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
SSA GROUP, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1996

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)

SSA GROUP, LLC

4624 CENTRAL PARK BLVD
SUITE 100
DENVER, CO 80238

2b Employer Identification Number (EIN)
93-0996528

2c Plan Sponsor's telephone number
303-321-2760

2d Business code (see instructions)
722513

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.	10/13/2026	KEVIN J ELDREDGE
	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**	2085
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)**	1789
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1636
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	320
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1961
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1961
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)**	794
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)**	826
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	63
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 3H 3D 2T

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(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
SSA GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SSA GROUP, LLC

D Employer Identification Number (EIN)
93-0996528

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
NATIONWIDE LIFE INSURANCE COMPANY

(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
31-4156830	66869	GAP-CP-JY5L	71	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
1935	0

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

CAMBRIDGE INVESTMENT RESEARCH
1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1935	0	NONE	3

(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	981349
5	Current value of plan's interest under this contract in separate accounts at year end	5	23502546

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.	6d	

Specify nature of costs ▶

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	977495
c	Additions: (1) Contributions deposited during the year	7c(1)	77942		
	(2) Dividends and credits	7c(2)	35		
	(3) Interest credited during the year	7c(3)	14312		
	(4) Transferred from separate account	7c(4)	9929		
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	102218
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1079713
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	77758		
	(2) Administration charge made by carrier	7e(2)	57		
	(3) Transferred to separate account	7e(3)	20340		
	(4) Other (specify below)	7e(4)	208		
	▶ FORFEITURE				
	(5) Total deductions			7e(5)	98363
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	981350

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
SSA GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SSA GROUP, LLC

D Employer Identification Number (EIN)
93-0996528

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

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)

NATIONWIDE FINANCIAL

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CUSTODIAN	82923	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEGACY BENEFIT SERVICES

5600 S. QUEBEC ST
SUITE 141B
GREENWOOD VILLAGE, CO 80111

71-0948945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	TPA	2870	Yes [X] No [ ]	Yes [ ] No [X]	44635	Yes [ ] No [X]

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

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1776 PLEASANT PLAIN RD.
FAIRFIELD, IA 52556-8757

42-1445429

(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 53	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	44635	Yes [ ] No [X]

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
CAMBRIDGE INVESTMENT RESEARCH	27 52	44635

(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.
SSA GROUP, LLC 4624 CENTRAL PARK BLVD DENVER, CO 80238 93-0996528	20 BASIS POINT ON PLAN ASSETS

(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

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
SSA GROUP, LLC 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
SSA GROUP, LLC

D Employer Identification Number (EIN)
93-0996528

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: KOTAK INDIA EQ CL1

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 380

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS AM BAL R6

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 255248

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS BD FD AM R6

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 412

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS CAP INC BLDR R6

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336247

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW ECON R6

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 649830

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW PRSPCT R6

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 981731

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW WLD R6

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 510981

a Name of MTIA, CCT, PSA, or 103-12 IE: AQR MGD FTR STRAT I

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1319

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK HLTH SCNC OPPR INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYMEL SMMDCAP GR I

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLXFOCS MOD 2035 R1

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1510357

a Name of MTIA, CCT, PSA, or 103-12 IE: FLXFOCS MOD 2045 R1

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3784695

a Name of MTIA, CCT, PSA, or 103-12 IE: FLXFOCS MOD 2055 R1

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1713041

a Name of MTIA, CCT, PSA, or 103-12 IE: FLXFOCS MOD 2065 R1

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 232882

a Name of MTIA, CCT, PSA, or 103-12 IE: FLXFOCS MOD RTRMT R1

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1209143

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA COMDTY STRAT INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 887

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMRG MKTS CORE EQ2 PRTFLIO INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1752

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA GLBL REALEST SEC INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 820

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFL PRTCT SEC INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 407

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL CORE EQ2 PORTFOLIO - INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 383248

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL SM CO INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2593

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL SMCAP VAL

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2265

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

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2688

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA TWO YR GLBL FXD

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222652

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US LGCAP VAL INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3913

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US MICRO CAP INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1705

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TRGT VAL INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68493

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA WLDEXUSGOVTFXDINC INST			
b Name of sponsor of entity listed in (a): DFA			
c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS GOV OBLGTNS PRMR			
b Name of sponsor of entity listed in (a): FEDERATED HERMES			
c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7003
a Name of MTIA, CCT, PSA, or 103-12 IE: FID GOVT MNYMKT K6			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDADV INDSTRLS I			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDADV STRAT DIVD INC INST			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SELECT SEMICONDUCTORS PRTF			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	71413
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MRTG BCKD SEC R6			
b Name of sponsor of entity listed in (a): JP MORGAN			
c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM SMCAP GR R6			
b Name of sponsor of entity listed in (a): JP MORGAN			
c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM US TREAS PL MMKT FD PREM			
b Name of sponsor of entity listed in (a): JP MORGAN			
c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	67852
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS EMRG MKT DB R4			
b Name of sponsor of entity listed in (a): MFS			
c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	422

a Name of MTIA, CCT, PSA, or 103-12 IE: MSIF GLBL OPPR I

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2045 R6

b Name of sponsor of entity listed in (a): NATIONWIDE TRUST COMPANY FSB

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8238

a Name of MTIA, CCT, PSA, or 103-12 IE: NW GENEVA SMCAPGR INST SVC

b Name of sponsor of entity listed in (a): NATIONWIDE TRUST COMPANY FSB

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NW NYSE ARCTCH100INDX R6

b Name of sponsor of entity listed in (a): NATIONWIDE TRUST COMPANY FSB

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NW S P 500 INDX R6

b Name of sponsor of entity listed in (a): NATIONWIDE TRUST COMPANY FSB

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 668903

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

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 611774

a Name of MTIA, CCT, PSA, or 103-12 IE: NOMURA EMERG MKT INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1748

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LGCAPGRINDEX R6

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2536608

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

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1253

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

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 815

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL MD CAP R6

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1257036

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL ST INC INST

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 819

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDNTL JNISN UTIL Z

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118168

a Name of MTIA, CCT, PSA, or 103-12 IE: PTNM DYNMC ASSTALLOC GR R6

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1261096

a Name of MTIA, CCT, PSA, or 103-12 IE: TROWEPR LGCAP GR I

b Name of sponsor of entity listed in (a): T. ROWE PRICE

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21580

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

b Name of sponsor of entity listed in (a): T. ROWE PRICE

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6869

a Name of MTIA, CCT, PSA, or 103-12 IE: VANECK INTL INV GOLD A

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2078

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD 500 INDEX FD AS

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180087

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD DEVL MKT INDX ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2189

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EQ INC ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1015560

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD FED MONEY MKT FUND-INVSTR CL

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84270

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

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44879

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD HI YLD CORP ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94857

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

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 827

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MDCAP GR INDX ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48225

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD MDCAP VAL INDX ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 890294

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SEL VAL INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81708

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SM CAP INDX FD AS

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 398627

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SMCAP GR INDX ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1427573

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SMCAP VAL INDX ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2944

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD ST CORP BD INDX ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6036

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD STRAT EQ INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94482

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2020 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2025 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2030 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2035 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2040 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2045 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2050 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2055 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2060 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2065 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2070 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2070 INV

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT INC

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL BND MKT LDX ADM

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 823

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL INTL BD IDX ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL STMKT INDX FD AS

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 577558

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD US GR ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD VAL INDX ADML

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3438

a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS ALLNZGI FOCS GR A

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26805

a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS KAR SMCAP GR R6

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

c EIN-PN 31-1592130-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
SSA GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SSA GROUP, LLC

D Employer Identification Number (EIN)
93-0996528

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)	0	68
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	19520502	23502546
(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)	977495	981350
(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	20497997	24483964
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	99	112
1k Total liabilities (add all amounts in lines 1g through1j)	1k	99	112
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	20497898	24483852

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)	439586	
(B) Participants	2a(1)(B)	3010038	
(C) Others (including rollovers)	2a(1)(C)	95890	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3545514
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14347	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14347
(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)	4751	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4751
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3312532
(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		6877144
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2405412	
(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)		2405412
f Corrective distributions (see instructions)	2f		310715
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)	47505	
(3) Recordkeeping fees	2i(3)	82923	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	44635	
(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)		175063
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2891190
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3985954
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HAYNIE & COMPANY **(2)** EIN: 87-0325228

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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
SSA GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SSA GROUP, LLC

D Employer Identification Number (EIN)
93-0996528

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830

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 Q703729A .

SSA Group, LLC 401(k) Plan

Financial Statements and Supplemental Schedule
with Independent Auditors' Report

December 31, 2025 and 2024

Haynie

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
SSA Group, LLC 401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of SSA Group, LLC 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 a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements Section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report.

We are required to be independent of the SSA Group, LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 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 the SSA Group, LLC 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the SSA Group, LLC 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the SSA Group, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets Held at End of Year as of 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

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



Haynie
Littleton, Colorado
October 6, 2026

SSA Group, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value:		
Pooled separate accounts	$ 23,502,546	$ 19,520,502
Investments at contract value:		
Fixed select contract	981,349	977,495
Total investments	24,483,895	20,497,997
Receivables:		
Employer contributions receivable	68	-
Total assets	24,483,963	20,497,997
Liabilities		
Excess contributions payable	442,236	310,715
Return of ineligible contributions	112	99
Total liabilities	442,348	310,814
Net assets available for benefits	$ 24,041,615	$ 20,187,183

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

SSA Group, LLC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2025

	2025
Additions to net assets attributable to:	
Investment income:	
Interest income	$ 14,346
Dividends	4,751
Net appreciation in fair value of investments	3,312,532
Total investment income	3,331,629
Contributions:	
Participant	3,010,038
Employer	439,586
Rollovers	95,890
Total contributions	3,545,514
Total additions	6,877,143
Deductions from net assets attributed to:	
Benefits paid to participants	2,405,412
Corrective distributions	442,236
Administrative expenses	175,063
Total deductions	3,022,711
Net increase in net assets available for benefits	3,854,432
Net assets available for benefits, beginning of year	20,187,183
Net assets available for benefits, end of year	$ 24,041,615

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

SSA Group, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

1. Description of Plan

The following description of the SSA Group, LLC 401(k) Plan's (the "Plan"), sponsored by the SSA Group, LLC (the "Plan Sponsor" or "Company") is provided for general information purposes only. Participating members should refer to the Plan Agreement (as amended and restated) for more complete information.

General

The Plan is a defined contribution plan covering all full-time employees of SSA Group, LLC, Essentials, LLC, InGEM TECH, LLC, and 1M Group, LLC (excluding members of certain collectively bargained units and nonresident aliens) who have 1,000 hours of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was originally established as of July 1, 1996, and has been subsequently amended and restated on January 1, 2022. Loans to participants from their individual account balances are not permitted under the Plan. Effective January 1, 2025, the Plan adopted a resolution to include employees of SSA Holdings, LLC, SSA Ventures, LLC, and Cinchio Solutions, LLC.

Contributions

A participant's contribution is based on W-2 wages. The Participants may elect to defer up to the annual IRS limit of their annual compensation, as defined in the Plan. However, in no case shall they exceed the maximum allowable amount deductible for income tax purposes in each year. Catch-up contributions are permitted for eligible participants. The participants direct the investment of their contributions and their allocation of the Company's contribution into various investment options offered by the Plan. The Plan allows for both traditional and Roth deferrals.

The Company may make matching and non-elective contributions at its discretion. The Company match and non-elective contribution percentages are set by the Company prior to the Plan year. The match for the current year is 15% of total employee contributions. There were no non-elective contributions during the year.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings and account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and non-elective contributions portion plus actual earnings thereon is based on continuous years of service and follows a 6-year tiered vesting schedule. A participant is 100% vested after six years of credited service.

1. Description of Plan (continued)

Payment of Benefits

Upon retirement age 65, or death or disability if earlier, or termination of employment in the case of vested benefits, the balance in the member's separate account is paid to the member or their beneficiaries in a lump sum. The plan provides options for in-service withdrawals according to the provisions of the plan document. Effective January 27, 2025, the Plan was amended to allow for Qualified Disaster Recovery Distribution (QDRD) hardship withdrawals at a limit of $22,000 from the elective deferral source.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited non-vested accounts totaled approximately $7,003 and $143, respectively. These amounts may be used to reduce the employer contribution. $12,045 in forfeitures were allocated to reduce employer contributions in 2025.

2. Significant Accounting Policies

Termination

While the Company has not expressed any intent to terminate the Plan, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to provisions of ERISA. In the event of a Plan termination, participants would become 100% vested in their employer contributions.

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and the changes in those net assets in accordance with accounting principles accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosure of contingent assets and liabilities during the reporting period. Accordingly, actual results may differ from those estimates.

Contributions

Contributions from the Company are accrued in the period in which they become an obligation of the Company by agreement of declaration by the Board of Directors.

Investment Valuation and Income Recognition

The Plan’s investments are stated at fair value, except as noted. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. The fully benefit-responsive group annuity contract is valued at contract value.

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. All other investments are valued based on quoted market prices reported in active markets. See Note 5 for additional information.

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

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with corresponding reduction to contributions. The Plan distributed the 2025 excess contributions to the applicable participants prior to April 15, 2026. The Plan recognized no further excess contributions during 2025.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

Certain operating expenses of the Plan are deducted from participant accounts, and the remaining expenses are paid by the Company. Investment-related expenses are included in the net appreciation (depreciation) of fair value of investments. Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements.

Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates, or other factors in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Recent Accounting Pronouncements

The Plan early adopted ASU 2025-05, Financial Instruments—Credit Losses (Topic 326), for the year ended December 31, 2025. This update amends existing CECL guidance under ASC Topic 326 by introducing a practical expedient for certain short-term receivables and permitting nonpublic entities to consider subsequent cash collections when estimating expected credit losses. Adoption of ASU 2025-05 did not have a material impact on the Plan's financial statements.

3. Information Certified by the Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Custodian:

All investments
Net appreciation in fair value of investments and interest income

4. Fair Value Measurements

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

Level 1 - Inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. 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 that are derived principally from or corroborated by observable market data by correlation or other means.
- Inputs other than quoted prices that are observable for the asset or liability

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis at December 31, 2025 and 2024.

4. Fair Value Measurements (continued)

Pooled Separate Accounts: Valued at NAV of units in a pooled separate account. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value.

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

2025	Level 1	Level 2	Level 3	Total
Mutual funds	$ -	$ -	$ -	$ -
Investments measured at NAV per unit - Pooled Separate Accounts				23,502,546
Investments at fair value				$23,502,546

2024	Level 1	Level 2	Level 3	Total
Mutual funds	$ -	$ -	$ -	$ -
Investments measured at NAV per unit - Pooled Separate Accounts				19,520,502
Investments at fair value				$19,520,502

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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.

5. Guaranteed Investment Contract with Insurance Company

The Plan has a benefit-responsive investment contract with Nationwide Life Insurance Company (Nationwide). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate, reset quarterly, that is guaranteed to the Plan.

Interest is credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest rate is applied to all contributions made to the product, regardless of the timing of those contributions. Interest crediting rates are reviewed on a quarterly basis for resetting.

5. Guaranteed Investment Contract with Insurance Company (continued)

When establishing interest crediting rates for this product, Nationwide considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer's general account.

The guaranteed investment contract is reported at contract value. Contract value, as reported by Nationwide, represents contributions by participants, plus earnings, less participant withdrawals and administrative expense.

The Fixed Select contract does not have a fixed maturity date. A contract holder may request a lump sum with a market value adjustment, or an installment pay out at book value over a period of time. The Fixed Select contract continues in force until all assets have been distributed or no further payments are due. Accordingly, the contract is presented at contract value.

6. Related Party/Party-in-Interest Transactions

Custodial fees are paid to Nationwide Financial, an affiliate of Nationwide Mutual Insurance Company, the Plan trustee. Legacy Benefit Company is the Plan TPA and maintains detailed participant account balance information, provides the Plan testing as required by the IRS rules and regulations, and monitors Plan compliance. Finally, Cambridge Investment Advisors provides participants with investment and retirement planning education. These transactions qualify as party-in-interest transactions. Fees paid by the Plan to these service providers for 2025 and 2024 were $175,063 and $149,689, respectively.

7. Tax Status Events

The Internal Revenue Service has determined and informed the Company by a letter dated June 30, 2020, that the Plan is designed in accordance with acceptable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable tax authorities.

7. Tax Status Events (continued)

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 asset) 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. Because plan management believes that the Plan had no taxable income, no income tax returns have been filed for 2025 or prior years.

8. Form 5500 Reconciliation to Financial Statements

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2025, to the Form 5500:

Net assets available for benefits per the financial statements	$ 24,041,615
Plus: Amounts allocated to excess contributions payable at December 31, 2025	442,236
Plus: Rounding difference	1
Net assets available for benefits per the Form 5500	$ 24,483,852

Net increase in net assets available for benefits per the financial statements	$ 3,854,432
Plus: Amounts allocated to excess contributions payable at December 31, 2025	442,236
Plus: Rounding difference	1
Less: Amounts allocated to excess contributions payable at December 31, 2024	(310,715)
Net increase in net assets available for benefits per the Form 5500	$ 3,985,954

9. Subsequent Events

Management has conducted a review of subsequent events for possible disclosure in or correction of these financial statements through October 6, 2026, the date these financial statements were available to be issued.

Supplemental Information

SSA Group, LLC 401(k) Plan

Plan #001, EIN 93-0996528

Schedule H, Line 4i -

Schedule of Assets (Held at End of Year)

December 31, 2025

	(a)	(b) Identity of Issuer, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
		Pooled accounts			
		Cit Great Gray	Flex Focus MOD 2045 R1		3,784,695
		Nuveen	Large Cap Growth Index R6		2,536,608
		Cit Great Gray	Flex Focus MOD 2055 R1		1,713,041
		Cit Great Gray	Fix Focus MOD 2035 R1		1,510,357
		Vanguard	Small-Cap Growth Index Fund Admiral		1,427,573
		Putnam	Dynamic ASSTALLOC GR R6		1,261,096
		Principal	Principal Mid Cap R6		1,257,036
		Cit Great Gray	Flex Focus Mod Retirement R1		1,209,143
		Vanguard	Equity Income Fund Admiral		1,015,560
		American Funds	New Perspective Fund Class R-6		981,731
		Vanguard	Mid-Cap Value Index Fund Admiral		890,294
	*	Nationwide	S&P 500 Index R6		668,903
		American Funds	New Economy R6		649,830
		Natixis Loomis	Natixis Loomis Investment Grade Bond		611,774
		Vanguard	Total Stock Market Index Fund Admiral		577,558
		American Funds	New World R6		510,981
		Vanguard	Small-Cap Index Fund Admiral		398,627
		DFA	International Core Equity Portfolio		383,248
		American Funds	Capital Income Bldr R6		336,247
		American Funds	American Balanced R6		255,248
		Cit Great Gray	Flex Focus MOD 2065 R1		232,882
		DFA	Two Year Global Fixed		222,652
		Vanguard	500 Index Fund Admiral		180,087
		Prudential	Prudential JNISN UTIL Z		118,168
		Vanguard	High-Yield Corporate Fund Admiral		94,857
		Vanguard	Strategic Equity Fund		94,482
		Vanguard	Federal Money Market Fund		84,270
		Vanguard	Selected Value Fund		81,708
		Fidelity	Select Semiconductors Portfolio		71,413
		DFA	U.S. Targeted Value Portfolio Institutional		68,493
		JP Morgan	U.S. Treas PL Moneymarket FD Prem		67,852
		Vanguard	Mid-Cap Growth Index Fund Admiral		48,225
		Vanguard	GNMA Fund Admiral		44,879
		Virtus	ALLNZGI Focus Growth A		26,805
		T.Rowe Price	Large-Cap Growth Fund - I Class		21,580
	*	Nationwide	Destination 2045 Fund Class R6		8,238
		Federated Hermes	Government Obligations Fund;Premier		7,003
		T.Rowe Price	TROWEPR SCNC TECH		6,869

SSA Group LLC 401(k) Plan

Plan #001, EIN 93-0996528

Schedule H, Line 4i -

Schedule of Assets (Held at End of Year) (continued)

Year ended December 31, 2025

(a)	(b) Identity of Issuer, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
	Vanguard	Short-Term Corporate Bond Index Fund Admiral		6,036
	DFA	U.S. Large Cap Value Portfolio Institutional		3,913
	Vanguard	Value Index Fund Admiral		3,438
	Vanguard	Small Cap Value Index Fund Admiral		2,944
	DFA	International Value Portfolio Institutional		2,688
	DFA	International Small Company Portfolio Institutional		2,593
	DFA	International Small Cap Value Portfolio		2,265
	Vanguard	Developed Markets Index Fund Admiral		2,189
	Vaneck	International Investment Gold A		2,078
	DFA	Emerging Markets Core Portfolio Institutional		1,752
	Nomura	Nomura Emerging Market Institutional		1,748
	DFA	U.S. Micro Cap Portfolio		1,705
	AQR	Managed Futures Strategy Fund		1,319
	PIMCO	Income Fund Institutional Class		1,253
	DFA	Commodity Strategy Portfolio Institutional		887
	Vanguard	Intermediate-Term Investment-Grade Fund		827
	Vanguard	Total Bond Market Index Adm		823
	DFA	Global Real Estate Securities Port		820
	Principal	Street High Inc Muncpl Instl		819
	PIMCO	International Bond Fund (U.S. Dollar-Hedged)		815
	MFS	Emerging Markets Debt R4		422
	American Funds	BD FD American R6		412
	DFA	Inflation-Protected Securities I		407
	ALPS	Kotak India ESG Fund		380
	Total investments - pooled account			$ 23,502,546
*	Nationwide Life Insurance Company	Group annuity contract - Fixed select contract		$ 981,349

* Indicates party-in-interest as defined by ERISA.

** Cost information is not presented because all investments are participant-directed

SSA Group, LLC 401(k) Plan

Plan #001, EIN 93-0996528

Schedule H, Line 4i -

Schedule of Assets (Held at End of Year)

December 31, 2025

	(a)	(b) Identity of Issuer, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
		Pooled accounts			
		Cit Great Gray	Flex Focus MOD 2045 R1		3,784,695
		Nuveen	Large Cap Growth Index R6		2,536,608
		Cit Great Gray	Flex Focus MOD 2055 R1		1,713,041
		Cit Great Gray	Fix Focus MOD 2035 R1		1,510,357
		Vanguard	Small-Cap Growth Index Fund Admiral		1,427,573
		Putnam	Dynamic ASSTALLOC GR R6		1,261,096
		Principal	Principal Mid Cap R6		1,257,036
		Cit Great Gray	Flex Focus Mod Retirement R1		1,209,143
		Vanguard	Equity Income Fund Admiral		1,015,560
		American Funds	New Perspective Fund Class R-6		981,731
		Vanguard	Mid-Cap Value Index Fund Admiral		890,294
	*	Nationwide	S&P 500 Index R6		668,903
		American Funds	New Economy R6		649,830
		Natixis Loomis	Natixis Loomis Investment Grade Bond		611,774
		Vanguard	Total Stock Market Index Fund Admiral		577,558
		American Funds	New World R6		510,981
		Vanguard	Small-Cap Index Fund Admiral		398,627
		DFA	International Core Equity Portfolio		383,248
		American Funds	Capital Income Bldr R6		336,247
		American Funds	American Balanced R6		255,248
		Cit Great Gray	Flex Focus MOD 2065 R1		232,882
		DFA	Two Year Global Fixed		222,652
		Vanguard	500 Index Fund Admiral		180,087
		Prudential	Prudential JNISN UTIL Z		118,168
		Vanguard	High-Yield Corporate Fund Admiral		94,857
		Vanguard	Strategic Equity Fund		94,482
		Vanguard	Federal Money Market Fund		84,270
		Vanguard	Selected Value Fund		81,708
		Fidelity	Select Semiconductors Portfolio		71,413
		DFA	U.S. Targeted Value Portfolio Institutional		68,493
		JP Morgan	U.S. Treas PL Moneymarket FD Prem		67,852
		Vanguard	Mid-Cap Growth Index Fund Admiral		48,225
		Vanguard	GNMA Fund Admiral		44,879
		Virtus	ALLNZGI Focus Growth A		26,805
		T.Rowe Price	Large-Cap Growth Fund - I Class		21,580
	*	Nationwide	Destination 2045 Fund Class R6		8,238
		Federated Hermes	Government Obligations Fund;Premier		7,003
		T.Rowe Price	TROWEPR SCNC TECH		6,869

SSA Group LLC 401(k) Plan

Plan #001, EIN 93-0996528

Schedule H, Line 4i -

Schedule of Assets (Held at End of Year) (continued)

Year ended December 31, 2025

(a)	(b) Identity of Issuer, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
	Vanguard	Short-Term Corporate Bond Index Fund Admiral		6,036
	DFA	U.S. Large Cap Value Portfolio Institutional		3,913
	Vanguard	Value Index Fund Admiral		3,438
	Vanguard	Small Cap Value Index Fund Admiral		2,944
	DFA	International Value Portfolio Institutional		2,688
	DFA	International Small Company Portfolio Institutional		2,593
	DFA	International Small Cap Value Portfolio		2,265
	Vanguard	Developed Markets Index Fund Admiral		2,189
	Vaneck	International Investment Gold A		2,078
	DFA	Emerging Markets Core Portfolio Institutional		1,752
	Nomura	Nomura Emerging Market Institutional		1,748
	DFA	U.S. Micro Cap Portfolio		1,705
	AQR	Managed Futures Strategy Fund		1,319
	PIMCO	Income Fund Institutional Class		1,253
	DFA	Commodity Strategy Portfolio Institutional		887
	Vanguard	Intermediate-Term Investment-Grade Fund		827
	Vanguard	Total Bond Market Index Adm		823
	DFA	Global Real Estate Securities Port		820
	Principal	Street High Inc Muncpl Instl		819
	PIMCO	International Bond Fund (U.S. Dollar-Hedged)		815
	MFS	Emerging Markets Debt R4		422
	American Funds	BD FD American R6		412
	DFA	Inflation-Protected Securities I		407
	ALPS	Kotak India ESG Fund		380
	Total investments - pooled account			$ 23,502,546
*	Nationwide Life Insurance Company	Group annuity contract - Fixed select contract		$ 981,349

* Indicates party-in-interest as defined by ERISA.

** Cost information is not presented because all investments are participant-directed