Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SEI 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2011

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)
SYNERGY ENTERPRISES, INCORPORATED

6116 EXECUTIVE BLVD, SUITE 311
NORTH BETHESDA, MD 20852

2b Employer Identification Number (EIN)
04-3755253

2c Plan Sponsor's telephone number
240-485-1700

2d Business code (see instructions)
541600

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.	10/09/2026	PRACHEE DEVADAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	PRACHEE DEVADAS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	228
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)**	128
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	103
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	53
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	156
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	156
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)**	189
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)**	129
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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
SEI 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SYNERGY ENTERPRISES, INCORPORATED

D Employer Identification Number (EIN)
04-3755253

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).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	76240	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

RAYMOND JAMES FIN SVCS ADVISORS

59-2937883

(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 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	35181	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RAYMOND JAMES FIN SVCS ADVISORS	27 99	35181
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	

(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
SEI 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SYNERGY ENTERPRISES, INCORPORATED

D Employer Identification Number (EIN)
04-3755253

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 STABLE VALUE Z FUND

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

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)
93-6274328-001	C	104723

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQ IDX CL R FD

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

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)
20-3802495-007	C	40149

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSS 2000 IDX CL R

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

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)
20-3802587-004	C	27453

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQTY INDX FD CLASS 1

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

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)
20-3802168-001	C	327870

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DBT IDX FD CL 1

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

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)
20-3802445-010	C	21859

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX 2030 FUND

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

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)
38-4065294-378	C	659252

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX 2040 FUND

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

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)
38-4065295-379	C	1769463

a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRTMT IDX 2060 FUND		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065297-381	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	785873
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRTMT IDX 2050 FUND		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065307-391	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	629607
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRTMT IDX RETIREMENT FD		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065298-382	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	900918
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRTMT IDX 2035 FUND		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065300-384	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2535251
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRTMT IDX 2045 FUND		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065301-385	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1830610
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRTMT IDX 2055 FUND		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065302-386	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1664142
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT INTERNATIONAL		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4126285-589	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	170365
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT LRG CAP VAL R		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-7264527-690	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53224
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT LRG CAP GRTH R		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4139869-647	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	223920
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT MID CAP VAL R		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-7264528-691	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13585

a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT MID CAP GRTH R		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4139870-648	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3111
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT REAL ESTATE R		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-7264530-693	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5256
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT SM CAP VAL R		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 85-3975085-651	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11764
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT SM CAP GRTH R		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 83-3963451-650	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10105
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT INTL GROWTH R		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4139868-646	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18887
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT EMERG MRKTS R		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-7264529-692	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22544
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK U.S. TIPS INDEX CL 1		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4116835-510	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	127726
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK MID CAP EQ IDX CL 1		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 20-3802327-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	135813
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT COMMODITIES R		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-7264532-695	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19917
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYWAYRETIREMENT CORE BOND R FD		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4139867-645	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20076

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT MULTI-SEC BD R

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

c EIN-PN 38-4139871-649	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30410

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT GLOBAL BOND R

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

c EIN-PN 38-7264531-694	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6661

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT BALANCED R FD

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

c EIN-PN 38-4139866-644	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3045

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX 2065 FUND

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

c EIN-PN 38-4139859-636	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125600

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
SEI 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SYNERGY ENTERPRISES, INCORPORATED

D Employer Identification Number (EIN)
04-3755253

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	39887	53664
(9) Value of interest in common/collective trusts	1c(9)	12069473	12299181
(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)		
(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	12109360	12352845
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	12109360	12352845

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)	251314	
(B) Participants	2a(1)(B)	758628	
(C) Others (including rollovers)	2a(1)(C)	264836	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1274778
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)	4069	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4069
(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)		1913586
(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		-1
d Total income. Add all **income** amounts in column (b) and enter total	2d		3192432
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2872706	
(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)		2872706
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	76241	
(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)		76241
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2948947
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		243485
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PLATFORM CPAS, LLP **(2)** EIN: 88-4342576

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		90000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

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
SEI 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SYNERGY ENTERPRISES, INCORPORATED

D Employer Identification Number (EIN)
04-3755253

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): 42-0127290

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 Q702476A .

INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

SEI 401(K) PLAN

DECEMBER 31, 2025

Platform
CPAs, LLP

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Platform
CPAs, LLP

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
SEI 401(K) Plan
Bethesda, Maryland

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of SEI 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained 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 C to the financial statements, is complete and accurate.

Opinion

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

Platform CPAs, LLP
6510 Millrock Drive #415
Holladay, UT 84121

- 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 audits 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 SEI 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about SEI 401(k) 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 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 based 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 SEI 401(K) 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 SEI 401(K) Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Platform CPAs, LLP

Holladay, Utah
October 2, 2026

SEI 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments, at fair value:		
Common/collective trust funds	12,194,458	12,067,976
Total investments, at fair value	**$ 12,194,458**	**$ 12,067,976**
Stable value fund, at contract value	104,723	1,497
Notes receivable from participants	53,664	39,887
Receivables:		
Employer contributions	9,702	11,017
Employee contributions	28,251	33,302
NET ASSETS AVAILABLE FOR BENEFITS	$ 12,390,798	$ 12,153,679

The accompanying notes are an integral part of these statements.

SEI 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2025

Additions to net assets attributed to:	
Investment activity:	
Net appreciation in fair value of investments	$ 1,913,586
Dividend and interest income	4,068
Total investment activity	1,917,654
Contributions:	
Employer	249,999
Participants	753,577
Rollovers	264,836
Total contributions	1,268,412
Total additions	3,186,066
Deductions from net assets attributed to:	
Benefits paid to participants	2,872,706
Administrative expenses	76,241
Total deductions	2,948,947
Net Increase	237,119
Balance - beginning of year	12,153,679
Balance - end of year	$12,390,798

The accompanying notes are an integral part of these statements.

NOTE A – DESCRIPTION OF PLAN

The following description of the SEI 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement and the amendments thereto for a more complete description of the Plan's provisions.

General

Effective January 1, 2011, Synergy Enterprises, Inc. ("the Company") established the Plan to provide deferred compensation benefits to its eligible employees. The Plan is a defined contribution plan with 401(k) salary deferral provisions covering substantially all employees of the Company who are at least 18 years of age and who have completed six consecutive months of service. Eligible employees may enter the Plan on the first day of the next quarter following satisfaction of these requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan qualifies under the Internal Revenue Code ("IRC") as a 401(k) Plan.

The eligibility, contribution, and vesting provisions described herein are consistent with the Summary Plan Description effective June 30, 2020. Participants should refer to the SPD for further information on Plan provisions and participant rights.

Contributions

Each year, participants may contribute up to 100% of eligible salary on a pre-tax deferral or as a Roth deferral, with a maximum contribution for 2025 of $23,500. In addition, participants who are age 50 or older may make catch-up contributions of up to $7,500 for the year ended December 31, 2025. Participants may also transfer monies from a former employer's qualified retirement plan, as defined in the Plan's provisions. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make a discretionary matching contribution equal to a uniform percentage of employee salary deferrals each year. The matching is 100% of employee's elective deferrals up to 3% of his or her gross wages in the Plan year. For the year ended December 31, 2025, the Company made matching contributions of $249,999.

Participant Accounts

As of December 31, 2025, plan assets are held by Principal Life Insurance Company and records are kept by the Plan sponsor. The Plan offers participant-directed investments, including common/collective trust funds sponsored by Great Gray Trust Company and a stable value fund of Principal Global Investors Trust Company.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts (continued)

Each participant's account is credited with the participant's contribution, including amounts rolled over from other qualified plans, and allocations of the Company's discretionary matching and non-elective contributions, if any, and Plan earnings and losses, less any applicable charges. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled represents the amounts that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions, rollover contributions, employer matching contributions and employer non-elective contributions, as well as actual earnings thereon. All participants are 100% vested; therefore, there are no forfeited accounts.

Notes Receivable from Participants

Participants may borrow from their fund accounts from a minimum of $1,000 and a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate available for similar loans as determined by the Plan Administrator (prime plus 1% at December 31, 2025). Loans are repaid through semi-monthly payroll deductions. Loans may not be taken from Roth deferrals.

Payment of Benefits

After a participant leaves the Company due to any reason (death, disability, termination, or retirement), the participant may elect to receive his or her vested benefit in a single lump sum or have the payment paid as a "direct rollover" to an individual retirement account (IRA) or to another employer's tax qualified plan.

Participants may elect to withdraw from their vested account balance in the event of proven financial hardships. In addition to hardship withdrawals, deferral and matching accounts are available for in-service distribution upon attainment of age 65, subject to plan procedures. Distributions are also available upon termination of employment.

Generally, on termination of service and at any point in time thereafter, an employee may elect to receive a lump sum equal to his or her vested account balance. However, if the employee's vested balance is less than $1,000, he or she must receive a lump-sum distribution.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Investment Options

Contributions to the Plan are invested by the Trustee in various investment funds, according to participant instructions. The Plan Administrator provides participants with current copies of the prospectus describing each investment option.

The Plan holds an interest in the Principal Stable Value Fund, a common collective trust that invests in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts are presented at contract value, which represents contributions plus earnings, less participant withdrawals and administrative expenses. Contract value is the relevant measurement attribute for the portion of net assets available for benefits 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. The stable value fund is excluded from the fair-value hierarchy when presented at contract value. The crediting interest rate was 2.87% as of December 31, 2025, and 2.73% as of December 31, 2024. The average yield earned during the year was approximately 3.0%. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment in the fund at contract value.

Spousal Consent

In accordance with the Plan provisions, spousal consent is not required for benefit payments or loans.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 that 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.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, additions to net assets, and deductions from net assets, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents represent monies deposited with the Plan custodian which, at year end, were unallocated to investment accounts.

Party-in-interest transactions

Transactions with Principal Financial Group, the trustee and custodian of the Plan, qualify as party-in-interest transactions under ERISA. See Note I – Related Parties for further disclosure.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged directly to the borrowing participant's account. As of December 31, 2025, no allowance for credit losses has been recorded. If a participant does not make loan payments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

As of December 31, 2025 and 2024, notes receivable from participants were $53,664 and $39,887, respectively. Management believes the notes receivable from participants are fully collectible.

Investment Valuation and Income Recognition

Investments in common collective trusts are measured using the net asset value per unit as reported by the trustee and are not categorized within the fair-value hierarchy when NAV is used as a practical expedient. Fully benefit-responsive stable value investments are presented at contract value and are not included in the fair-value hierarchy. Participant loans are reported at their unpaid principal balance plus accrued interest and are not included in the fair-value hierarchy. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses of the Plan are charged to participant accounts unless paid by the Plan sponsor. Certain expenses of maintaining the Plan are currently paid by the Plan sponsor and are therefore excluded from these financial statements. Investment management service fees are paid by Plan participants through investment earnings or direct charges to participant accounts. The Plan sponsor may, at its discretion, pay Plan administrative or investment-related expenses in future periods.

ERISA Section 103(a)(3)(C) Audit Election

As permitted by ERISA Section 103(a)(3)(C), the Plan's financial statements are presented in conformity with an audit performed pursuant to this section. Accordingly, investments held and certified by Principal Financial Group, a qualified bank and custodian, have not been audited by the Plan's independent auditor. The auditor's procedures were limited to information that is not certified.

Risks and uncertainties

Investment securities are exposed to various risks, including market, interest rate, and credit risk. Further information about investment risks and concentrations is presented in Note F – Risks and Uncertainties.

Investment Management Services

Investment management services, excluding transaction fees and loan fees, are paid for by plan participants.

NOTE C – INFORMATION PREPARED AND CERTIFIED BY THE PLAN CUSTODIAN

Management obtained a certification from Principal Life Insurance Company, a qualified institution under 29 CFR 2520.103-8, stating that all investment information as of and for the year ended December 31, 2025, is complete and accurate. The certification covered all Plan investments held by the custodian without exception.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data prepared and certified as complete and accurate by the Plan custodian for the years ended December 31:

Investments measured at NAV:		
Common/collective trust funds	$	12,194,458
Fully benefit-responsive stable value fund, at contract value	$	104,723
Net appreciation in fair value of investments		1,913,586
Dividend and interest income		4,068

Principal Financial Group as of December 31, 2024:

Investments measured at NAV:		
Common/collective trust funds	$	12,067,976
Fully benefit-responsive stable value fund, at contract value	$	1,497

NOTE D – TAX STATUS

The Plan, which is a prototype non-standardized profit-sharing plan with Cash or Deferred Arrangement (CODA), has received a favorable determination letter from the Internal Revenue Service dated June 30, 2020. The Internal Revenue Service has determined and informed the Company that the Plan is designed in accordance with the applicable regulations of the Internal Revenue Code (IRC) and is exempt from income taxes.

The Plan's information return filings are subject to audit by the Internal Revenue Service and the Department of Labor, generally for three years after filing. Years before 2023 are no longer subject to audit.

NOTE E – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statement to Schedule H of Form 5500 as of December 31:

	2025	2024
Net assets available for plan benefits per the financial statements	$12,390,798	$12,153,679
Less: contribution receivable	(37,953)	(44,319)
Net assets available for plan benefits per the Form 5500	$12,352,845	$12,109,360

The following is a reconciliation of contributions per the financial statements to the Form 5500 for the year ended December 31, 2025:

	2025	2024
Total contributions per the financial statements	$ 1,268,412	$ 1,035,060
Less: contribution receivable - 2025	(37,953)	(44,319)
Add: contributions receivable - 2024	44,319	44,267
Total contributions per the Form 5500	$ 1,274,778	$ 1,035,008

NOTE F – RISKS AND UNCERTAINTIES

The Plan invests in a diversified portfolio of investment securities, including common collective trusts and a stable value fund. Investment securities are exposed to various risks, such as interest rate, market, and credit risks.

Due to the level of risk and potential volatility associated with these securities, it is at least reasonably possible that changes in the fair value of investments will occur in the near term. Such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Although the Plan's investments are broadly diversified across multiple asset classes and fund managers, concentrations of market risk exist to the extent that participants allocate their account balances to specific funds or asset classes.

NOTE F – RISKS AND UNCERTAINTIES (CONTINUED)

At December 31, 2025, investments in the Great Gray Trust Company My Way Retirement series of target date funds collectively represented approximately 81% of total Plan assets. Such concentrations expose the Plan to market risk associated with these investment options. Management has evaluated subsequent events through the date the financial statements were available to be issued and noted no events, including market fluctuations, that would materially affect the amounts reported in the financial statements.

NOTE G – PLAN TERMINATION

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

NOTE H – FAIR VALUE MEASUREMENTS

The Plan's investments reported at fair value are measured using valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Investments measured using net asset value as a practical expedient, including common collective trusts, are disclosed separately and are not categorized within the fair-value hierarchy. Fully benefit-responsive stable value investments are presented at contract value and are not included in the fair-value hierarchy. Participant loans are reported at unpaid principal balance plus accrued interest and are also excluded from the fair-value hierarchy.

The fair value measurement accounting literature establishes a fair-value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on available inputs to measure fair value. Investments measured at NAV, including common collective trusts, are disclosed separately and are not classified in Level 1, Level 2, or Level 3 of the fair-value hierarchy. Fully benefit-responsive stable value investments and participant loans are excluded from the fair-value hierarchy.

NOTE H – FAIR VALUE MEASUREMENTS (CONTINUED)

Investments Measured at NAV

Common collective trusts are measured using the net asset value per unit as reported by the trustee. Because these investments are measured using NAV as a practical expedient, they are not included in the fair-value hierarchy tables.

The net asset value is based on the market value of its underlying investments, but the net asset value is not a publicly quoted price in an active market and can be obtained directly from the applicable asset manager or investment sponsor.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table presents the Plan's investments measured at net asset value as a practical expedient at December 31, 2025. These investments, which consist of common collective trusts, are not categorized within the fair-value hierarchy. Fully benefit-responsive stable value investments are presented at contract value, and participant loans are reported at unpaid principal balance plus accrued interest; accordingly, neither is included in the table.

2025 Investments Measured at NAV as Practical Expedient	**Fair Value**
Common collective trusts	$ 12,194,458
Total investments measured at NAV	**$ 12,194,458**

NOTE H – FAIR VALUE MEASUREMENTS (CONTINUED)

The following table presents the Plan's investments measured at net asset value as a practical expedient at December 31, 2024. These investments, which consist of common collective trusts, are not categorized within the fair-value hierarchy. Fully benefit-responsive stable value investments are presented at contract value, and participant loans are reported at unpaid principal balance plus accrued interest; accordingly, neither is included in the table.

2024 Investments Measured at NAV as Practical Expedient	Fair Value
Common collective trusts	$ 12,067,976
Total investments measured at NAV	**$ 12,067,976**

Gains and losses (realized and unrealized) included in the net assets available for the year ended December 31, 2025, are reported in the net depreciation in fair value of investments.

NOTE I – RELATED PARTIES AND PARTIES IN INTEREST

All funds are managed by Principal Financial Group. As a result, Principal Financial Group qualifies as a party-in-interest to the Plan with respect to transactions related to these funds. The fair value of the funds managed by Principal Financial Group totaled $12,519,302 and $12,069,473 for the years ended December 31, 2025 and 2024, respectively.

Fees paid by the Plan for the investment management services amounted to $76,241 for the year ended December 31, 2025.

All of the Plan's investments are participant-directed, and as such, transactions involving Principal Financial Group are considered party-in-interest transactions that are specifically exempt from the prohibited transaction provisions of ERISA, provided they are conducted at fair market value and in accordance with applicable plan documents.

A detailed listing of investments held by the Plan at December 31, 2025 and 2024 is included in the Schedule H, Line 4i – Schedule of Assets (Held at End of Year).

NOTE J – SUBSEQUENT EVENTS

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

SUPPLEMENTAL INFORMATION

SEI 401(K) PLAN
EIN: 04-3755253
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Common Collective Trusts		
	Great Gray Trust Company	Blackrock Eafe Eq Idx CL R FD	**	$ 40,149
	Great Gray Trust Company	Blackrock Eqty Indx FD Class 1	**	327,870
	Great Gray Trust Company	Blackrock Russ 2000 Idx CL R	**	27,453
	Great Gray Trust Company	Blackrock US Dbt Idx FD CL 1	**	21,859
	Great Gray Trust Company	Blackrock Mid Cap Eq Inx CL 1	**	135,814
	Great Gray Trust Company	Blackrock U.S. Tips Index CL 1	**	127,727
	Great Gray Trust Company	MyWayRtmt Idx Retirement Fd	**	900,918
	Great Gray Trust Company	MyWayRtmt Idx 2030 Fund	**	659,252
	Great Gray Trust Company	MyWayRtmt Idx 2035 Fund	**	2,535,251
	Great Gray Trust Company	MyWayRtmt Idx 2040 Fund	**	1,769,463
	Great Gray Trust Company	MyWayRtmt Idx 2045 Fund	**	1,830,610
	Great Gray Trust Company	MyWayRtmt Idx 2050 Fund	**	629,607
	Great Gray Trust Company	MyWayRtmt Idx 2055 Fund	**	1,664,142
	Great Gray Trust Company	MyWayRtmt Idx 2060 Fund	**	785,873
	Great Gray Trust Company	MyWayRtmt Idx 2065 Fund	**	125,600
	Great Gray Trust Company	MyWayRetirement Real Estate R	**	5,256
	Great Gray Trust Company	MyWayRetirement Balanced R Fd	**	3,045
	Great Gray Trust Company	MyWayRetirement Commodities R	**	19,917
	Great Gray Trust Company	MyWayRetirement Core Bond R Fd	**	20,076
	Great Gray Trust Company	MyWayRetirement Emerg Mrkts R	**	22,544
	Great Gray Trust Company	MyWayRetirement Global Bond R	**	6,661
	Great Gray Trust Company	MyWayRetirement Intl Growth R	**	18,887
	Great Gray Trust Company	MyWayRetirement International	**	170,365

SEI 401(K) PLAN
EIN: 04-3755253
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Great Gray Trust Company	MyWayRetirement Lrg Cap Grth R	**	223,920
	Great Gray Trust Company	MyWayRetirement Lrg Cap Val R	**	53,224
	Great Gray Trust Company	MyWayRetirement Multi-Sec Bd R	**	30,410
	Great Gray Trust Company	MyWayRetirement Mid Cap Grth R	**	3,111
	Great Gray Trust Company	MyWayRetirement Mid Cap Val R	**	13,585
	Great Gray Trust Company	MyWayRetirement Sm Cap Grth R	**	10,105
	Great Gray Trust Company	MyWayRetirement Sm Cap Val R	**	11,764
*	Principal Global Investors Trust Co	Principal Stable Value Z Fund	**	104,723
		Total Common Collective Trusts		12,299,181
		Notes Receivable from Participants		
*	Participant Loans	Interest at 3.25% - 8.50%	**	53,664
		Total		$12,352,845

* Party-in-interest to the Plan

SEI 401(K) PLAN
EIN: 04-3755253
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Common Collective Trusts		
	Great Gray Trust Company	Blackrock Eafe Eq Idx CL R FD	**	$ 2,495.36
	Great Gray Trust Company	Blackrock Eqty Indx FD Class 1	**	175,532
	Great Gray Trust Company	Blackrock Russ 2000 Idx CL R	**	28,139
	Great Gray Trust Company	Blackrock US Dbt Idx FD CL 1	**	26,669
	Great Gray Trust Company	Blackrock Mid Cap Eq Inx CL 1	**	109,192
	Great Gray Trust Company	Blackrock U.S. Tips Index CL 1	**	17,593
	Great Gray Trust Company	MyWayRtmt Idx Retirement Fd	**	1,904,449
	Great Gray Trust Company	MyWayRtmt Idx 2030 Fund	**	1,109,885
	Great Gray Trust Company	MyWayRtmt Idx 2035 Fund	**	2,678,649
	Great Gray Trust Company	MyWayRtmt Idx 2040 Fund	**	1,297,819
	Great Gray Trust Company	MyWayRtmt Idx 2045 Fund	**	1,723,574
	Great Gray Trust Company	MyWayRtmt Idx 2050 Fund	**	461,731
	Great Gray Trust Company	MyWayRtmt Idx 2055 Fund	**	1,380,115
	Great Gray Trust Company	MyWayRtmt Idx 2060 Fund	**	622,506
	Great Gray Trust Company	MyWayRtmt Idx 2065 Fund	**	79,341
	Great Gray Trust Company	MyWayRetirement Real Estate R	**	2,494
	Great Gray Trust Company	MyWayRetirement Balanced R Fd	**	1,933
	Great Gray Trust Company	MyWayRetirement Commodities R	**	81,276
	Great Gray Trust Company	MyWayRetirement Core Bond R Fd	**	15,914
	Great Gray Trust Company	MyWayRetirement Emerg Mrkts R	**	13,432
	Great Gray Trust Company	MyWayRetirement Global Bond R	**	22,316
	Great Gray Trust Company	MyWayRetirement Intl Growth R	**	23,302
	Great Gray Trust Company	MyWayRetirement International	**	18,033

SEI 401(K) PLAN
EIN: 04-3755253
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Great Gray Trust Company	MyWayRetirement Lrg Cap Grth R	**	144,384
	Great Gray Trust Company	MyWayRetirement Lrg Cap Val R	**	67,513
	Great Gray Trust Company	MyWayRetirement Multi-Sec Bd R	**	16,310
	Great Gray Trust Company	MyWayRetirement Mid Cap Grth R	**	4,678
	Great Gray Trust Company	MyWayRetirement Mid Cap Val R	**	7,720
	Great Gray Trust Company	MyWayRetirement Sm Cap Grth R	**	7,243
	Great Gray Trust Company	MyWayRetirement Sm Cap Val R	**	23,739
*	Principal Global Investors Trust Co	Principal Stable Value Z Fund	**	1,497
		Total Common Collective Trusts		12,069,473
		Notes Receivable from Participants		
*	Participant Loans	Interest at 3.25% - 8.5%	**	39,887
		Total		$ 12,109,360

* Party-in-interest to the Plan
** Not required, as all investments are participant directed

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEI 401() P

EIN 04 3755253
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	GREAT GRAY TRUST COMPANY	Common/Collective Trust BlackRock Eqty Indx Fd Class 1	$ 0.00	$ 327,869.89
	GREAT GRAY TRUST COMPANY	Common/Collective Trust BlackRock EAFE Eq Idx Cl R FD	$ 0.00	$ 40,149.15
	GREAT GRAY TRUST COMPANY	Common/Collective Trust BlackRock Mid Cap Eq Idx Cl 1	$ 0.00	$ 135,813.48
	GREAT GRAY TRUST COMPANY	Common/Collective Trust BlackRock Russ 2000 Idx Cl R	$ 0.00	$ 27,452.94
	GREAT GRAY TRUST COMPANY	Common/Collective Trust BlackRock U.S. TIPS Index Cl 1	$ 0.00	$ 127,726.47
	GREAT GRAY TRUST COMPANY	Common/Collective Trust BlackRock US Dbt Idx Fd Cl 1	$ 0.00	$ 21,859.04
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Balanced R Fd	$ 0.00	$ 3,045.36
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Commodities R	$ 0.00	$ 19,916.71
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Core Bond R Fd	$ 0.00	$ 20,075.69
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Emerg Mrkts R	$ 0.00	$ 22,544.40
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Global Bond R	$ 0.00	$ 6,661.21
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement International	$ 0.00	$ 170,364.86
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Intl Growth R	$ 0.00	$ 18,887.17
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Lrg Cap Grth R	$ 0.00	$ 223,919.56
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Lrg Cap Val R	$ 0.00	$ 53,223.55

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEI 401() P

EIN 04 3755253
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Mid Cap Grth R	$ 0.00	$ 3,111.32
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Mid Cap Val R	$ 0.00	$ 13,585.41
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Multi-Sec Bd R	$ 0.00	$ 30,410.15
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Real Estate R	$ 0.00	$ 5,256.44
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Sm Cap Grth R	$ 0.00	$ 10,104.54
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Sm Cap Val R	$ 0.00	$ 11,763.94
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx Retirement Fd	$ 0.00	$ 900,918.38
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx 2030 Fund	$ 0.00	$ 659,252.37
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx 2035 Fund	$ 0.00	$ 2,535,250.61
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx 2040 Fund	$ 0.00	$ 1,769,462.71
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx 2045 Fund	$ 0.00	$ 1,830,609.83
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx 2050 Fund	$ 0.00	$ 629,607.09
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx 2055 Fund	$ 0.00	$ 1,664,142.44
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx 2060 Fund	$ 0.00	$ 785,873.22
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx 2065 Fund	$ 0.00	$ 125,600.38

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEI 401() P

EIN 04 3755253
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Global Investors Trust Co	Common/Collective Trust Principal Stable Value Z Fund	$ 0.00	$ 104,723.00
*	Participant Loans	Range of Interest Rates Rates Range From 3.25% To 8.50%	$ 0.00	$ 53,664.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)