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
403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/21/2000

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)
FRANZISKA RACKER CENTERS, INC.

3226 WILKINS RD
ITHACA, NY 14850-9568

2b Employer Identification Number (EIN) 15-0581887

2c Plan Sponsor's telephone number 607-272-5891

2d Business code (see instructions) 624100

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.	10/14/2026	CECILIA CAMPBELL
	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**	1372
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)**	985
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1012
b	Retired or separated participants receiving benefits	**6b**	27
c	Other retired or separated participants entitled to future benefits	**6c**	435
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1474
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	1476
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)**	1075
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)**	1178
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2S 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(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
403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRANZISKA RACKER CENTERS, INC.

D Employer Identification Number (EIN)
15-0581887

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
MUTUAL 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
13-1614399	88668	059114	1178	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
0	2291

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

NEW ENGLAND OFFICE
500 EXCHANGE STREET
PROVIDENCE, RI 02903-2630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2291	PORTION OF INCENTIVE COMPENSATION	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	1397136
5	Current value of plan's interest under this contract in separate accounts at year end	5	25239441

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	1427686
c	Additions: (1) Contributions deposited during the year	7c(1)	49026		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	39337		
	(4) Transferred from separate account	7c(4)	141422		
	(5) Other (specify below)	7c(5)	2750701		
	▶ ROLLOVERS, LOANS, FORFEITURES				
	(6)Total additions			7c(6)	2980486
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4408172
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	182030		
	(2) Administration charge made by carrier	7e(2)	1638		
	(3) Transferred to separate account	7e(3)	73539		
	(4) Other (specify below)	7e(4)	2753829		
	▶ ROLLOVER, LOANS, FORFEITURES				
	(5) Total deductions			7e(5)	3011036
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1397136

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 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
403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRANZISKA RACKER CENTERS, INC.

D Employer Identification Number (EIN)
15-0581887

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
TIAA_CREF

(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
13-1624203	69345	330529	296	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3683408
5	Current value of plan's interest under this contract in separate accounts at year end	5	5886176

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	3689452
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	148541		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	148541
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3837993
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	152409		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	2176		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	154585
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3683408

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
403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRANZISKA RACKER CENTERS, INC.

D Employer Identification Number (EIN)
15-0581887

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

DWS
210 WEST 10TH STREET
KANSAS CITY, MO 64105

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

FIDELITY INVESTMENTS
82 DEVONSHIRE STREET
BOSTON, MA 02109

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

GOLDMAN SACHS
200 WEST STREET
NEW YORK, NY 10282

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

MUTUAL OF AMERICA
320 PARK AVE
NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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

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

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

(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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 37 65	RECORD KEEPER	12086	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

TIAA

730 THIRD AVENUE
NEW YORK, NY 10017

(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?
12 15 37	INSURANCE CARRIER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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

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
403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FRANZISKA RACKER CENTERS, INC.

D Employer Identification Number (EIN)
15-0581887

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: SEPARATE ACCOUNT NUMBER SA2

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA

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)
13-1614399-000	P	25239441

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

b Name of sponsor of entity listed in (a): TIAA-CREF

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)
13-1624203-004	P	5886176

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)

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRANZISKA RACKER CENTERS, INC.

D Employer Identification Number (EIN)
15-0581887

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	23020
(2) Participant contributions	1b(2)	0	55234
(3) Other	1b(3)		
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)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	370375	370637
(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)	28973710	30754979
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5117138	5080544
(15) Other	1c(15)	0	0

		(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	34461223	36284414
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	34461223	36284414

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)	520226	
(B) Participants	2a(1)(B)	1385762	
(C) Others (including rollovers)	2a(1)(C)	332809	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2238797
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	0	
(F) Other	2b(1)(F)	188472	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		188472
(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)		
(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)		
(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)		14276
(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)		4209327
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		6650872
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4811872	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	3723	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4815595
f Corrective distributions (see instructions)	2f		0
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)	0	
(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)	0	
(11) Other expenses	2i(11)	12086	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		12086
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4827681
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1823191
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ 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) ☒ 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: BOWERS & COMPANY **(2)** EIN: 20-1317788

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 ☒ 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
403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRANZISKA RACKER CENTERS, INC.

D Employer Identification Number (EIN)
15-0581887

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): 13-3590259

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 03 / 02 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number J502244A .

FINANCIAL STATEMENTS OF

403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

Years Ended December 31, 2025 and 2024

403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

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BOWERS

BOWERS & COMPANY CPAS, PLLC

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the 403(b) Thrift Plan of Franziska Racker Centers, Inc.

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

We have performed audits of the financial statements of the 403(b) Thrift Plan of Franziska Racker Centers, Inc., an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years 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 403(b) Thrift Plan of Franziska Racker Centers, Inc.'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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Basis for Disclaimer of Opinion

As described in Note B, the Plan administrator has elected to exclude certain annuity and custodial accounts, issued to current and former employees before January 1, 2009, from the accompanying financial statements, in accordance with the provisions of the Department of

"Bowers" is the brand name under which Bowers & Company CPAs, PLLC and Bowers Advisors, LLC provide professional services. Bowers & Company CPAs, PLLC and Bowers Advisors, LLC practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable laws, regulations, and professional standards. Bowers & Company CPAs, PLLC is a licensed independent CPA firm that provides attest services to its clients, and Bowers Advisors, LLC provides tax and business consulting services to their clients. Bowers Advisors, LLC is not a licensed CPA firm.

Labor's Field Assistance Bulletin No. 2009-02. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 403(b) Thrift Plan of Franziska Racker Centers, Inc.'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

Aside from the matter described in the Basis for Disclaimer of Opinion section and 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, including omissions, 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 GAAS, 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 403(b) Thrift Plan of Franziska Racker Centers, Inc.'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 403(b) Thrift Plan of Franziska Racker Centers, Inc.'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 Form 5500 Schedule H, Line 4(i) - 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 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 their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Bowers & Co.

Bowers & Company CPAs, PLLC

Ithaca, New York
October 13, 2026

403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,

	2025	2024
Assets:		
Investments at fair value	$ 35,589,450	$ 33,793,779
Fully benefit-responsive investment contracts at contract value	616,711	667,445
Receivables:		
Participants' contributions	55,234	-
Employer's contribution	23,019	-
Total receivables	78,253	-
Total Assets	36,284,414	34,461,224
Net Assets Available for Benefits	$ 36,284,414	$ 34,461,224

See accompanying notes.

403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31,

	2025	2024
Additions to Net Assets Attributed to:		
Investment income:		
Net change in the fair value of investments	$ 4,223,601	$ 3,610,239
Interest	188,472	195,343
Total investment income	4,412,073	3,805,582
Contributions:		
Participants' contributions	1,385,763	1,300,587
Employer's contributions	520,226	483,977
Rollover contributions	332,809	25,847
Total contributions	2,238,798	1,810,411
Total Additions	6,650,871	5,615,993
Deductions from Net Assets Attributed to:		
Benefits paid to participants	4,795,659	4,074,336
Purchases of annuity contracts	16,213	-
Administrative expenses	12,086	10,290
Other expenses	3,723	-
Total Deductions	4,827,681	4,084,626
Net Change in Net Assets Available for Benefits	1,823,190	1,531,367
Net Assets Available for Benefits:		
Beginning of year	34,461,224	32,929,857
End of year	$ 36,284,414	$ 34,461,224

See accompanying notes.

403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

A. Description of the Plan:

The following description of the 403(b) Thrift Plan of Franziska Racker Centers, Inc. (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 403(b) defined contribution plan covering substantially all employees of Franziska Racker Centers, Inc. (the Organization). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Organization's Board of Directors oversees governance of the Plan. The Organization's Finance Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Board of Directors.

Contributions: An employee is eligible to participate in the elective deferral feature of the Plan immediately upon employment. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 1% of eligible compensation. Contributions are automatically invested in a Qualified Default Investment Alternative (QDIA) until and unless changed by the participant. Participants may elect to contribute at least 1% but no more than 100% of annual compensation, as defined in the Plan and subject to limits determined by the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants employed at least 15 years with the Organization are also eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants may direct the investment of their contributions into various insurance contract investment options offered by the Plan through Mutual of America Life Insurance Company.

The Organization has the option to make employer discretionary matching contributions, which participants are eligible for after two years of credited service, as defined in the Plan. For 2025 and 2024, the Organization elected to match 100% of employee elective deferrals, up to 3% of eligible compensation. Additional employer discretionary contributions may be contributed to all eligible participants at the option of the Board of Directors. There were no additional discretionary employer contributions made to the Plan for 2025 or 2024.

Contributions are subject to limitations determined by the Internal Revenue Service.

Participant Accounts: All funds held on behalf of a participant under the Plan are invested in one or more contracts in accordance with the terms of those contracts and the participant's directions. The issuer of each contract maintains individual accounts reflecting the funds allocated on behalf of each participant who has invested in that contract. Each individual account reflects (a) the total amount of contributions, transfers and other additions that are allocated to such account and the earnings thereon, (b) any payments or withdrawals on the participant's behalf from such accounts, and (c) any

expenses of such accounts attributable to the participant's interest therein. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in all contributions plus actual earnings thereon.

Forfeited Accounts: There are no forfeited accounts, as participants are immediately 100% vested in all contributions and earnings.

Plan Loans:

TIAA accounts: Participants may borrow a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 45% of his or her TIAA Traditional annuity account balance subject to contract and Plan provisions. Loans from certain specific investments may be further limited per the annuity contracts. Loan terms range from one to five years in one-year increments (up to 10 years for the purchase of the participant's primary residence). The loan interest rate for these Plan loans may be fixed or variable and the initial rate is determined by the terms of the controlling contract, as are the rate adjustment details and frequency. Principal and interest is paid ratably by the participant to TIAA, and each payment reduces amounts collateralized by the participant's TIAA Traditional account balance.

Mutual of America accounts: Group Annuity Loans are available to participants. Participants may borrow a minimum of $1,000, and up to a maximum equal to the lesser of (1) $50,000 reduced by the excess (if any) of the highest outstanding balance of loans during the one year period ending on the day before the loan is made, over the outstanding balance of loans from the Plan on the date the loan is made, or (2) 50% of the present value of the nonforfeitable account of the participant. Loans must be authorized by the individual investment contracts. Loans are secured by a pledge of the borrower's accounts. Loan terms range from one to five years in one-year increments (up to 10 years for the purchase of the participant's primary residence). Loans must bear a reasonable interest rate, which is determined by Mutual of America Life Insurance Company quarterly. Principal and interest must be repaid in amortized, level payments not less frequently than quarterly.

Payment of Benefits:

TIAA accounts: Upon termination of service, death, disability, or attainment of age $59^1/_2$, participants with an account balance exceeding $1,000 may request that the vested portion of their account be paid to them in one or more of the following forms of payment, as specified in the adoption agreement and to the extent permitted by the participant's individual agreements: (1) lump-sum, (2) partial payments, (3) installment payments over a period not to exceed the life expectancy of the participant or the joint and last survivor life expectancy for the participant and their designated beneficiary, or (4) purchase of an annuity contract. Participants who experience a distribution event with account balances under $1,000 will be paid a lump sum distribution. Hardship withdrawals are also permitted under the Plan.

Mutual of America accounts: Participants may withdraw funds from their accounts upon severance of employment, death, disability, or attainment of age $59^1/_2$. Upon termination

of employment, participants with a vested balance exceeding $1,000 may elect to withdraw all or part of their vested account in a single sum, or defer receipt of the benefit. Participants with a vested balance of $1,000 or less will receive a single-sum payment upon termination of employment. Upon retirement, participants may elect to purchase a uniform monthly annuity, receive a lump sum payment, or receive payments in another form as permitted by their contracts. Hardship withdrawals are also permitted under the Plan.

B. Significant Accounting Policies:

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

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

Use of Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Organization's Investment Committee, Finance Committee, and Plan management determine the Plan's valuation policies, utilizing information provided by the insurance carriers. See Note D for discussion of fair value measurements.

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

Plan Loans:

TIAA accounts: Plan loans are issued as separate contracts by TIAA as contemplated under IRC section 72(p)(5) and do not represent Plan assets. Loans are collateralized using a participant's TIAA Traditional account balance in an amount equal to 110% of the outstanding loan balance. Principal and interest are paid ratably by the participant to TIAA and each payment reduces amounts collateralized by the borrowing participant's TIAA Traditional account balance. If an employee stops making payments as required under the terms of the Plan loan agreement, the loan will go into default at the end of the quarter following the quarter that the loan payments stopped. The default generates a taxable event and is reported to the Internal Revenue Service. The collateral associated with defaulted Plan loans is reported in the Plan Loan Default Fund. Plan loans outstanding totaled $61,342 and $58,332 as of December 31, 2025 and 2024,

respectively. The amount of Plan assets pledged as collateral for outstanding Plan loans was $67,476 and $64,165 as of December 31, 2025 and 2024, respectively.

Mutual of America accounts: For Group Annuity Loans, the amount borrowed plus a loan reserve (20% of the loan amount) is secured against the Mutual of America Interest Accumulation Account (IAA), the general account investment. The funds are not deducted from the participant's account balance and, therefore do not appear as a separate Plan asset. Loan proceeds are distributed from Mutual of America Life Insurance Company's general assets. Principal repayments are applied to reduce the amount secured by assets held in the IAA and a portion of the interest paid by the participant is retained by Mutual of America Life Insurance Company as compensation. The interest rate is variable and subject to change at the beginning of each quarter. If a participant defaults on a Plan loan, the value of his accounts pledged as security for that loan shall be reduced by his outstanding loan balance plus interest. This reduction shall not occur before the earliest date that the borrower is entitled to a distribution from the Plan. If the loan is uncollectible and a deemed distribution occurs, the default generates a taxable event and is reported to the Internal Revenue Service. Plan loans outstanding totaled $347,678 and $311,692 as of December 31, 2025 and 2024, respectively. The amount of Plan assets pledged as collateral for outstanding Plan loans was $417,214 and $374,030 as of December 31, 2025 and 2024, respectively.

Payment of Benefits: Benefits are recorded when paid.

Expenses: Certain fees related to Plan administration, including a monthly participant charge, loan fees and other transaction fees, are charged directly to participant accounts and are included in the financial statements. Investment-related fees and expenses are included in net appreciation of the fair value of investments. Certain other expenses of maintaining the Plan are paid directly by the Organization and are excluded from these financial statements.

Pre-2009 Excluded Annuity Contracts: As permitted by the provisions of the Department of Labor's Field Assistance Bulletin No. 2009-02, the Plan administrator has elected to exclude certain contracts from Plan assets and they are not covered by the audit. These accounts were issued to current and former employees of the Organization before January 1, 2009. Prior to November 21, 2000, the Organization maintained accounts with several insurance carriers, but there have been no contributions to these accounts since November 21, 2000. The total value of these contracts was approximately $913,717 and $810,608 as of December 31, 2025 and 2024, respectively.

Contributions Receivable: Contributions receivable consist of contributions that have been withheld from payments to employees but have not yet been received by the Plan. As of December 31, 2025, the Plan believes that all receivables are collectable and has estimated an expected credit loss of $0.

C. Certified Investments (Unaudited):

The December 31, 2025 and 2024 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years then ended, the accompanying notes to the financial statements, and the supplementary schedule, Form 5500, Schedule H, Line 4(i) – Schedule of Assets

(Held at End of Year) were prepared in part or entirely from information certified by the insurance carriers, TIAA, CREF, and Mutual of America Life Insurance Company, as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information certified includes total investments of $36,206,161 and $34,461,224 as of December 31, 2025 and 2024, respectively; and related investment income of $4,412,073 and $3,805,582 for the years ended December 31, 2025 and 2024, respectively.

D. Fair Value Measurements:

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

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

Level 2
Inputs to the valuation methodology include:

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

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

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

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

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

Insurance Company General Accounts:

Mutual of America Interest Accumulation Fund:
The general account investment is carried at amortized cost, or contract value, which is deemed to approximate fair value. As such, the general account

investment is reported at fair value. The interest is compounded daily based on the stated interest rate, and the investment is valued daily.

TIAA Traditional Annuity (Non-benefit responsive):

The TIAA Traditional Annuity, a fixed-rate annuity contract, is reported at contract value, which approximates fair value. As such, the TIAA Traditional Annuity investment is reported at fair value. The contract value of the TIAA Traditional Annuity equals the accumulated cash contributions, interest credited to the Plan's contracts, and transfers in, if any, less any withdrawals and transfers out, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with TIAA Traditional Annuity's historical crediting rates. The Organization's Investment Committee and Plan management set the valuation policies for Plan assets and are responsible for the determination of fair value. The Organization utilizes information from the insurance carriers and compares price changes between periods to current market conditions to ensure that fair value is reasonably estimated.

The TIAA Traditional Annuity is not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable. While transactions involving the purchases/sales of individual TIAA Traditional contracts are not observable in a public marketplace, contract value may provide a good approximation of fair value as supported by the following:

- New contributions represent current transactions between willing buyers and sellers as prescribed in the relevant GAAP guidance. Participants have the option to allocate their contributions between the TIAA Traditional Annuity and a number of investment choices for which fair values are readily observable.
- Participants typically allocate contributions between several investment choices, and all transactions are executed at current market value with the assumption being that objective, unbiased transactions regularly occur and participants deem the value of the TIAA Traditional Annuity contract to be no less than the participant's accumulated balance and that each investment purchase is made at fair value since these purchases are not distressed and are conducted between willing buyers and sellers in open market conditions where a participant has a variety of investment choices.
- When participants change employers, they oftentimes enroll in a new plan with very similar investment options, including the TIAA Traditional Annuity. Because these transactions continue to occur with continued participant contributions at current stated contract values, the market-observable presumption is that the contract value of current funding represents a good approximation of fair values based on the willingness of the participant to continue to contribute. For each contribution, TIAA continues to record a contractual liability for the current contribution and does not consider such liability to have any embedded gain or loss.

- Upon a distributable event, the participant surrenders the future accumulation benefits in exchange for a cash payout based on the contract value, demonstrating the contract values can be monetized when a distributable event occurs.
- The crediting rate is supported by the investment performance of a large, diversified portfolio (TIAA's General Account), is correlated with the highest quality debt security yields, and is adjusted for contract liquidity. A twenty-year analysis of crediting rates for TIAA Traditional Annuity contract suggests a rate of return that is representative of risk adjusted market rate for this product type; thus, application of observed rates would yield a discounted cash flow which approximates contract value.

Pooled Separate Accounts:

TIAA Real Estate Account:
The TIAA Real Estate Account (REA) is a pooled separate account. It is registered with the Securities and Exchange Commission (SEC) under the Securities Act of 1933 and the Securities Exchange Act of 1934. The TIAA Real Estate Account generally invests in real estate properties and real estate-related investments. The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources. Unit values are calculated each day and posted on the TIAA website.

Mutual of America Separate Account:
Mutual of America's Separate Account No. 2 is a pooled separate account. The underlying subaccounts consist solely of investments in mutual funds registered with the Securities and Exchange Commission and are carried at the net asset value at which the mutual fund shares are actively traded.

Separate Accounts / Registered Investment Companies:

TIAA Access Annuity:
TIAA Access Annuity is a variable annuity product funded through a separate investment account of TIAA registered with the SEC under the Investment Company Act of 1940. The separate account invests in proprietary and nonproprietary mutual funds through various subaccounts. Subaccount unit values are calculated daily and are available on the TIAA website. The underlying investments are generally valued using market quotations obtained from independent pricing services.

CREF Accounts:
College Retirement Equities Fund (CREF) is registered with the SEC under the Investment Company Act of 1940. The CREF Accounts invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. CREF Account

investments are primarily valued using market quotations or prices obtained from independent pricing sources which may employ various pricing methods to value the investments including matrix pricing. CREF Money Market Account holdings are generally valued at amortized cost. Each CREF account determines its unit value daily. Unit values are available on the TIAA website.

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:

	Assets at Fair Value as of December 31, 2025			
	Level 1	*Level 2*	*Level 3*	*Total*
Insurance company general accounts	$ 1,397,138	$ -	$ 3,066,698	$ 4,463,836
Pooled separate accounts	25,610,076	-	-	25,610,076
Separate accounts / registered investment companies	5,515,538	-	-	5,515,538
Total investments at fair value	$32,522,752	$ -	$ 3,066,698	$35,589,450

	Assets at Fair Value as of December 31, 2024			
	Level 1	*Level 2*	*Level 3*	*Total*
Insurance company general accounts	$ 1,427,686	$ -	$ 3,022,008	$ 4,449,694
Pooled separate accounts	24,462,524	-	-	24,462,524
Separate accounts / registered investment companies	4,881,561	-	-	4,881,561
Total investments at fair value	$30,771,771	$ -	$ 3,022,008	$33,793,779

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2025 and 2024:

	TIAA Traditional (Non Benefit-Responsive)
Balance, December 31, 2023	$ 2,800,963
Realized gains	91,559
Unrealized losses relating to instruments still held at the reporting date	(2,158)
Purchases	675,708
Sales	(544,064)
Balance, December 31, 2024	3,022,008
Realized gains	34,250
Unrealized gains relating to instruments still held at the reporting date	57,812
Purchases	123,972
Sales	(171,344)
Balance, December 31, 2025	$ 3,066,698

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following tables represent the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Asset	Fair Value December 31, 2025	Valuation Techniques	Unobservable Inputs	Range of Significant Input Values
TIAA Traditional Annuity (Non-Benefit Responsive)	$ 3,066,698	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	GRA: 3.65% - 6.75%

Asset	Fair Value December 31, 2024	Valuation Techniques	Unobservable Inputs	Range of Significant Input Values
TIAA Traditional Annuity (Non-Benefit Responsive)	$ 3,022,008	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	GRA: 3.65% - 6.75%

E. Fully Benefit-Responsive Investment Contract with Insurance Company:

The Plan has a fully benefit-responsive investment contract with Teachers Insurance and Annuity Association of America (TIAA), a New York domiciled non-profit legal reserve life insurance company. Holdings of the TIAA Traditional Annuity within liquid contracts (GSRA contract and Plan Loan Default Fund) are fully benefit-responsive, while holdings within illiquid contracts (GRA contract) have liquidity restrictions and are non-benefit responsive. TIAA maintains the contributions in a general account. The contract is included in the financial statements at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts in a defined contribution plan because contract value is the amount participants would normally receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents accumulated contributions, plus earnings credited and transfers in, less participant withdrawals and transfers out.

The TIAA Traditional Annuity is an unallocated fixed annuity contract that is fully and unconditionally guaranteed by TIAA. The TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest of 3% and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins each March 1. Additional interest is not guaranteed for future years. Contributions to a participant's account purchases a guaranteed amount of lifetime annuity income. When a participant's account in the TIAA Traditional Annuity is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan administrator believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. TIAA may not terminate the contract at any amount less than contract value.

The following represents the disaggregation of contract value between types of investment contracts held by the Plan:

	2025	2024
TIAA Traditional Annuity Benefit Responsive (GSRA contract and Plan Loan Fund)	$ 616,711	$ 667,445
Total fully benefit-responsive investment contracts at contract value	$ 616,711	$ 667,445

F. Party-in-Interest Transactions:

Plan investments include annuity contracts managed by TIAA, CREF, and Mutual of America Life Insurance Company, the insurance carriers of the Plan. Direct fees paid to the insurance carriers are presented separately on the financial statements. Other indirect investment fees and compensation incurred by the Plan and paid insurance carriers and bundled service providers are included in the calculation of net appreciation (depreciation) of the fair value of investments.

The Organization pays certain expenses on behalf of the Plan, including the cost of ERISA fidelity bond coverage and annual audit fees. The Organization does not expect to be reimbursed for these costs.

All of these transactions qualify as exempt party-in-interest transactions.

G. Plan Termination:

Although it has not expressed any intent to do so, the Organization 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 be 100% vested in their accounts.

H. Tax Status:

The Plan obtained its latest opinion letter on March 2, 2020 for Mutual of America and August 7, 2017 for TIAA, in which the Internal Revenue Service stated that the form of the Plan was acceptable under the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan has annual regulatory filing requirements to the Department of Labor ("DOL") of the Form 5500.

I. Risks and Uncertainties:

The Plan invests in various investment options. 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 values of the investments will occur in the near term and that such changes could materially affect

participants' account balances and the amounts reported in the statements of net assets available for benefits.

J. Subsequent Events:

The Plan administrator has evaluated subsequent events through October 13, 2026, the date when the financial statements were available to be issued, and no events required disclosure.

Attachment to Jan2025 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Franziska Racker Centers, Inc.
EIN: 15-0581887
Plan Number: 001

(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)Closing Value
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		183,424
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Small Cap Growth R6		1,232
.	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		167,051
.	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		123,084
.	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		45,596
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager 50% Portfolio		136,193
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		465,010
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		47,267
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		153,886
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		1,325
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		1,398
.	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		63,125
.	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		4,676
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		252,903
.	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		38,984
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		189,124
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		0
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		814,416
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		1,960,460
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		4,271,490
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		2,639,270
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		3,418,037
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		3,158,108
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		2,186,277
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		911,152
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		618,660
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		255,741
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		381,846
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		107,464
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		616,689
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		91,447
.	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		27,395
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		193,808
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		2,231
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		117,079
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		294,988
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		4,552
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		68,292
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		56,021
.	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		10,719
.	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		1,397,136

Attachment to Jan2025 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Franziska Racker Centers, Inc.
EIN: 15-0581887
Plan Number: 001

.	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Quality Equity Portfolio		11,627
.	Mutual of America	GROUP ANNUITY CONTRACT Nomura VIP Small Cap Value Series		5,797
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		17,507
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		432,756
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		259,439
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		244,312
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		170,943
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		16,638
.	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		0

5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

FRANZISKA RACKER CENTERS, INC

For the Period Ending 12/31/2025

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
		Insurance Company General Contract				
BR1	*TIAA#*	*TIAA Traditional Benefit Responsive*			$555,369.32	$371,274.00
NBR	*TIAA#*	*TIAA Traditional Non Benefit Responsive*			$3,066,697.27	$2,149,257.25
98	*PLDF#*	*Plan Loan Default Fund*			$61,341.62	$61,341.62
		Subtotal Insurance Company General Contract			**$3,683,408.21**	**$2,581,872.87**
		Pooled Separate Account				
X1	*QREARX*	*TIAA Real Estate*	$479.558800	772.8703	$370,637.39	$224,194.26
		Subtotal Pooled Separate Account			**$370,637.39**	**$224,194.26**
		Registered Investment Company				
X2	*QCSTRX*	*CREF Total Global Stock R1*	$1,084.786000	1,552.0271	$1,683,618.96	$373,868.03
X3	*QCMMRX*	*CREF Money Market R1*	$30.316100	18,278.2711	$554,125.89	$466,857.48
X4	*QCSCRX*	*CREF Responsible Balanced R1*	$413.821000	738.0556	$305,423.20	$139,450.43
X6	*QCGLRX*	*CREF Global Equities R1*	$412.824700	1,500.4367	$619,417.72	$192,904.17
X7	*QCGRRX*	*CREF Growth R1*	$600.456300	1,645.1796	$987,858.85	$127,376.87
X8	*QCEQRX*	*CREF S&P 500 Index R1*	$589.890800	648.4790	$382,532.04	$66,026.82
X9	*QCILRX*	*CREF Inflation-Linked Bond R1*	$88.549100	1,328.2520	$117,615.52	$86,739.39
8Y	*W436#*	*TIAA Access Nuv Core Pl Bd T4*	$43.124700	200.0796	$8,628.37	$7,469.95
8B	*W413#*	*TIAA Access Nuv Core Equity T4*	$165.502500	4.2024	$695.51	$634.89
8A	*W411#*	*TIAA Access Nuv Intl Equity T4*	$49.300300	1,519.1231	$74,893.22	$47,267.32
8C	*W414#*	*TIAA Access Nuv Lrg Cap Val T4*	$87.230600	942.0170	$82,172.72	$58,618.76
83	*W441#*	*TIAA Access Nuv LifCyc 2025 T4*	$67.168900	315.4420	$21,187.90	$15,956.65
84	*W442#*	*TIAA Access Nuv LifCyc 2030 T4*	$71.279100	2,245.3117	$160,043.79	$102,007.06
85	*W443#*	*TIAA Access Nuv LifCyc 2035 T4*	$77.068200	287.9812	$22,194.19	$7,200.28
91	*W449#*	*TIAA Access Nuv LifCyc 2045 T4*	$86.313900	720.3512	$62,176.32	$17,296.26

5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

For the Period Ending 12/31/2025

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
8E	*W416#*	*TIAA Access Nuv Qnt MdCpGrw T4*	$89.844600	80.4316	$7,226.33	$7,967.31
8F	*W417#*	*TIAA Access Nuv Mid Cap Val T4*	$81.395300	819.9369	$66,739.01	$52,217.51
8S	*W430#*	*TIAA Access Nuv RlEstSecSel T4*	$51.848900	1,164.7705	$60,392.07	$49,512.04
8Q	*W428#*	*TIAA Access Nuv Sm Cp Bl Ix T4*	$89.032100	716.3824	$63,781.03	$43,707.10
8G	*W418#*	*TIAA Access Nuv Qt Sm Cp Eq T4*	$103.085600	109.7668	$11,315.37	$7,515.01
8D	*W415#*	*TIAA Access Nuv LgCp Res Eq T4*	$129.221000	71.2680	$9,209.32	$4,417.99
X5	*QCBMRX*	*CREF Core Bond R1*	$140.992400	1,519.8768	$214,291.08	$171,208.24
		Subtotal Registered Investment Company			**$5,515,538.41**	**$2,046,219.56**

		TOTAL ASSETS UNDER MANAGEMENT			**$9,569,584.01**	**$4,852,286.69**

403(B) THRIFT PLAN OF FRANZISKA RACKER CENTERS, INC.

FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 15-0581887
PLAN NO: 001
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current Value
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive Insurance Company General Account Contract		$ 555,369
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive Insurance Company General Account Contract		3,066,698
*	College Retirement Equities Fund variable annuities	Plan Loan Default Fund Insurance Company General Account Contract		61,342
*	College Retirement Equities Fund variable annuities	TIAA Real Estate Pooled Separate Account		370,637
*	College Retirement Equities Fund variable annuities	CREF Total Global Stock R1 Registered Investment Company		1,683,619
*	College Retirement Equities Fund variable annuities	CREF Money Market R1 Registered Investment Company		554,126
*	College Retirement Equities Fund variable annuities	CREF Responsible Balanced R1 Registered Investment Company		305,423
*	College Retirement Equities Fund variable annuities	CREF Core Bond R1 Registered Investment Company		214,291
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1 Registered Investment Company		619,418
*	College Retirement Equities Fund variable annuities	CREF Growth R1 Registered Investment Company		987,859
*	College Retirement Equities Fund variable annuities	CREF S&P 500 Index R1 Registered Investment Company		382,532
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1 Registered Investment Company		117,616
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond Plus T4 Registered Investment Company		8,628
*	College Retirement Equities Fund variable annuities	TIAA Access Core Equity T4 Registered Investment Company		696
*	College Retirement Equities Fund variable annuities	TIAA Access Intl Equity T4 Registered Investment Company		74,893
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Val T4 Registered Investment Company		82,173
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2025 T4 Separate Account / Registered Investment Co.		21,188
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2030 T4 Separate Account / Registered Investment Co.		160,044
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2035 T4 Separate Account / Registered Investment Co.		22,194
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2045 T4 Separate Account / Registered Investment Co.		62,176
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Gr T4 Separate Account / Registered Investment Co.		7,226
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Val T4		66,739

		Separate Account / Registered Investment Co.	
*	College Retirement Equities Fund variable annuities	TIAA Access Real Est Secs T4	60,392
		Separate Account / Registered Investment Co.	
*	College Retirement Equities Fund variable annuities	TIAA Access Sm-Cap Bl Idx T4	63,781
		Separate Account / Registered Investment Co.	
*	College Retirement Equities Fund variable annuities	TIAA Access Quant Sml CP Eq T4	11,315
		Separate Account / Registered Investment Co.	
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lgcp Res EQ T4	9,209
		Separate Account / Registered Investment Co.	
*	Mutual of America	Mutual of America Interest Accumulation Fund	1,397,138
		Insurance Company General Account Contract	
*	Mutual of America	MOA Aggressive Allocation	252,903
		Separate Account	
*	Mutual of America	MOA Conservative Allocation	381,846
		Separate Account	
*	Mutual of America	MOA Moderate Allocation	117,079
		Separate Account	
*	Mutual of America	MOA Core Bond Fund	107,464
		Separate Account	
*	Mutual of America	T. Rowe Price Blue Chip Growth	432,756
		Separate Account	
*	Mutual of America	MOA Balanced Fund	189,124
		Separate Account	
*	Mutual of America	Calvert VP SRI Balanced	123,084
		Separate Account	
*	Mutual of America	Nomura VIP Small Cap Value Series	5,797
		Separate Account	
*	Mutual of America	MOA Equity Index Fund	616,689
		Separate Account	
*	Mutual of America	Fidelity VIP Mid Cap	153,886
		Separate Account	
*	Mutual of America	Fideltity VIP Asset Manager	136,193
		Separate Account	
*	Mutual of America	Fidelity VIP Contrafund	465,010
		Separate Account	
*	Mutual of America	Fidelity VIP Equity-Income	47,267
		Separate Account	
*	Mutual of America	Goldman Sachs VIT US Equity Insights	1,398
		Separate Account	
*	Mutual of America	Goldman Sachs VIT Small Cap Equity Insights	1,325
		Separate Account	
*	Mutual of America	American Funds IS New World Fund	167,051
		Separate Account	
*	Mutual of America	MOA US Government Money Market Fund	10,719
		Separate Account	
*	Mutual of America	MOA Intermediate Bond Fund	91,447
		Separate Account	
*	Mutual of America	MOA Mid-Cap Equity Index	193,808
		Separate Account	
*	Mutual of America	MOA MFS VIT III Mid Cap Value Portfolio	4,676
		Separate Account	
*	Mutual of America	MOA Mid-Cap Value	2,231
		Separate Account	
*	Mutual of America	Neuberger Berman AMT Quality Equity	11,627
		Separate Account	
*	Mutual of America	MOA International Fund	27,395
		Separate Account	

*	Mutual of America	Invesco V.I. Main Street Separate Account	63,125
*	Mutual of America	MOA Retirement Income Fund Separate Account	294,988
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio Separate Account	170,943
*	Mutual of America	PIMCO VIT Real Return Portfolio Separate Account	17,507
*	Mutual of America	MOA 2020 Retirement Fund Separate Account	814,416
*	Mutual of America	MOA 2025 Retirement Fund Separate Account	1,960,460
*	Mutual of America	MOA 2030 Retirement Fund Separate Account	4,271,490
*	Mutual of America	MOA 2035 Retirement Fund Separate Account	2,639,270
*	Mutual of America	MOA 2040 Retirement Fund Separate Account	3,418,037
*	Mutual of America	MOA 2045 Retirement Fund Separate Account	3,158,108
*	Mutual of America	MOA 2050 Retirement Fund Separate Account	2,186,277
*	Mutual of America	MOA 2055 Retirement Fund Separate Account	911,152
*	Mutual of America	MOA 2060 Retirement Fund Separate Account	618,660
*	Mutual of America	MOA 2065 Retirement Fund Separate Account	255,741
*	Mutual of America	MOA All America Fund Separate Account	38,984
*	Mutual of America	MOA Small Cap Equity Index Fund Separate Account	4,552
*	Mutual of America	DWS Capital Growth VIP Separate Account	45,596
*	Mutual of America	MOA Small Cap Growth Fund Separate Account	68,292
*	Mutual of America	MOA Small Cap Value Fund Separate Account	56,021
*	Mutual of America	American Century VP Capital Appr. Separate Account	183,424
*	Mutual of America	Vanguard VIF Diversified Value Separate Account	259,439
*	Mutual of America	Vanguard VIF International Portfolio Separate Account	244,312
*	Mutual of America	Vanguard VIF Total Bond Market Index Portfolio Separate Account	16,638
*	Mutual of America	American Century Small Cap Growth R6 Separate Account	1,232
			$ 36,206,161

* Indicates party-in-interest

Note: Column (d) is blank as all investments are participant-directed.