Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/1983

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)
THE CONVERSE PROFESSIONAL GROUP

717 S. MYRTLE AVE.
MONROVIA, CA 91016

2b Employer Identification Number (EIN)
95-4020122

2c Plan Sponsor's telephone number
626-930-1200

2d Business code (see instructions)
541330

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	RUBEN L. ROMERO
	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**	160
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)**	118
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	95
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	42
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	137
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	137
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)**	137
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)**	137
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	8
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 3D

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

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

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

a Pension Schedules

- **(1)** [ ] **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
THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE CONVERSE PROFESSIONAL GROUP

D Employer Identification Number (EIN)
95-4020122

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	92172-01	24		

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
387	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

GERALD MCKEON

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
387	0		5

(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	1033654
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	970349
c	Additions: (1) Contributions deposited during the year	7c(1)	88592		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	12924		
	(4) Transferred from separate account	7c(4)	409602		
	(5) Other (specify below)	7c(5)	8868		
	▶ LOAN REPAYMENT				
	(6)Total additions			7c(6)	519986
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1490335
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	90350		
	(2) Administration charge made by carrier	7e(2)	-2245		
	(3) Transferred to separate account	7e(3)	368576		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	456681
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1033654

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)**	
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)**	
(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)**	
(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
THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE CONVERSE PROFESSIONAL GROUP

D Employer Identification Number (EIN)
95-4020122

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)

EMPOWER ANNUITY INS CO OF AMERICA

8515 E ORCHARD RD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	26693	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LEAFHOUSE FINANCIAL ADVISORS, LLC

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	9597	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

ONEAMERICA SECURITIES INC

(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?
55	BROKER/ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	7333	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
ONEAMERICA SECURITIES INC	55	7333

(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.
EMPOWER ANNUITY INSURANCE 8515 E ORCHARD RD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE CONVERSE PROFESSIONAL GROUP

D Employer Identification Number (EIN)
95-4020122

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:	PUTNAM RETIREMENT ADV 2045		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS		
c EIN-PN 26-0787945-261	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	293476
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADV 2045 FUNDXA		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS		
c EIN-PN 26-0787945-259	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	641442
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTMAN RETIREMENT ADV 2030 FUNDXA		
b Name of sponsor of entity listed in (a):	PUTMAN INVESTMENTS		
c EIN-PN 26-0788040-262	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	72672
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTMAN RETIREMENT ADV 2060 FUNDXA		
b Name of sponsor of entity listed in (a):	PUTMAN INVESTMENTS		
c EIN-PN 47-5459433-273	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	956204
a Name of MTIA, CCT, PSA, or 103-12 IE:	RETIREGUIDE GROWTH & INCOME		
b Name of sponsor of entity listed in (a):	ALTA TRUST		
c EIN-PN 84-4095989-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21853
a Name of MTIA, CCT, PSA, or 103-12 IE:	GREAT GRAY BLENDED RESRCH CORE EQTY		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 99-3500679-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2060639
a Name of MTIA, CCT, PSA, or 103-12 IE:	RETIREGUIDE MODERATE GROWTH		
b Name of sponsor of entity listed in (a):	ALTA TRUST		
c EIN-PN 84-4096529-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37137

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE MOD GWROTH & INC

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

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)
84-4096260-001	C	52581

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAN RETIREMENT ADV MATURITY FUND

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

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)
26-0788428-268	C	757124

a Name of MTIA, CCT, PSA, or 103-12 IE: ALTA FEDERATED MDT SMALL CAP CORE

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

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)
99-2666297-001	C	663903

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

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

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)
84-4095754-001	C	106934

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

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

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)
84-4074165-001	C	292

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND FEE CLASS R1

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-4126247-549	C	601716

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2055 FUNDXA

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

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)
26-1384344-263	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2050 FU

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

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)
26-0787670-258	C	12412

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE 2040 FU

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

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)
26-1384398-260	C	4907

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE GG TRUST C

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-4126289-594	C	255360

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREGUIDE CONS GROWTH & INC

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

c EIN-PN 84-4094462-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11799

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV 2055 FUND XA

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

c EIN-PN 27-3616920-272	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142258

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND CLASS R1

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

c EIN-PN 38-4065329-426	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2415793

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
THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE CONVERSE PROFESSIONAL GROUP

D Employer Identification Number (EIN)
95-4020122

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	191652	195555
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	158960	177908
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	18429829	20598943
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	18780441	20972406
Liabilities			
1g Benefit claims payable	1g	0	12550
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	47400	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	47400	12550
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	18733041	20959856

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)	195555	
(B) Participants	2a(1)(B)	437647	
(C) Others (including rollovers)	2a(1)(C)	8274	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		641476
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	577950	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	14576	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		592526
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)**		0
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		2080786
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		0
c Other income	**2c**		9498
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		3324286
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	1059691	
(2) To insurance carriers for the provision of benefits	**2e(2)**	0	
(3) Other	**2e(3)**	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		1059691
f Corrective distributions (see instructions)	**2f**		12550
g Certain deemed distributions of participant loans (see instructions)	**2g**		0
h Interest expense	**2h**		0
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**	0	
(2) Contract administrator fees	**2i(2)**	25230	
(3) Recordkeeping fees	**2i(3)**	0	
(4) IQPA audit fees	**2i(4)**	0	
(5) Investment advisory and investment management fees	**2i(5)**	0	
(6) Bank or trust company trustee/custodial fees	**2i(6)**	0	
(7) Actuarial fees	**2i(7)**	0	
(8) Legal fees	**2i(8)**	0	
(9) Valuation/appraisal fees	**2i(9)**	0	
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		25230
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		1097471
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		2226815
l Transfers of assets:			
(1) To this plan	**2l(1)**		0
(2) From this plan	**2l(2)**		0

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: DOUGHERTY & COMPANY **(2)** EIN: 95-3871065

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 _____.

THE CONVERSE PROFESSIONAL GROUP
401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2025 and 2024

DOUGHERTY & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

KENNETH L. MERSCH
NONI S. PATCHETT*
*A PROFESSIONAL CORPORATION

500 NORTH CENTRAL AVENUE
SUITE 325
GLENDALE, CALIFORNIA 91203

(818) 543-3682
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E-MAIL: CPASFORLA@AOL.COM

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
The Converse Professional Group 401(k) Plan
Monrovia, California

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note M to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Converse Professional Group 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Converse Professional Group 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 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 Converse Professional Group 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 Converse Professional Group 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was

derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental 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).

Dougherty & Company

Glendale, California
October 12, 2026

THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
Investments at fair value, See Note D	$ 20,598,943	$ 18,429,829
Total investments	20,598,943	18,429,829
Receivables		
Employer contribution receivable	195,555	191,652
Notes receivable from participants, see Note A	177,908	158,960
Total receivables	373,463	350,612
TOTAL ASSETS	$ 20,972,406	$ 18,780,441
LIABILITIES		
Excess contributions payable	$ 12,550	$ 47,400
TOTAL LIABILITIES	12,550	47,400
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 20,959,856	$ 18,733,041

See Independent Auditor's Report and accompanying notes

THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

For the Year Ended December 31, 2025

ADDITIONS		
Contributions:		
Employer	$ 195,555	
Participants	437,647	
Rollovers	8,274	$ 641,476
Earnings on investments:		
Net appreciation in fair value of investments	2,080,786	
Dividends and interest	577,950	2,658,736
Other income:		
Fee revenue sharing	9,498	
Participant loan interest	14,576	24,074
TOTAL ADDITIONS		3,324,286
DEDUCTIONS		
Distributions:		
Benefits paid to participants	(1,059,691)	
Corrective distributions	(12,550)	(1,072,241)
Administration expenses - see Note B		(25,230)
TOTAL DEDUCTIONS		(1,097,471)
NET INCREASE IN NET ASSETS		2,226,815
BALANCE, BEGINNING OF YEAR		18,733,041
BALANCE, END OF YEAR		$ 20,959,856

See Independent Auditor's Report and accompanying notes

THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025

NOTE A - Description of Plan

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

General. The Plan is a defined contribution plan covering all employees of The Converse Professional Group and Subsidiaries (the "Company") who have completed 160 hours of service during the first two months of service and are age 18 or older. The Plan has semi-annual entry days of January 1st and July 1st. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration. The Converse Professional Group and Subsidiaries (the "Company") is the Plan Sponsor, Trustee, and Administrator. The Company contracts with Empower Retirement operating under the Empower Trust Company, LLC umbrella, to manage the Plan as the custodian trustee and Raymond, Reeves & Stout, LLP to act as a third-party administrator.

Contributions. 401(k) contributions to the Plan are composed of employee and employer portions. Employees can elect to contribute up to $23,500 through salary reduction. The Plan also allows for Roth contributions. Depending on age, employees can be eligible to contribute catch-up deferrals. The Plan allows for a discretionary employer contribution. The current employer contribution formula is to contribute a matching contribution to all non-union participants equal to 50% of each participant's elective deferral contribution when the Company demonstrates annual net profit before tax and bonus of at least $500,000, or 25% when the Company demonstrates annual net profit before tax and bonus of at least $250,000 and less than $500,000, all subject to a maximum of 4% compensation deferral. If the Company demonstrates annual net profit of less than $250,000 there is no employer matching contribution. The Company may also elect a profit-sharing contribution but did not do so for 2025. The Employer's contribution is funded annually.

Vesting. Participants are fully vested in their elective contributions, but not the matching employer contributions on them. Participants vest in employer matching contributions based on their credited years of vesting service. Normal vesting is over a period of six years. When years of vesting service are determined, the elapsed time method is used.

NOTE A - Description of Plan – continued

Participant Accounts. Each participant's account is credited with the participant's contribution, employer matching, and investment earnings. Each participant's account is charged with investment losses, benefits paid, and administrative expenses. Participants have direct control over the investing of their account, meeting the requirements of ERISA 404(c). Changes in investment market values and income are allocated specifically to participant accounts depending on the performance of funds in which they have elected to invest. The vested portion of the participant's account is the benefit to which the participant is entitled.

Notes Receivable from Participants. Participants may borrow the lesser of up to 50% of their vested plan account balance as measured at the time the loan is made or $50,000. Loans are secured by the balance in the participant's account and bear a reasonable rate of interest, typically a rate of prime plus 2%. Principal and interest are generally paid ratably through regular payroll deductions. The maximum loan term is five years, except for loans used to acquire a principal residence.

Payment of Benefits. The Plan provides cash benefits for participants when they retire, die or terminate their employment with the Company. Participants may elect to receive their vested interest in the form of a lump-sum payment or in the form of a deferred payout if the separation is due to normal retirement, permanent disability retirement, death, or termination. Normal retirement age under the Plan is fifty-nine and one-half (59½).

Forfeited Accounts. When a participant terminates employment with the Company or incurs a "break in service," a portion of the participant's interest in the Plan may be forfeited depending on the number of years of service. Non-vested forfeitures are used to reduce future employer contributions or pay expenses. During 2025, forfeitures increased by $4,606 of new forfeitures and earnings. As of December 31, 2025, and 2024, there were $7,465 and $2,859 unallocated forfeitures remaining to be used, respectively.

NOTE B - Summary of Significant Accounting Policies

The financial statements and notes are representations of the trustees, who are responsible for their integrity and objectivity.

Basis of Accounting. The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of 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 disclosures. Accordingly, actual results may differ from those estimates.

NOTE B - Summary of Significant Accounting Policies – continued

Investment Valuation and Income Recognition. The Plan's investments in registered mutual funds are reported at fair value based on published daily net asset values. Investments in common/collective trust funds are reported at fair value using net asset value (NAV) per unit as a practical expedient. The Plan's fixed annuity is measured at fair value daily based upon observable inputs. Net appreciation or depreciation in the fair value of investments includes realized gains and losses on investments sold and unrealized changes in the fair value of investments held during the year.

Excess Contributions Payable and Corrective Distributions. The return to participants of contributions in excess of amounts allowed by the Internal Revenue Code is recorded as a liability with a corresponding distribution.

Notes Receivable from Participants. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024.

Administration Expenses and Fee Revenue Sharing. The cost of maintaining the Plan is generally paid by the Plan. Some costs are incurred specifically by participants at their direction and charged directly to their account. Examples of fees charged directly to participant accounts are loan maintenance fees, wire fees, express mail service charges, and mutual funds fees charged at the fund level. Fund fees are netted with fund income and can be determined by viewing the fund prospectus. For the year ended December 31, 2025, administrative fees incurred by the Plan totaled $25,230 with $9,498 of fees paid by the revenue share credits. The Plan has a fee revenue sharing agreement in which a portion of fund level fees are refunded back to the Plan.

Payments of Benefits. Benefits are recorded when paid.

Subsequent Events. Subsequent events have been evaluated through October 12, 2026, which is the date the financial statements were available to be issued.

NOTE C - Cash Balances and Interest-bearing Accounts

Noninterest-bearing cash consists of funds in the process of being invested. Interest-bearing cash has been placed by participants in money market funds and short-term certificates of deposit. Periodically throughout the year, balances may be in excess of federally insured limits or maintained in money market funds that are not federally insured.

NOTE D – Investments and Fair Value Measurements

The Plan's investments consist of registered mutual funds, common/collective trust funds, and fixed annuity. Registered mutual funds are reported at fair value based on quoted market prices. Common/collective trust funds are reported at fair value using net asset value (NAV) as a practical expedient. Investments measured using NAV as a practical expedient are excluded from the fair value hierarchy. The Plan's fixed annuity is measured at fair value daily as described in Note F.

The accounting literature under FASB ASC 820, Fair Value Measurement, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The 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. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The fair value hierarchy levels used by the Plan are described as follows:

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

Level 2 - Quoted prices other than those included in Level 1 that are observable either directly or indirectly. Level 2 inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or that can be corroborated by observable market data for substantially the full term of the financial instrument.

Under ASU 2015-07, investments that do not have a readily determinable fair value (RDFV) may be valued at the Net Asset Value (NAV) as a practical expedient. Investments valued using the NAV as a practical expedient are presented as a reconciling item on the fair value table.

Following is a description of the valuation methodologies used for assets.

Mutual Funds - Mutual funds are registered with the United States Securities and Exchange Commission. They are valued at the daily closing price which is published as their daily net asset value (NAV). Trades are transacted at these published values.

NOTE D – Investments and Fair Value Measurements – continued

Fixed annuity – The Plan has determined that the Key Guaranteed Portfolio Fund does not qualify as a fully benefit-responsive investment contract and, accordingly, is reported at fair value. The fund is valued daily at the contract value based upon observable valuation inputs resulting in a value which the custodian certifies by statement to be the same value as fair value. See Note F.

Common/Collective trusts – The Plan's investments in common/collective trust funds are measured at fair value using net asset value (NAV) per unit as a practical expedient. These funds invest in various equity, fixed-income, and diversified asset-allocation strategies. NAV is calculated by the fund trustee and is used by Plan management to estimate fair value. The funds permit redemptions at NAV on a daily basis. There are no unfunded commitments or significant restrictions on redemption, and no advance notice is required.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

December 31, 2025	Total	Level 1	Level 2
Mutual funds	$ 10,456,796	$ 10,456,796	$ -
Fixed annuity	1,033,654	-	$ 1,033,654
Subtotal	11,490,450	10,456,796	$ 1,033,654
Collective Trust Funds *(NAV)*	9,108,493		
Total investments at fair value	$ 20,598,943		

December 31, 2024	Total	Level 1	Level 2
Mutual funds	$ 9,473,321	$ 9,473,321	$ -
Fixed annuity	970,348		970,348
Subtotal	10,443,669	$ 9,473,321	$ 970,348
Collective Trust Funds *(NAV)*	7,986,160		
Total investments at fair value	$ 18,429,829		

There were no changes in the valuation methodologies used during 2025 or 2024 that have resulted in changes in reported values. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE D – Investments and Fair Value Measurements – continued

Investments held by the custodian trustee and certified are described in Note M. The custodian trustee invests plan funds in the manner directed by the participant. The selection of funds from which to choose offers a range of potential returns and corresponding risks.

NOTE E – Distributions

Distributions made during the year fall into the three categories of corrective distributions, benefit payments, and deemed distribution of loans. The corrective distributions are required to meet discrimination testing. Benefit payments include distributions allowed under the Plan's hardship provision as well as those relating to retirement, disability, termination, and death. When payments are not being received on participant loans, the plan administrator makes the determination if a deemed distribution needs to occur. The criteria for a default loan being a deemed distribution for tax purposes is different than the criteria for being uncollectible under Generally Accepted Accounting Principles.

NOTE F – Investments in Fixed Annuity

The Plan invests in the Key Guaranteed Portfolio Fund (the "Fund"), a group annuity contract issued by Empower Annuity Insurance Company of America. The Fund is backed by the general assets of the insurance company and provides for the return of principal and credited interest for permitted participant-initiated transactions. The interest crediting rate is based on the earnings of the underlying assets, the contractual minimum interest rate, and prevailing market conditions. The crediting rate is reset quarterly.

The Plan has evaluated the Fund under the applicable guidance in FASB ASC 962 and has determined that it does not qualify as a fully benefit-responsive investment contract. Accordingly, the Fund is reported at fair value. ASC 962 includes a definition that pertains to benefit responsiveness at the plan level. At the plan level, events may limit the ability of the plan to transact at the contract value. For example, Plan amendments, changes to the Plan's investment options and provisions, bankruptcy or restrictions of the Plan sponsor, or Plan disqualification may have an adverse impact and can impact the responsiveness at the plan level.

The value represents contributions made to the Fund, plus credited interest, less participant withdrawals and applicable expenses. The Fund is valued daily in accordance with the valuation provisions of the group annuity contract. The custodian states that fair value is the same as contract value. The Plan's determination and presentation is in alignment with the manner reflected by the custodian in the "Fair Value Measurements For FASB ASC 820" table contained with the Empower Trust Company, LLC certified report package.

NOTE G - Disclosures Required by ERISA and the Department of Labor

ERISA and DOL regulations require that supplemental schedules be presented when certain conditions are met. The trustees have determined that the Plan only meets conditions that require a schedule of assets held for investment purposes at the end of year to be presented.

NOTE H - Risks and Uncertainties

The Plan investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits. Participants generally bear the investment gains and losses associated with their investment selections, subject to the applicable fiduciary responsibilities and protections provided under ERISA.

NOTE I - Income Tax Status and Plan Amendments

Effective January 1, 2022, the Company has restated its plan by adopting the Prototype Non-standardized Profit-Sharing Plan/401(k) Plan drafted by Raymond, Reeves & Stout, LLP. The Internal Revenue Service (IRS) has determined and informed Raymond, Reeves & Stout, LLP by an opinion letter dated June 30, 2020, that the Plan is acceptable under Internal Revenue Code Section 401(a). Subsequent to restatement, the Plan has been amended to modify provisions and maintain compliance with changes in laws. The Trustee and Plan administrator believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan can be subject to examinations by the Internal Revenue Service or the Department of Labor (DOL). These governing agencies have different periods for statutes of limitations. The common statutes are three years for the IRS from date of filing and six years for the DOL. The Plan is not subject to any current examinations.

NOTE J – Accrued Corrective Distributions

Plan testing indicates that accrued corrective distributions of $12,550 and $47,400 are required for the 2025 and 2024 years, respectively.

NOTE K - Insurance and Bonding

The Plan is covered by a fidelity bond as required by ERISA.

NOTE L – Parties-in-Interest Transactions

Custodial services are provided by Empower Trust Company, LLC and its affiliates Empower Annuity Insurance Company of America and Empower Retirement (Empower). Empower is compensated for its investment management services through broker fees and typical mutual fund fees charged at the fund level, such as 12b-1 fees, as well as fees charged directly to participants for specific services, see Note B, and recordkeeper fees. The mutual fund fees are netted with income at the fund level. Advisory services are provided by OneAmerica Securities Inc. and Leafhouse Financial Advisors, LLC. Raymond, Reeves & Stout, LLP provides third-party administration services. Audit services are provided by Dougherty & Company. Such transactions are generally exempt from the prohibited transaction rules of ERISA and the Internal Revenue Code. All administrative fees are payments to parties-in-interest.

NOTE M - Information Certified by the Custodian Trustee

The following is a summary of the cash-basis information included in the accompanying financial statements and supplemental schedules that has been obtained from data that has been prepared and certified as complete and accurate by Empower Trust Company, LLC, the custodian trustee.

	2025	2024
Investments:		
Mutual funds	$ 10,456,796	$ 9,473,321
Fixed annuity	1,033,654	970,348
Collective trust funds	9,108,493	7,986,160
Total investments	$ 20,598,943	$ 18,429,829
Other Items:		
Contributions & loan payments	$ 706,247	
Disbursements including new loans	(1,153,561)	
Net appreciation, interest, and dividends	2,658,736	
Fee revenue sharing	9,498	
Administration expenses (gross)	(25,230)	

The Custodian certifies various reports. Some reports are prepared using the cash basis and others the accrual basis of accounting. The difference between the cash basis and the accrual basis amounts results in temporary timing differences at the year end.

NOTE N - Reconciliation of Financial Statements to Schedule H of Form 5500

There are no timing differences in total assets or net increase in assets between the financial statements and Form 5500, Schedule H. However, the Plan has chosen to combine investments and income differently for presentation on the Schedule H.

NOTE O - Termination

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

SUPPLEMENTARY INFORMATION

THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

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

December 31, 2025

EIN 95-4020122; Plan 002

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	AMERICAN FUNDS NEW WORLD R6	Mutual Funds	**	172,207
	COHEN & STEERS REAL ESTATE SECURITIES Z	Mutual Funds	**	210,237
*	EMPOWER INTERNATIONAL VALUE INSTL	Mutual Funds	**	909,771
	FIDELITY 500 INDEX	Mutual Funds	**	65,247
	FIDELITY ADVISOR SMALL CAP GROWTH I	Mutual Funds	**	561,595
	FIDELITY ADVISOR TOTAL BOND I	Mutual Funds	**	977,326
	FIDELITY INFLATION PROTECTED BOND INDEX	Mutual Funds	**	224,063
	FIDELITY INTERNATIONAL INDEX	Mutual Funds	**	37,306
	FIDELITY LOW-PRICED STOCK	Mutual Funds	**	583,915
	FIDELITY MID CAP INDEX	Mutual Funds	**	907,446
	FIDELITY SMALL CAP INDEX	Mutual Funds	**	3,020
	PGIM HIGH-YIELD R6	Mutual Funds	**	952,076
	PIMCO INT BOND (USD-HEDGED) INSTL	Mutual Funds	**	207,163
	PUTNAM LARGE CAP GROWTH Y	Mutual Funds	**	4,645,424
*	KEY GUARANTEED PORTFOLIO FUND	Insurance general-account contract	**	1,033,654
	ALTA FEDERATED MDT SMALL CAP CORE	Collective Trust Funds	**	663,903
	GREAT GRAY BLENDED RESRCH CORE EQTY	Collective Trust Funds	**	2,060,638
	FRANKLIN SMALL CAP VALUE GG TRUST CTR	Collective Trust Funds	**	255,360
	LARGE CAP VALUE FUND CLASS R1	Collective Trust Funds	**	2,415,791
	MID CAP GROWTH FUND FEE CLASS R1	Collective Trust Funds	**	601,716
	PUTNAM RETIREMENT ADV MATURITY FUND XA	Collective Trust Funds	**	757,123
	PUTNAM RETIREMENT ADVANTAGE 2030 FUND XA	Collective Trust Funds	**	72,672
	PUTNAM RETIREMENT ADVANTAGE 2035 FUND XA	Collective Trust Funds	**	293,475
	PUTNAM RETIREMENT ADVANTAGE 2040 FUND XA	Collective Trust Funds	**	4,907
	PUTNAM RETIREMENT ADVANTAGE 2045 FUND XA	Collective Trust Funds	**	641,442
	PUTNAM RETIREMENT ADVANTAGE 2050 FUND XA	Collective Trust Funds	**	12,412
	PUTNAM RETIREMENT ADVANTAGE 2055 FUND XA	Collective Trust Funds	**	142,258
	PUTNAM RETIREMENT ADVANTAGE 2060 FUND XA	Collective Trust Funds	**	956,203
	RETIREGUIDE CONS GROWTH	Collective Trust Funds	**	291
	RETIREGUIDE CONS GROWTH & INC	Collective Trust Funds	**	11,798
	RETIREGUIDE GROWTH	Collective Trust Funds	**	106,933
	RETIREGUIDE GROWTH & INCOME	Collective Trust Funds	**	21,853
	RETIREGUIDE MOD GROWTH & INC	Collective Trust Funds	**	52,581
	RETIREGUIDE MODERATE GROWTH	Collective Trust Funds	**	37,137
*	Participant notes receivable	5.25% to 10.5%		177,908

*- Parties-in-interest

**- Cost not required for participant directed accounts

See Independent Auditor's Report and accompanying notes

THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN

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

December 31, 2025

EIN 95-4020122; Plan 002

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	AMERICAN FUNDS NEW WORLD R6	Mutual Funds	**	172,207
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*	EMPOWER INTERNATIONAL VALUE INSTL	Mutual Funds	**	909,771
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*- Parties-in-interest

**- Cost not required for participant directed accounts

See Independent Auditor's Report and accompanying notes