Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE EMPLOYER GROUP POOLED EMPLOYER 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/01/1995

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)
PEAK RETIREMENT GROUP

PO BOX 45828
MADISON, WI 53744

2b Employer Identification Number (EIN) 81-0831793

2c Plan Sponsor's telephone number 608-482-3550

2d Business code (see instructions) 561490

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	OLIVIA SCHWARTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name THE EMPLOYER GROUP, INC

c Plan Name THE EMPLOYER GROUP RETIREMETN SAVINGS PLAN

4b EIN 39-1825035

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	879
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)**	779
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	806
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	161
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	970
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	970
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)**	527
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)**	710
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	23
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:

2E 2J 2K 2F 2G 3D 2T 2A 2S

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [X] **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) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury 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
THE EMPLOYER GROUP POOLED EMPLOYER 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PEAK RETIREMENT GROUP

D Employer Identification Number (EIN)
81-0831793

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)

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

(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?
27	INVESTMENT ADVISOR	104955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VESTWELL

81-3062212

(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?
15 37 64	RECORDKEEPER	43749	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PEAK RETIREMENT GROUP

81-0831793

(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?
15 37 64	THIRD PARTY ADMIN	29388	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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE EMPLOYER GROUP POOLED EMPLOYER 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PEAK RETIREMENT GROUP

D Employer Identification Number (EIN)
81-0831793

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	PRINCIPAL LIFETIME STRATEGIC INDEX		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 99-4461763-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6930329
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRINCIPAL LIFETIME STRATEGIC INDEX		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 99-4441456-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3602221
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRINCIPAL LIFETIME STRATEGIC INDEX		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 99-4418885-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3093391
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRINCIPAL LIFETIME STRATEGIC INDEX		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 99-4503050-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2877290
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRINCIPAL LIFETIME STRATEGIC INDEX		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 99-4483025-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2276755
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRINCIPAL LIFETIME STRATEGIC INDEX		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 99-4614325-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1929849
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRINCIPAL LIFETIME STRATEGIC INDEX		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN 99-4531100-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1791131

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME STRATEGIC INDEX

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY

c EIN-PN 99-4551333-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1532130

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND (FKA WT CIT FL

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 38-4065329-426	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1034123

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND FUND

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 38-4116854-151	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 739489

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME STRATEGIC INDEX

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY

c EIN-PN 99-4574483-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 556472

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH FUND II

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 38-4139842-619	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 300433

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND II

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 38-7312964-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116749

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

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 85-4031707-653	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111871

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETIME STRATEGIC INDEX

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 99-4396840-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84933

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND III

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 38-7289846-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55544

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE EMPLOYER GROUP POOLED EMPLOYER 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PEAK RETIREMENT GROUP

D Employer Identification Number (EIN)
81-0831793

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	219641	235719
(2) Participant contributions	1b(2)	89036	39552
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15945	17975
(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)	226976	294472
(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)	30333502	38315966
(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	30885100	38903684
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	30885100	38903684

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)	1674466	
(B) Participants	2a(1)(B)	4011017	
(C) Others (including rollovers)	2a(1)(C)	828304	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6513787
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	17140	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17140
(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)		
c Other income	2c		5504801
d Total income. Add all **income** amounts in column (b) and enter total	2d		12035728
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2758371	
(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)		2758371
f Corrective distributions (see instructions)	2f		4346
g Certain deemed distributions of participant loans (see instructions)	2g		43994
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	171704	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		171704
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2978415
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9057313
l Transfers of assets:			
(1) To this plan	2l(1)		2506992
(2) From this plan	2l(2)		3545721

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)** [X] 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: MEICHER CPAS **(2)** EIN: 39-1659894

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
JOHN STAMPFLI	27-1904541	001
LIVING OUR VISION	84-2747571	001
SACO FOODS, LLC 401K PLAN	47-1100046	001

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

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

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
THE EMPLOYER GROUP POOLED EMPLOYER 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PEAK RETIREMENT GROUP

D Employer Identification Number (EIN)
81-0831793

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): 75-3182674

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 |

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 THE EMPLOYER GROUP POOLED EMPLOYER 401(K) PLAN	**B** Three-digit Plan number (PN)..... ▶ 002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF PEAK RETIREMENT GROUP	**D** Administrator's EIN 81-0831793

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☒ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☐ other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☒ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID R5130PGOA

The Employer Group
Pooled Employer 401(k) Plan

Financial Statements and
Independent Auditor's Report

December 31, 2025 and 2024
and for the Year Ended December 31, 2025

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MeicherCPAs
2349 Deming Way, Suite 300, Middleton, WI 53562 · Tel 608.826.1900 · Fax 608.826.1901
www.meichercpas.com

Independent Auditor's Report

To the Plan Administrator of
The Employer Group Pooled Employer 401(k) Plan
Madison, Wisconsin

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

We have performed an audit of the accompanying financial statements of The Employer Group Pooled Employer 401(k) Plan ("Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 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 Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan's 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 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 base on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 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 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.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held at End of Year is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

Meicher CPAs, LLP

Middleton, Wisconsin
October 2, 2026

The Employer Group Pooled Employer 401(k) Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value	$ 38,333,941	$ 30,349,447
Receivables:		
Employee deferrals	39,552	89,036
Employer contributions	235,719	219,641
Notes receivable from participants	294,472	226,976
Total assets	38,903,684	30,885,100
Liabilities		
Contributions refundable to participants	5,389	3,803
Net assets available for benefits	$ 38,898,295	$ 30,881,297

See accompanying notes to the financial statements.

The Employer Group Pooled Employer 401(k) Plan

Statements of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 5,504,801
Interest income on notes receivable from participants	17,140
Contributions:	
Participants	4,011,017
Employers	1,674,466
Rollovers	828,304
Total contributions	6,513,787
Total additions	12,035,728
Deductions	
Deductions from net assets attributed to:	
Benefits paid to participants	2,758,371
Deemed distributions of participant loans	43,994
Corrective distributions	5,932
Administrative expenses	171,704
Total deductions	2,980,001
Net increase	9,055,727
Transfers	
Transfers out of plan	(3,545,721)
Transfers into plan	2,506,992
Net increase in net assets available for benefits after transfers	8,016,998
Net assets available for benefits	
Beginning of year	30,881,297
End of year	$ 38,898,295

See accompanying notes to the financial statements.

The Employer Group Pooled Employer 401(k) Plan

Notes to Financial Statements
December 31, 2025 and 2024
and for the Year Ended December 31, 2025

Note 1 - Description of Plan

The following description of The Employer Group Pooled Employer 401(k) Plan ("Plan") provides only general information. Information regarding eligibility, vesting, allocation, participant and employer contributions, and forfeitures has been provided in the plan agreement and individual adoption agreement for each participating employer.

General

Through December 31, 2024, The Employer Group Retirement Savings Plan was a defined multiple employer contribution plan and covered all eligible employees of affiliates of The Employer Group, Inc.

Effective January 1, 2025, the Plan is a Pooled Employer Plan (PEP). Peak Retirement Group ("Peak") is the Pooled Plan Provider ("PPP"). The PEP was established under the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act). The PEP is a defined contribution plan covering eligible employees of the participating employers and is intended to qualify under the Internal Revenue Code of 1986, as amended, Code sections 401(a) and 501(a). The PEP is intended to constitute a multiple employer plan, as described under Code sections 410(a), 411, 413 and 415.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The following description of the Plan is provided for general information purposes only. Participants should refer to the summary plan description or the adoption agreement, including amendments, for a complete description of the Plan's general provisions. All participating employers of the PEP have signed adoption agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each participating employer retains the right to terminate their participation within the Plan, in whole or in part, to temporarily or permanently suspend its liability to make contributions to the Plan, to the extent that it relates to that participating employer and its employees.

Peak is the Plan Sponsor and Plan Administrator of the PEP. The Plan Administrator is responsible for oversight of the Plan. The Plan's Investment Custodian and Trustee is Matrix Trust Company ("Matrix"). Matrix holds the Plan's assets and executes all the Plan's transactions (see Note 3). Vestwell provides participant recordkeeping and administration services.

Note 1 - Description of Plan (Continued)

Eligibility

Only employees specifically designated as eligible by their participating employer in its adoption agreement have the eligibility to participate in the PEP. Participating employers may define eligibility requirements based on factors such as age, service or employee type. Participants are eligible to make contributions and receive participating employer contributions to the extent specified in the applicable adoption agreement or otherwise provided by the PEP.

Contributions

The Plan allows participants to make both pre-tax and after-tax contributions as defined in the Plan, subject to certain Internal Revenue Code (IRC) limitations ($23,500 for 2025) in each calendar year. Participants who had retirement accounts with a previous employer may directly transfer or rollover the previous account balance to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to $7,500 in 2025. Employee contributions are fully vested.

The participating employers in the PEP may elect automatic enrollment and escalation features. If elected by the participating employer, a defined percentage of an eligible participant's compensation is automatically withheld based on the participating employer's adoption agreement, unless the participant opts out.

Participating employer contributions include mandatory safe-harbor nonelective, mandatory safe-harbor, discretionary matching and non-elective contributions made by participating employers of the PEP, in accordance with the adoption agreement of each participating employer.

The Plan also accepts rollovers from other tax-qualified plans.

Participant Accounts

Participants are allowed to direct their account balance, their contributions and employer contributions into any of the investment options available. Each participant’s account is credited or charged with the participant’s contribution and the employer’s contributions. Participants share pro rata in any investment income or loss of the funds, based upon individual participant account balances in the respective funds as of the end of each day. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Note 1 - Description of Plan (Continued)

Investment Options

Participants are allowed to direct their account balance, their contributions and the participating employers' contributions into any of the investment funds listed in the supplemental Schedule of Assets Held at End of Year. Participants may change their investment options daily.

Vesting

Participants are fully vested in their employee elective deferral contributions, rollover contributions and the earnings thereon at all times. Vesting in the participating employers' contribution varies by employer. Several employers make safe harbor matching contributions for which the employees are 100 percent vested. For participants who are not under safe harbor provisions, vesting is based on years of continuous years of service. All participants are 100 percent vested when six years of service is obtained with any of the participating employers.

Notes Receivable from Participants

Participants may borrow up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance of the participant's account and bear interest at rates between 4.25 percent and 10.5 percent. Loan terms can range from one year to five years, unless the loan is used for the purchase of a primary residence in which case such period shall not exceed ten years. Principal and interest are paid ratably through payroll deductions.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan is reduced, and a benefit payment is recorded. Distributions from the plan will be reduced by the amount of outstanding loans, if any. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred.

Forfeited Accounts

The Plan provides that upon a participant's termination for reasons other than retirement, death or disability, the participant's non-vested funds are forfeited. These forfeited accounts are used to reduce future contributions due from the Employers or pay administrative expenses. During the year ended December 31, 2025, administrative expenses were reduced by $199. At December 31, 2025 and 2024, forfeited non-vested accounts totaled $17,975 and $15,945, respectively.

Note 1 - Description of Plan (Continued)

Payment of Benefits

On termination of service, a participant with an account balance greater than $7,000 may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or rollover their account balance to another qualified account. Additional rules apply to distributions due to death, disability and retirement which are covered in the Plan document.

In-service distributions are available from any vested type of contribution to participants attaining age 59½ who continue to work for the employer. In-service distributions are also available to participants electing a hardship distribution from their salary deferral account. As of December 31, 2025, no distributions had been requested by participants but not yet distributed.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully-vested in their accounts.

Transfers

Transfers are net assets available for benefits attributable to an eligible employer that added net assets available for benefits to the Plan, or a participating employer that removed net assets available for benefits from the Plan, in conjunction with an eligible employer joining, or a participating employer leaving, the Plan. For the year ended December 31, 2025, four eligible employers transferred in net assets available for benefits totaling $2,506,992 and three participating employers transferred out net assets available for benefits totaling $3,545,721.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Sponsor or participating employers. Expenses that are paid by the Plan Sponsor or participating employers are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation or depreciation in fair value of investments.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP"). The financial statements and supplemental schedules have been prepared to satisfy the reporting and disclosure requirements of ERISA.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Net appreciation in fair value of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of the investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sales proceeds and the fair value of the investments as of the beginning of the period or the cost of the investment if purchased during the year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

Benefits Paid to Participants

Benefits are recorded when paid to participants.

Note 3 - Certified Information

Matrix Trust Company ("Matrix") has certified the completeness and accuracy of the following information for the years ended December 31, 2025 and 2024:

	2025	2024
Statement of net assets available for benefits:		
Investments at fair value	$ 38,333,941	$ 30,349,447

The following additional information was also certified by Matrix for the year ended December 31, 2025 as complete and accurate:

Statement of changes in net assets available for benefits:	
Net appreciation in fair value of investments	$ 5,504,801

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

Note 4 - Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Note 4 - Fair Value Measurements (Continued)

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets in active market; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Mutual funds - share value based on the underlying closing price reported on the active market which the funds are traded.

Collective funds - share value based on the underlying closing price reported on the active market which the funds are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 4 - Fair Value Measurements (Continued)

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

	Level 1	Level 2	Level 3	Total
Cash	$ 17,975	$ -	$ -	$ 17,975
Funds in-transfer	102	-	-	102
Mutual funds	11,266,096	-	-	11,266,096
Collective funds	27,049,768	-	-	27,049,768
Total investments at fair value	$ 38,333,941	$ -	$ -	$ 38,333,941

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

	Level 1	Level 2	Level 3	Total
Cash	$ 15,945	$ -	$ -	$ 15,945
Funds in-transfer	778,520	-	-	778,520
Mutual funds	28,103,130	-	-	28,103,130
Collective funds	1,451,852	-	-	1,451,852
Total investments at fair value	$ 30,349,447	$ -	$ -	$ 30,349,447

Note 5 - Party-In-Interest and Related Party Transactions

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. As such, transactions conducted by Matrix qualify as party-in-interest transactions.

Note 5 - Party-In-Interest and Related Party Transactions (Continued)

Recordkeeping fees paid by the Plan to Vestwell totaled $43,749 for the year ended December 31, 2025. Fees paid to Peak for performing third party administration services totaled $29,388 for the year ended December 31, 2025. Fees paid to Global Retirement Partners, LLC for investment advisory services to the Plan totaled $104,955 for the year ended December 31, 2025.

The plan allows plan participants to take out loans, which are considered exempt party-in-interest transactions.

The Plan paid for expenses related to its investment activity and plan operations. Those transactions qualified as party-in-interest (see Note 1 - administrative expenses).

Note 6 - Administration of Plan Assets

The Plan assets were held and managed by Matrix for the years ended December 31, 2025 and 2024. Matrix invests cash, interest and dividend income as directed by the participants of the Plan.

Note 7 - Tax Status

The Plan adopted the Non-Standardized Pre-Approved Profit Sharing Plan with CODA which has a favorable advisory letter from the Internal Revenue Service (IRS) dated June 30, 2020. This advisory letter states that the form of the volume submitter plan is acceptable under Section 401 of the Code. The Company may rely on this letter with respect to the qualification of the Plan under Code Section 401(a) with certain limitations. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Note 8 - Risks and Uncertainties

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

Note 9 - Reconciliation of Financial Statements to Form 5500

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

	2025	2024
Net assets available for benefits per the financial statements	$ 38,898,295	$ 30,881,297
Amounts accrued for contributions refundable to participants	5,389	3,803
Net assets available for benefits per Form 5500	$ 38,903,684	$ 30,885,100
Net increase (decrease) in net assets available for benefits per the financial statements	$ 9,055,727	
Amounts for contributions refundable to participants in 2024	(3,803)	
Amounts for contributions refundable to participants in 2025	5,389	
Net increase in net assets available for benefits per Form 5500	$ 9,057,313	

Note 10 - Subsequent Events

Management has evaluated subsequent events through October 2, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedule

Multiple-Employer Plan Participating Employer Information
Attachment to Part I of the Form 5500
The Employer Group Pooled Employer 401(k) Plan

Name of Participating Employer	EIN	Percent of Total Contributions	Aggregate Account Balances Attributable to Participating Employer
Adam Roethler Am Fam	42-1523567	0.07%	35432.94
Adrena Bacon Agency	33-1685885	0.16%	8668.08
Agrecol	27-1018068	1.12%	463408.29
Andrew Peart Am Fam	20-4388242	0.97%	167025.17
Arborview(Eventus Wealth Advisors)	85-4375843	1.60%	654015.65
Austin Rolf Am Fam Agency	46-0797287	0.21%	33467.39
Barbara Deforest Am Fam	54-3706239	0.08%	15345.91
Beaver Dam Dental	39-1601273	1.30%	413326.34
Big Apple Learning Academy	81-3732002	0.61%	234633.71
Business Success Services	92-1466004	0.10%	33270.84
Capital Technology Partners	20-3394363	2.17%	1843368.97
Cartridge Savers	39-1784603	0.50%	753193.49
Cashman Stahler Group	36-4026681	1.85%	2434089.42
Cedar Direct - Controlled Group with 199	47-2509661	1.58%	262569.82
Chris Heise Agency	50-2980260	0.67%	427460.76
Colleen Davis Am Fam	47-5470624	0.00%	0
Connie Scott Agency	39-3780770	0.07%	15875.4
Craig Heemsbergen Am Fam	42-1487286	0.08%	30192.62
Daniel Freihaut Am Fam Agency	81-4162114	0.76%	200085.75
Daniel Stukenberg Am Fam	81-4863829	0.59%	129788.14
Dawn Bartell Am Fam	46-9885569	0.00%	0
Dr David Besley	46-1816699	1.47%	927844.09
E.Serv Technical Solutions	36-4285656	0.06%	0
Erick Rodriguez Am Fam	52-3677476	0.28%	104213.25
Erik Mickalson Am Fam	20-8950799	0.09%	50580.17
Estate Law Partners LLC	85-3747469	1.14%	443692.93
Fitchburg Chamber of Commerce	91-1938143	0.91%	433171.99

Fleming & Associates (formerly Chad Fleming)	50-5135149	0.91%	208772.97
Focus Forward	87-1962840	0.99%	143791.94
Foundation for Dane County Parks	82-3435481	0.58%	113399.17
Forward Community Investments	39-1815578	0.43%	37306.3
Habitat for Humanity of Wausua	39-1654855	0.56%	90357.44
Heartworks, Inc.	85-1282127	2.74%	698016.04
Hope Community	81-1026217	0.96%	191217.12
I/O Technologies	81-3507952	0.54%	93208.18
Impact Christian School	82-5508238	1.15%	317628.85
Impact Services	27-2312540	1.11%	312104.74
Institute for Reforming Government	82-4034864	1.53%	357546.01
Intuitive Biosciences	45-4759593	5.37%	2726540.98
IPMA	39-0368317	0.77%	939716.18
C Meacham Agency & Associates LLC	33-3825048	0.05%	36924.69
Jeff Barnes Agency	76-0773567	0.03%	33587.77
Jeff Finegan Agency	81-0869193	0.06%	83507.73
Jeff Reeves Agency	43-1268482	0.00%	0
John Stampfli Am Fam	27-1904541	0.00%	0
Joseph Pupillo Agency	49-5900830	0.40%	144639.33
J. Mercado Agency, Inc	81-3143246	0.45%	24786.4
Julie Bower Am Fam Agency	42-1423685	0.00%	0
Justin Musgrove Am Fam	82-3803649	0.00%	0
Kim Oliverson Am Fam	52-9746275	0.26%	74423.29
Klepich & Associates Am Fam	81-4237380	0.06%	17912.37
Lida Avila Am Fam Agency	81-0681218	0.08%	52662.06
Lisa Schmitz Am Fam	20-0134164	0.03%	6896.01
Living Our Visions	27-3289163	0.13%	0
Loomis Enzymes LLC	83-2374385	0.00%	0
Madison Lakes Dental (formerly Four Lakes Dental)	93-4474252	1.02%	185064.86
Mark Feivor Agency (Mac Johnson)	39-1396055	0.08%	92101.88
Mark It	39-2019903	0.08%	19609.06
Mark Johnson Am Fam	84-1684636	0.22%	48459.7
Mary Fry Agency	46-1765302	0.46%	174862.93

Massage Envy (control group with White Holdings)	25-1923066	1.23%	940400.05
Jennifer Robinson American Family Agency	33-3486831	0.06%	19216.77
Melissa Dahlman-Babers Agency	47-6084991	0.13%	34953.53
MHCS Mount Horeb Christ	88-4070843	0.17%	19831.3
Mike Amin Agency	33-9927337	0.16%	114031.53
MRK Building Group (formerly Trecek Builders LLC)	20-4453370	1.77%	618931.84
Municipal Property Insurance Co.	47-4286791	0.57%	1478171.15
NAMWOLF	39-2034839	0.98%	517791.7
Nennig Law Offices	26-0402605	0.94%	345007.68
Niky Lewis Am Fam	26-3765007	0.13%	15688.79
Oslund & Associates	27-2206286	0.10%	39452.34
NuCare Senior Living	93-3476801	1.36%	62508.11
Paul Barker Am Fam	46-2789094	0.29%	59855.41
Pharmetika	81-1001973	1.33%	270529.75
PrairieView Wealth (formerly Thrivent Financial - Tim Regan Office	36-4311450	1.50%	404668.02
Premier Periodontics	46-3906899	1.17%	821192.44
Premier Periodontics and Implants(ctr grp with 161)	92-1045341	1.17%	259043.57
Professional Funeral Services, Inc.	20-1913925	0.23%	181972.2
Pure Oxygen Labs	27-3412200	1.83%	385091.17
Regen Theranostics	27-1652200	3.01%	1417496.26
Rejuvenation Clinic of Sauk Prairie	45-3596538	0.00%	1142560.43
Ronald McDonald House Charities of Madison	39-1655790	1.09%	386355.5
Rushing Waters Fisheries	20-8137221	0.67%	71223.76
Ryan Woods Am Fam Agency	47-3880188	0.43%	209024.36
Saco Foods	47-1100046	5.12%	0
SEW (Sky Edge Wealth)	82-3893285	6.95%	2495687.36
Sherry Lange Am Fam	47-1747518	0.24%	73201.95
smaXtec, Inc.	87-1784292	5.06%	998068.39
Stampfli Mortgage LLC	81-5247434	1.58%	305613.76
Stilwell & Associates, INC.	92-1088164	0.20%	10380.94
Summit Square Dental	35-2573033	0.31%	193083.07
Sunshine Place	20-5398498	0.68%	126828.21

Tadd Moorman Am Fam	46-3865718	0.05%	16877.35
The Jared M Deegan Am Fam	53-7191254	0.06%	25206.6
Thrivent Financial -Chad Thomley	39-9824398	0.60%	149884.23
Todd Wells Agency	20-804670	1.09%	805559.16
US Cedar - Controlled Group with 198	27-2358828	2.40%	547335.13
Verona Dental	84-4722822	0.00%	0
Waunakee Neighborhood Connection	61-1513411	0.00%	4379.76
WEA Insurance Corp	39-1519322	6.59%	1314654.42
Westmont Law Offices, S.C.	52-2389145	0.71%	295754.43
WI Builders Association	39-1043234	1.15%	1334180.22
Will Anderson Agency	41-1992952	0.60%	229197.82
Wisconsin 4-H Foundation	39-0914868	0.00%	0
Wisconsin Assisted Living Association (WALA)	39-1822247	0.86%	531846.49
Wisconsin Chamber Orchestra	39-6078526	0.00%	0
Wisconsin Food hub coop and Transport	46-1096060	0.29%	28979.52
Wolf River Dental	38-3994149	0.27%	118696.95
WPEN	06-1824467	0.63%	99204.88
Chelsea Cabanillas	47-3223913	0.07%	3846.34
Pearls for Teen girls	39-1997970	0.00%	157138.46
Lindsey Roth	48-6969914	0.12%	27255.75
Professional Collectors Corp	39-1146423	2.03%	1377088.56
Countryside Montessori	39-1753172	0.30%	33882.53
P.A. Wargin	20-1387619	0.19%	12090.67
Walleye Partners	33-1911278	2.04%	120551.81

The Employer Group Pooled Employer 401(k) Plan
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
EIN 81-0831793 Plan #002
December 31, 2025

(a)	(b)	(c)	(d)	(e)
-	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
		Cash equivalents and short term investments:		
	US Dollar	Cash	$ 17,975	$ 17,975
	US Dollar	Funds in-transfer	102	102
		Mutual funds:		
	American Funds	American Funds American Balanced R6	**	1,026,673
	American Funds	American Funds New Perspective R6	**	779,122
	American Funds	American Funds New World R6	**	385,870
	BlackRock	BlackRock LifePath Index 2035 K	**	2,974
	Carillon Family of Funds	Carillon Eagle Mid Cap Growth R6	**	135,634
	Cohen & Steers	Cohen & Steers Real Estate - Z	**	75,132
	Fidelity	Fidelity 500 Index Institutional Premium	**	4,220,561
	Fidelity	Fidelity Mid Cap Index Institutional Premium	**	949,496
	Fidelity	Fidelity Small Cap Index Institutional Premium	**	681,410
	Franklin Templeton	Putman International Value R6	**	286,357
	Guggenheim Investments	Guggenheim Total Return Bond R6	**	874,047
	Invesco	Invesco Discovery Fund R6	**	102,023
*	Matrix Trust Company	Large Cap Growth Fund III CL R1	**	857,424
	MFS	MFS International Equity Fund R6	**	373,745
	PIMCO	PIMCO Global Bond Opp Fd Institutional	**	56,103
	PIMCO	PIMCO Income Institutional	**	459,525
		Collective funds:		
	Great Gray Trust Company	Core Plus Bond Fund - R1 Shares	**	739,489
	Great Gray Trust Company	International Growth Fund II Class R1	**	300,433
	Great Gray Trust Company	Mid Cap Value Fund II Class R1	**	116,749
	Great Gray Trust Company	Small Cap Value Fund III Fee Class R1	**	55,544
	Great Gray Trust Company	Stable Value CL R1	**	111,871
	Great Gray Trust Company	Large Cap Value-R1	**	1,034,123
	Principal GITC	Principal Lifetime Strategic Index 2025 CIT - Tier II	**	84,933
	Principal GITC	Principal Lifetime Strategic Index 2030 CIT - Tier II	**	3,093,391
	Principal GITC	Principal Lifetime Strategic Index 2035 CIT - Tier II	**	3,602,221
	Principal GITC	Principal Lifetime Strategic Index 2040 CIT - Tier II	**	6,930,329
	Principal GITC	Principal Lifetime Strategic Index 2045 CIT - Tier II	**	2,276,755
	Principal GITC	Principal Lifetime Strategic Index 2050 CIT - Tier II	**	2,877,290
	Principal GITC	Principal Lifetime Strategic Index 2055 CIT - Tier II	**	1,791,131
	Principal GITC	Principal Lifetime Strategic Index 2060 CIT - Tier II	**	1,532,130
	Principal GITC	Principal Lifetime Strategic Index 2065 CIT - Tier II	**	556,472
	Principal GITC	Principal Lifetime Strategic Index 2070 CIT - Tier II	**	17,058
	Principal GITC	Principal Lifetime Strategic Index Income CIT - Tier II	**	1,929,849
		Notes receivable:		
*	Notes Receivable From Participants	Interest rates at 4.25% to 10.5%, due on various dates through January 7, 2032	-0-	294,472
				$ 38,628,413

* Indicates party-in-interest.
** Cost information omitted for participant-directed investment.

See accompanying independent auditor's report.