Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERICAN TRAVEL SOLUTIONS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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)
AMERICAN TRAVEL SOLUTIONS, LLC

1021 WEST ADAMS STREET, SUITE 300
CHICAGO, IL 60607

2b Employer Identification Number (EIN)
26-1584446

2c Plan Sponsor's telephone number
312-525-9802

2d Business code (see instructions)
488100

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.	10/12/2026	JEFF J. KLEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	142
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)**	136
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	130
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	11
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	141
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	141
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)**	129
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)**	134
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 3B 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)	[ ] Trust	**(3)**	[ ] 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 _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
AMERICAN TRAVEL SOLUTIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN TRAVEL SOLUTIONS, LLC

D Employer Identification Number (EIN)
26-1584446

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERITAS LIFE INSURANCE CORP.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
47-0098400	61301	635921	133	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	1600196

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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	**B** Three-digit plan number (PN) ▶	
AMERICAN TRAVEL SOLUTIONS 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
AMERICAN TRAVEL SOLUTIONS, LLC	26-1584446	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SWBC INVESTMENT ADVISORY SERVICES

75-1553739

(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 50	3(21) FIDUCIARY	19217	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERITAS LIFE INSURANCE CORP

47-0098400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 67 64 37 50	BUNDLED RECORDKEEPER	3713	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
AMERICAN TRAVEL SOLUTIONS 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
AMERICAN TRAVEL SOLUTIONS, LLC

D Employer Identification Number (EIN)
26-1584446

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:	AMERITAS LIFE INSURANCE CORP		
b Name of sponsor of entity listed in (a):	SEPARATE ACCOUNT G-3		
c EIN-PN	47-0098400-004	**d** Entity code	P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1600196		
a Name of MTIA, CCT, PSA, or 103-12 IE:	STADION/BENEFIT TRUST		
b Name of sponsor of entity listed in (a):	STADION CYCLICAL TREND ETF FUND		
c EIN-PN	81-6274538-062	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	422159		
a Name of MTIA, CCT, PSA, or 103-12 IE:	STADION/BENEFIT TRUST		
b Name of sponsor of entity listed in (a):	STADION DYNAMIC TREND ETF FUND		
c EIN-PN	81-6274538-061	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	413739		
a Name of MTIA, CCT, PSA, or 103-12 IE:	STADION/BENEFIT TRUST		
b Name of sponsor of entity listed in (a):	STADION CORE INCOME ETF FUND		
c EIN-PN	81-6274538-063	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	539151		
a Name of MTIA, CCT, PSA, or 103-12 IE:	STADION/BENEFIT TRUST		
b Name of sponsor of entity listed in (a):	STADION DOMESTIC EQUITY ETF FUND		
c EIN-PN	81-6274538-059	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1518738		
a Name of MTIA, CCT, PSA, or 103-12 IE:	STADION/BENEFIT TRUST		
b Name of sponsor of entity listed in (a):	STADION INTERNATIONAL EQUITY ETF FUND		
c EIN-PN	81-6274538-060	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	844066		
a Name of MTIA, CCT, PSA, or 103-12 IE:	ELITECITWITHVANGUARDFUNDS2025 - IC		
b Name of sponsor of entity listed in (a):	HAND BENEFITS & TRUST. A BPAS CO		
c EIN-PN	74-2008758-252	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	130208		

a Name of MTIA, CCT, PSA, or 103-12 IE: ELITECITWITHVANGUARDFUNDS2040 - IG

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST. A BPAS CO

c EIN-PN 74-2008758-255	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 272784

a Name of MTIA, CCT, PSA, or 103-12 IE: ELITECITWITHVANGUARDFUNDS2050 - IF

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST. A BPAS CO

c EIN-PN 74-2008758-257	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25067

a Name of MTIA, CCT, PSA, or 103-12 IE: ELITECITWITHVANGUARDFUNDS2055 - IE

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST. A BPAS CO

c EIN-PN 74-2008758-258	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36559

a Name of MTIA, CCT, PSA, or 103-12 IE: ELITECITWITHVANGUARDFUNDS2070 - IA

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST. A BPAS CO

c EIN-PN 74-2008758-261	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18083

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

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST. A BPAS CO

c EIN-PN 74-2008758-262	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3861

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
AMERICAN TRAVEL SOLUTIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN TRAVEL SOLUTIONS, LLC

D Employer Identification Number (EIN)
26-1584446

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)	35764	70976
(9) Value of interest in common/collective trusts	1c(9)	3231134	4224415
(10) Value of interest in pooled separate accounts	1c(10)	1629085	1600196
(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	4895983	5895587
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	4895983	5895587

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)	203752	
(B) Participants	2a(1)(B)	559739	
(C) Others (including rollovers)	2a(1)(C)	31489	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		794980
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)	5480	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5480
(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)		529404
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		244128
(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1573992
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	551458	
(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)		551458
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)	500	
(3) Recordkeeping fees	2i(3)	3213	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	19217	
(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)		22930
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		574388
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		999604
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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: PASQUESI SHEPPARD LLC **(2)** EIN: 36-4049282

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	
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? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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
AMERICAN TRAVEL SOLUTIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN TRAVEL SOLUTIONS, LLC

D Employer Identification Number (EIN)
26-1584446

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): 47-0098400

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 Q704091A .

PASQUESI SHEPPARD LLC
ACCOUNTANTS AND CONSULTANTS

AMERICAN TRAVEL SOLUTIONS 401(K) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

TOGETHER WITH INDEPENDENT AUDITOR'S REPORT

FEIN 26-1584446 PLAN NUMBER 001

AMERICAN TRAVEL SOLUTIONS 401(K) PLAN

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PASQUESI SHEPPARD LLC
ACCOUNTANTS AND CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEES AND PLAN ADMINISTRATOR OF AMERICAN TRAVEL SOLUTIONS 401(K) PLAN

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

We were engaged to perform audits of the financial statements of AMERICAN TRAVEL SOLUTIONS 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 Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, 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 AMERICAN TRAVEL SOLUTIONS 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 certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of AMERICAN TRAVEL SOLUTIONS 401(K) PLAN referred to in the first paragraph. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

AMERICAN TRAVEL SOLUTIONS 401(K) PLAN does not have sufficient accounting records and supporting documents relating to participants' individual account balances established for current and former employees prior to 2017. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Emphasis of Matter – Plan Termination

We draw attention to Note 1 and Note 2 of the financial statements, which describe the transfer of all remaining net assets of AMERICAN TRAVEL SOLUTIONS 401(K) PLAN to a successor plan during the 2026 plan year. Management has indicated that the AMERICAN TRAVEL SOLUTIONS 401(K) PLAN will fulfill all remaining obligations. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 AMERICAN TRAVEL SOLUTIONS 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 Responsibility for the Audit of the Financial Statements

Our responsibility is to conduct the audits of AMERICAN TRAVEL SOLUTIONS 401(K) PLAN's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of AMERICAN TRAVEL SOLUTIONS 401(K) PLAN and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held at End of Year as of or for the year ended December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Pasquesi Sheppard LLC

Pasquesi Sheppard LLC
Lake Forest, Illinois

October 5, 2026

AMERICAN TRAVEL SOLUTIONS 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments —		
Pooled separate accounts (at fair value)	$ 1,598,722	$ 1,628,054
Collective investment trusts (at fair value)	4,224,415	3,231,134
Contract with insurance company (at contract value)	1,474	1,031
Total investments	$ 5,824,611	$ 4,860,219
Notes receivable from participants	70,976	35,764
Total net assets available for benefits	$ 5,895,587	$ 4,895,983

The accompanying notes are an integral part of these financial statements.

AMERICAN TRAVEL SOLUTIONS 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions —		
Employer	$	203,752
Participants		559,739
Rollover		31,489
Total contributions	$	794,980
Interest on notes receivable from participants	$	5,480
Investment income —		
Net appreciation in fair value of investments	$	611,658
Interest and dividends		161,874
Total investment income	$	773,532
Total additions to net assets	$	1,573,992
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	$	551,458
Administrative expenses		22,930
Total deductions from net assets	$	574,388
NET INCREASE (DECREASE)	$	999,604
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of the year		4,895,983
End of the year	$	5,895,587

The accompanying notes are an integral part of this financial statement.

(1) PLAN DESCRIPTION:

The following description of the American Travel Solutions 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions:

General —

The Plan is a defined contribution plan established on January 1, 1999, covering all eligible employees of American Travel Solutions, LLC (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Plan management is responsible for the oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

On June 14, 2024, the Company was acquired by Perk USA Inc. (formerly TravelPerk). The Company functioned as an independent brand until mid-2025, when the two entities established their first joint corporate hub and began combining its employee infrastructures. As a result, on December 1, 2025, the Company's authorized officers approved and executed agreements to terminate the Plan effective December 31, 2025, and to establish a new, harmonized successor plan, the Mercer Wise Pooled Employer Plan for Perk USA Inc. (the Successor Plan) for the benefit of the Company and Perk USA Inc. employees. In accordance with Internal Revenue Code (IRC) regulations, all participants remained 100% vested in their account balances upon the effective date of termination.

In connection with this termination, and in compliance with Internal Revenue Service (IRS) regulations regarding successor plans, the Plan did not distribute cash or direct rollovers to participants. Instead, 100% of the Plan's assets and liabilities were transferred via direct transfer into the Successor Plan, a qualified defined contribution plan sponsored by Perk USA Inc. The physical transfer of all participant account balances and underlying trust assets took place in January 2026. This transfer included the in-kind transfer of all outstanding notes receivable from participants (participant loans). Outstanding loans were assumed by the Successor Plan under their existing terms and the transfer did not result in loan defaults or taxable distributions to participants.

Amendment —

On March 24, 2024, the Plan was amended retroactively to implement the various pension-related Plan provisions of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) in response to the COVID-19 pandemic. Furthermore, the Plan was retroactively amended to implement the various pension-related provisions of the SECURE Act and other law changes. The provisions of this amendment shall be interpreted and applied to be consistent with IRS guidance issued in connection therewith.

Effective March 21, 2024, the Plan was amended to allow in-service withdrawals at age fifty-nine and a half, prior to attainment of the normal retirement age specified in the Plan document.

Trustee —

Ameritas Life Insurance Corp. (Ameritas) serves as Trustee of the Plan.

Eligibility —

Employees of the Company become eligible to participate in the Plan on the first day of the month coinciding with, or following the completion of three months of service. Employees must be eighteen years of age as of the enrollment date in order to be eligible. Employees covered by a collective bargaining agreement, non-resident aliens, and residents of Puerto Rico, are not eligible to participate in the Plan.

Contributions —

Each year, participants may contribute up to 100% of their compensation, as defined in the Plan, on a pre-tax, or on an after-tax basis if choosing a Roth 401(k). Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Participant contributions may not exceed certain amounts defined by statute.

The Plan includes an auto-enrollment provision whereby upon satisfying the Plan eligibility requirements, all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 2% of eligible compensation and their contributions invested in a default fund until changed by the participant. The amount of such automatic enrollment will have that deferral increased annually by 1% as a pre-tax deferral contribution until a deferral rate of 6% is reached. Each applicable increase will occur each year on January 1st.

In addition, the Company may, in its sole discretion, make non-elective contributions to the Plan on behalf of each participant. Participants must complete 1,000 hours of service during the Plan year and be employed as of the last day of the Plan year to be eligible to receive a non-elective contribution. The Company did not make any discretionary non-elective contributions to the Plan in 2025 and 2024.

Participant Accounts —

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's elective contributions, the Company's discretionary matching contributions, the Company's discretionary non-elective contributions, allocation of investment earnings or losses, and investment expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options —

Participants may allocate their contributions (in multiples of 1%) and those of the Employer among multiple investment options as made available and determined by the Plan Administrator. Employees may change their contribution allocation between investment options for future contributions and transfer prior contributions and associated earnings between investment options subject to certain restrictions set forth in the Plan. Participants have daily access to their investment balances. The investments offered have been selected by the Plan Trustee based upon the provisions of the Plan.

Vesting —

Participants are immediately vested in their elective deferral account, rollover contribution account, employer matching contribution account, and non-elective contribution account, plus actual earnings thereon. As all contributions for the participant are fully vested, there are no forfeitures in the Plan. The Plan utilizes a forfeiture account to deposit refunded employer contribution funds associated with refunds of excess employee contributions. These funds are then used to pay plan expenses or to reduce employer contributions.

Payment of Benefits —

Upon termination of service, death, disability, or retirement, a participant may elect to receive a lump-sum distribution equal to the value of the participant's vested interest in his or her account. A participant may also elect to roll over his or her distribution to another retirement plan, such as an individual retirement account (IRA). Upon severance of employment, and if no election is made, participant account balances of less than $5,000 will be automatically transferred to an IRA in the name of the participant. Hardship withdrawals are also allowed as permitted under the IRC subject to certain restrictions as defined in the Plan Agreement.

Rollover Contributions —

With the Company's consent, an eligible employee may make one or more rollover contributions to the Plan, if the employee demonstrates to the Company's satisfaction that the contribution qualifies as a rollover contribution in accordance with the IRC. Distributions from amounts attributable to rollover contributions may be distributed at any time if permitted under the funding vehicle.

Notes Receivable from Participants —

Participants may borrow, but not less than $1,000, from their self-directed investment accounts. The maximum aggregate of each participant's outstanding loans cannot exceed the lesser of $50,000 or 50% of the participant's vested account balance. No participant may have more than one loan outstanding at any time. Participant loans are secured by the balance in the participant's self-directed investment account. The loan interest rate is set at 2% above prime rate, as defined. Interest rates on all participant loans outstanding at December 31, 2025, were between 9.50% and 10.50%. Principal and interest are paid ratably through payroll deductions in terms of up to five years unless the loan is for the purchase of a principal residence, in which case the loan repayment period may be longer.

Administrative Expenses —

Certain expenses incurred in the administration of the Plan are paid directly by the Company.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting —

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). Benefit payments to participants are recorded upon distribution.

Use of Estimates —

The preparation of financial statements, in accordance with GAAP, requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition —

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by investment advisers, custodian, and Trustee. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants —

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024. Delinquent participant loans are reclassified as deemed distributions based upon the terms of the Plan document.

Administrative Expenses —

Certain expenses for maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees for the administration of notes receivable from participants and certain withdrawal fees are included in administrative expenses and charged directly to the participant's account.

Subsequent Events —

Plan management has performed an analysis of activities and transactions subsequent to December 31, 2025, to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year then ended. Plan management has performed this analysis through October 5, 2026, the date on which the financial statements were available to be issued.

Effective December 3, 2025, the Company announced the termination of the Plan and the intention to transfer all underlying trust assets into the Successor Plan. As a result of this termination, all assets of the Plan were liquidated on January 6, 2026, and transferred to the Successor Plan on January 7, 2026, where they were initially invested in a money market fund on a plan level, and then reallocated to the participants utilizing an age-appropriate target date fund, on a participant level. The value of net plan assets transferred to the Successor Plan on January 7, 2026, was $5,946,068. As of January 7, 2026, 100% of the Plan assets and participant accounts have been transferred to the Successor Plan.

The financial statements do not reflect the liquidation basis of accounting, as all participant benefits are continuing and will be fully preserved under the terms of the Successor Plan.

(3) FAIR VALUE MEASUREMENTS:

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

Pooled separate accounts: The Plan invests in a Group Variable Annuity (GVA) product issued by Ameritas. The contract provides participants the ability to allocate contributions among various investment options which consist primarily of mutual funds registered with the Securities and Exchange Commission held in separate accounts established by Ameritas. The mutual funds underlying the separate accounts represent pooled investment vehicles managed by various third-party investment managers. These mutual funds invest in a diversified range of asset classes including equity securities, fixed income instruments and money market instruments. The GVA is accounted for at fair value, which is based on the Net Asset Value (NAV) of the underlying mutual funds as reported by Ameritas. The mutual funds underlying the Ameritas GVA contract are classified as Level 1 investments since their values are based on quoted prices in active markets.

Collective investment trusts: The Plan invests in collective investment trusts (CITs) through Stadion Money Management, LLC (Stadion) and the Hand Benefits & Trust Company. Stadion-managed CITs include actively managed and asset allocation portfolios that utilize a mix of equities, fixed income securities and cash equivalents. The CITs are measured at fair value using NAV as a practical expedient, using the NAV provided by the Trustee based on the fair value of the underlying assets held in the trust. The Hand Benefits & Trust Company-managed CITs include the EliteCITWithVanguard Funds. These funds invest primarily in a diversified portfolio of Vanguard mutual funds and cash equivalents. The fair value of the Plan's investment in these funds is based on the NAV per unit as reported by the Trustee at the end of the year. As such, these investments are not categorized in the fair value hierarchy in accordance with ASC 820-10-35-62.

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

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

2025				
Description of Investment	**Level 1**	**Level 2**	**Level 3**	**Total**
Pooled separate accounts	$ 1,598,722	$ -	$ -	$ 1,598,722
Total investments in the fair value hierarchy	$ 1,598,722	$ -	$ -	$ 1,598,722
Investments measured at NAV practical expedient				4,224,415
Total investments at fair value				$ 5,823,137

2024				
Description of Investment	**Level 1**	**Level 2**	**Level 3**	**Total**
Pooled separate accounts	$ 1,628,054	$ -	$ -	$ 1,628,054
Total investments in the fair value hierarchy	$ 1,628,054	$ -	$ -	$ 1,628,054
Investments measured at NAV practical expedient				3,231,134
Total investments at fair value				$ 4,859,188

(4) GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY:

As of December 31, 2025 and 2024, the Plan held investments in the fixed rate option under a group annuity contract issued by Ameritas.

The fixed rate option is a fully benefit-responsive investment contract, designed to preserve principal and provide a stable rate of return, which guarantees participants' principal and credited interest, and permits participants to make withdrawals and transfers at contract value without restriction or market value adjustments. The interest on contributions is credited daily based on a guaranteed rate declared by Ameritas, which may be reset periodically, but will not fall below a minimum guaranteed rate specified in the contract. This investment option is backed by the general account of Ameritas and is not a separate account investment.

Because the fixed rate option meets the criteria to be considered fully-benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fixed rate option. The fixed rate option is presented on the face of the Statements of Net Assets Available for Benefits at contract value. Contract value, as reported to the Plan by Ameritas, represents contributions made under the contract, plus interest credited at the guaranteed rate, less participant withdrawals and transfers. Contract value approximates fair value as it reflects the amount available to participants upon withdrawal.

The fixed rate option does not expose participants to market risk but is subject to the credit risk of Ameritas. The Plan believes that the risk of loss due to Ameritas' inability to meet its obligations is remote.

Certain events may limit the Plan's ability to transact at contract value with Ameritas. These events include but are not limited to: (a) Plan termination or significant Plan Sponsor-initiated layoffs, (b) bankruptcy or reorganization of the Plan Sponsor, or (c) Plan mergers or changes to competing investment options. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

Ameritas reserves the right to defer participant-initiated withdrawals for up to six months or to limit transfers to competing investment options (such as money market or short-duration bond funds). Transfers to competing funds may be subject to a ninety-day equity wash rule or limited to one per calendar year, depending on contract terms.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

(5) FAIR VALUE MEASUREMENTS USING NET ASSET VALUE:

As of December 31, 2025 and 2024, the Plan held investments in CITs managed by Stadion and the Hand Benefits & Trust Company. These trusts are valued using the NAV per unit as a practical expedient for fair value.

The Stadion CITs are bank-maintained collective investment funds exempt from registration under the Investment Company Act of 1940 and are available only to certain qualified retirement plans. The funds are designed to implement Stadion's tactical asset allocation strategies by investing in a diversified mix of underlying equity and fixed income securities, including ETFs and mutual funds.

The Hand Benefits & Trust Company CITs represent investments in the EliteCITWithVanguard Funds. These funds aim to provide diversified asset allocation and capital preservation by investing in underlying Vanguard index and stable value funds.

The Plan uses NAV as a practical expedient to estimate the fair value of its investments in these trusts. As such, these investments are not categorized in the fair value hierarchy (i.e., they are excluded from Level 1, Level 2, or Level 3 disclosures), in accordance with ASC 820-10-35-62.

The following table summarizes the investment strategies, liquidity, and redemption terms for the Plan's investments measured at NAV per share (or its equivalent) practical expedient:

Name of Investment	Fair Value at 12/31/25	Fair Value at 12/31/24	Unfunded Commitments	Redemption Frequency	Redemption Notice
Stadion Cyclical Trend CIT (a)	$ 422,159	$ 379,284	None	Daily	None
Stadion Dynamic Trend CIT (a)	413,739	375,740	None	Daily	None
Stadion Core Income CIT (a)	539,151	468,667	None	Daily	None
Stadion Domestic Equity CIT (a)	1,518,738	1,333,223	None	Daily	None
Stadion International Equity CIT (a)	844,066	674,220	None	Daily	None
EliteCITWithVanguard Funds Retirement Income Fund (b)	3,861	-	None	Daily	None
EliteCITWithVanguard Funds 2025 Fund (c)	130,208	-	None	Daily	None
EliteCITWithVanguard Funds 2040 Fund (c)	272,784	-	None	Daily	None
EliteCITWithVanguard Funds 2050 Fund (c)	25,067	-	None	Daily	None
EliteCITWithVanguard Funds 2055 Fund (c)	36,559	-	None	Daily	None
EliteCITWithVanguard Funds 2070 Fund (c)	18,083	-	None	Daily	None
Total CITs at NAV	$ 4,224,415	$ 3,231,134			

(a) Stadion's CITs employ tactical asset allocation strategies that adjust exposure to market segments based on quantitative models. While these strategies seek to reduce downside risk and enhance long-term returns, there can be no assurance that the tactical models will perform as expected. The investments in Stadion CITs are subject to market volatility, interest rate changes and other economic risks.

(b) This fund consists of a specialized CIT designed for participants who have reached retirement age and are in the payout phase. Rather than locking asset allocations statically at retirement, this fund executes a "through" retirement glide path that continues to derisk and adjust its portfolio mix for a thirty-year period after participants reach age sixty-five.

(c) These target date series funds include CITs designed for participants further from retirement. The funds seek complete investment strategies with an asset allocation that grows gradually more conservative as each fund approaches its target maturity. Once a specific fund reaches its target retirement year, it begins a seven-year transition period, systematically moving its allocation into the Retirement Income Fund (b). The underlying assets utilize a strategic indexing approach primarily composed of Vanguard index funds to preserve capital and mitigate volatility.

(6) SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE:

The December 31, 2025 and 2024, Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee in accordance with 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA. The table below summarizes the information that has been prepared and certified to as complete and accurate by the Trustee as of December 31:

	2025	2024
Investments —		
Pooled separate accounts (at fair value)	$ 1,598,722	$ 1,628,054
Collective investment trusts (at fair value)	4,224,415	3,231,134
Contract with insurance company (at contract value)	1,474	1,031
Notes receivable from participants	70,976	35,764
Total assets certified by the Trustee	$ 5,895,587	$ 4,895,983

	2025
Investment income —	
Net appreciation in value of investments	$ 611,658
Interest and dividends	161,874
Interest on notes receivable from participants	5,480
Total investment income certified by the Trustee	$ 779,012

(7) PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are managed by the Trustee. The Trustee is the Custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, the notes receivable from participants also represent party-in-interest transactions. These transactions are exempt from the prohibited transaction rules of the ERISA.

(8) PLAN TERMINATION AND TRANSFER OF ASSETS:

On December 1, 2025, the Company's authorized officers formally adopted a resolution to terminate the Plan effective December 31, 2025. In connection with this termination, the Company established a Successor Plan. The termination and subsequent asset transfer were structured to ensure that all participant benefits continue without interruption under the Successor Plan. No liquidation distributions were made directly to participants or beneficiaries as part of this transaction. See Note 1, Plan Description, General, for details regarding the plan termination and a description of the plan termination process.

(9) TAX STATUS:

The Plan is a non-standardized pre-approved profit-sharing plan with CODA (the Pre-Approved Plan) sponsored by CCH Incorporated DBA Ftwilliam.com that has been adopted by the Company. CCH Incorporated requested that the IRS provide an opinion related to the acceptability of the Pre-Approved Plan under Section 401 of the IRC and received a favorable opinion dated June 30, 2020. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however; there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to applicable statutory periods.

(10) RISKS AND UNCERTAINTIES:

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

(11) AUDIT SCOPE LIMITATION:

In 2018, the total number of eligible participants in the Plan reached 120. This subjected the Plan to audit and expanded reporting requirements for the first time beginning with the Plan's year ended December 31, 2018. The Plan and its third-party issuer and Custodian have not maintained sufficiently detailed accounting records relating to the Plan's participant accounts issued to current and former employees from inception of the Plan through December 31, 2017. Auditing standards require the auditor to perform procedures to substantiate beginning account balances through review of such items as contributions, income allocations, benefit payments, and other relevant account activities for an appropriate number of years prior to the Plan year under audit. The auditor is not able to complete such procedures. As a result, the audit opinion has been modified accordingly.

AMERICAN TRAVEL SOLUTIONS 401(K) PLAN

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

FEIN 26-1584446 — Plan Number 001

(a) Party-in Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	Ameritas Life Insurance Corp.	Group Variable Annuity - Dodge & Cox Stock Fund (mutual fund separate account)	$ 44,162
*	Ameritas Life Insurance Corp.	Group Variable Annuity - Vanguard Lifestrategy Conservative Growth Fund (mutual fund separate account)	2,485
*	Ameritas Life Insurance Corp.	Group Variable Annuity - Vanguard Lifestrategy Moderate Growth Fund (mutual fund separate account)	2,614
*	Ameritas Life Insurance Corp.	Group Variable Annuity - American Century US Government Money Market Fund (mutual fund separate account)	7,550
*	Ameritas Life Insurance Corp.	Group Variable Annuity - Vanguard Total Bond Market Index Fund (mutual fund separate account)	2,978
*	Ameritas Life Insurance Corp.	Group Variable Annuity - Vanguard 500 Index Fund (mutual fund separate account)	521,263
*	Ameritas Life Insurance Corp.	Group Variable Annuity - Vanguard Mid-Cap Index Fund (mutual fund separate account)	18,634
*	Ameritas Life Insurance Corp.	Group Variable Annuity - Vanguard Small-Cap Index Fund (mutual fund separate account)	78,839
*	Ameritas Life Insurance Corp.	Group Variable Annuity - DFA International Core Equity Fund (mutual fund separate account)	18,813
*	Ameritas Life Insurance Corp.	Group Variable Annuity - Vanguard Total International Stock Index Fund (mutual fund separate account)	71,795
*	Ameritas Life Insurance Corp.	Group Variable Annuity - Dodge & Cox Income Fund (mutual fund separate account)	651,057
*	Ameritas Life Insurance Corp.	Group Variable Annuity - JP Morgan Large Cap Growth Fund (mutual fund separate account)	178,532
*	Ameritas Life Insurance Corp.	Group Annuity Contract - Fully Benefit-Responsive Fixed Rate Option	1,474
	Stadion Money Management, LLC	Collective Investment Trust - Stadion Cyclical Trend ETF	422,159
	Stadion Money Management, LLC	Collective Investment Trust - Stadion Dynamic Trend ETF	413,739
	Stadion Money Management, LLC	Collective Investment Trust - Stadion Core Income ETF	539,151
	Stadion Money Management, LLC	Collective Investment Trust - Stadion Domestic Equity ETF	1,518,738
	Stadion Money Management, LLC	Collective Investment Trust - Stadion International Equity ETF	844,066
	Hand Benefits & Trust Company	Collective Investment Trust - EliteCITWithVanguard Funds Retirement Income Fund	3,861
	Hand Benefits & Trust Company	Collective Investment Trust - EliteCITWithVanguard Funds 2025 Fund	130,208
	Hand Benefits & Trust Company	Collective Investment Trust - EliteCITWithVanguard Funds 2040 Fund	272,784
	Hand Benefits & Trust Company	Collective Investment Trust - EliteCITWithVanguard Funds 2050 Fund	25,067
	Hand Benefits & Trust Company	Collective Investment Trust - EliteCITWithVanguard Funds 2055 Fund	36,559
	Hand Benefits & Trust Company	Collective Investment Trust - EliteCITWithVanguard Funds 2070 Fund	18,083
*	Participant Loans	Various maturities at rates	70,976
			$ 5,895,587

* Represents a party-in-interest to the Plan

All investments are participant directed; therefore, cost information has not been presented.

The accompanying notes are an integral part of this schedule.

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

Name of Plan:

► American Travel Solutions 401(k) Plan

Employer Identification Number:► 26-1584446

For plan year (beginning/ending):► 01/01/2025 / 12/31/2025 Plan n 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Participant Loans	High Interest Rate 10.50%, Low Interest rate 7.00%		70,977.00
	Ameritas Life Insurance Corp.	Separate Account G-3		1,600,196.00
	Stadion/Benefit Trust	Stadion Cyclical Trend ETF Fund		422,158.00
	Stadion/Benefit Trust	Stadion Dynamic Trend ETF Fund		413,739.00
	Stadion/Benefit Trust	Stadion Core Income ETF Fund		539,151.00
	Stadion/Benefit Trust	Stadion Domestic Equity ETF Fund		1,518,738.00
	Stadion/Benefit Trust	Stadion International Equity ETF Fund		844,066.00
	Hand Benefits & Trust, a BPAS Co	ELITECITWITHVANGUARDFUNDS2025 - IC		130,208
	Hand Benefits & Trust, a BPAS Co	ELITECITWITHVANGUARDFUNDS2040 - IG		272,784
	Hand Benefits & Trust, a BPAS Co	ELITECITWITHVANGUARDFUNDS2050 - IF		25,067
	Hand Benefits & Trust, a BPAS Co	ELITECITWITHVANGUARDFUNDS2055 - IE		36,559
	Hand Benefits & Trust, a BPAS Co	ELITECITWITHVANGUARDFUNDS2070 - IA		18,083
	Hand Benefits & Trust, a BPAS Co	ELITECITWITHVANGUARDFUNDSRETIREMENT INCOME - H6		3,861