefit	Five or more years of vesting service
Death Benefit	Payable to a surviving spouse if death occurs after 5 years of vesting service or to the beneficiary of an unmarried participant if death occurs after normal retirement age but prior to actual retirement or after actual retirement as an Employee but prior to commencement of retirement benefits.

AMOUNT OF BENEFITS:

Normal Retirement Benefit

The standard retirement benefit is a monthly pension guaranteed for 60 months and payable for life thereafter equal to $10.00 times years of benefit service at normal retirement date. However, a participant with 20 years of service will not receive less than $780 ($830 effective October 23, 2000; $725 for members of Local 414).

The normal form of retirement benefit for married participants shall be an actuarially equivalent reduced monthly pension which provides for a 50% continuation of monthly payments to a surviving spouse. However, a participant may elect to receive the standard retirement benefit or various optional benefits in lieu of this form of annuity.

Early Retirement Benefit

This benefit is the accrued retirement benefit determined as of the early retirement date and payable commencing at the normal retirement date. However, a participant may elect to have his benefit commence prior to his normal retirement date in a reduced monthly amount (reduced 1/180th for each completed month of the first 5 years and 1/360th for each completed month of the next 5 years by which the commencement date precedes his normal retirement date).

Special Early Retirement Benefit

A participant who retires after age 57 with 20 years of service shall receive a benefit of $700, ($750 effective October 23, 2000) and a participant who retires after age 60 with 20 years of service shall receive a benefit of $780 ($830 effective October 23, 2000). These benefits are guaranteed for sixty months and payable for life thereafter. (Benefit level is $650 at age 57 and $725 at age 60 for members of Local 414.) In addition, members decertified at Locations 365, 366, 367 and 368 during 2002 will receive an unreduced benefit (based on their accrued benefit at the date of decertification) if they remain employed until the later of age 57 and 20 years of service.

AMOUNT OF BENEFITS:

Late Retirement Benefit	A participant whose employment continues after his normal retirement date shall be entitled to the accrued retirement benefit as of retirement date. The benefit will not be payable until his late retirement date.
Termination Benefit	An individual who terminates employment after completion of at least 5 years of service shall be 100% vested in his accrued benefit.
Death Benefit	If the participant's death occurs while active or terminated with a vested interest, his surviving spouse shall be entitled to a Qualified Survivor Death Benefit. If an unmarried participant's death occurs after normal retirement age but prior to actual retirement or after actual retirement but prior to commencing retirement benefits, benefits shall be based on the option elected, or if none elected, based on an assumed election of a life annuity with 240 months guaranteed.
Optional Forms of Payment	Life Annuity, Life Annuity with continuing payments of 50%, 66-2/3%, 75% or 100% to the Participant's beneficiary, Life Annuity with 60, 120, 180 or 240 guaranteed monthly payments, Lump Sum up to $5,000 (up to $50,000 if a death benefit payable to an estate) Optional forms of payment are actuarially equivalent to the accrued benefit payable in the standard form of payment based on the UP-1984 Mortality Table (100% male/0% female) and 6.00% interest.

NOTE: If information given in this summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current value
Mutual funds:					
	Vanguard Total Bond Market Fund	145,739,580	shares	$ 1,382,625	$ 1,423,876
	Vanguard Inflation-Protected – AD Fund	20,619,069	shares	464,947	473,620
	Vanguard Long-Term Govt Bond Fund	48,948	shares	920,319	919,731
	Vanguard Intermediate Term Govt Bd Fund	22,781	shares	458,616	461,315
	Vanguard Real Estate Fund	3,777	shares	477,089	473,606
	Vanguard Total International Stock Fund	29,341	shares	936,272	1,189,171
	Vanguard Emerging Markets Stock Fund	15,694	shares	595,297	700,124
	Vanguard Value Index Fund	8,674	shares	573,723	646,324
	Vanguard Small Cap Index Fund	6,894	shares	794,121	851,975
	Vanguard 500 Index Fund	4,040	shares	2,194,554	2,552,437
	Total mutual funds			8,797,563	9,692,179
Interest-bearing cash:					
	Federated Prime Cash Obligations Fund	106,205	shares	106,205	106,205
	Total interest-bearing cash			106,205	106,205
Total				$ 8,903,768	$ 9,798,384