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
HNTB EMPLOYEE HEALTH CARE PLAN

1b Three-digit plan number (PN) ▶ 520

1c Effective date of plan 01/01/2011

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HNTB HOLDINGS LTD

PO BOX 412197
KANSAS CITY, MO 64141

2b Employer Identification Number (EIN)
56-2422024

2c Plan Sponsor's telephone number
816-472-1201

2d Business code (see instructions)
541330

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	BEN BESHONER
	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**	5204
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)**	5204
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5313
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5313
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	0

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

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

4A 4D 4E 4Q

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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
HNTB EMPLOYEE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 520

C Plan sponsor's name as shown on line 2a of Form 5500
HNTB HOLDINGS LTD

D Employer Identification Number (EIN)
56-2422024

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
SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	944444	5313	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	52500

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

LOCKTON COMPANIES, LLC
444 WEST 47TH STREET
SUITE 900
KANSAS CITY, MO 64112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	52500	BONUS/OVERRIDE	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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

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

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** [X] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	3244693
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 [X] 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
HNTB EMPLOYEE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 520

C Plan sponsor's name as shown on line 2a of Form 5500
HNTB HOLDINGS LTD

D Employer Identification Number (EIN)
56-2422024

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
HAWAII MEDICAL SERVICE ASSOCIATION

(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
99-0040115	49948	016658 001	3	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	0

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

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

(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

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

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

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** [X] Health (other than dental or vision)
- **b** [X] 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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	38973
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? [X] Yes [ ] No

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

DID NOT PROVIDE THEIR EIN.

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
HNTB EMPLOYEE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 520

C Plan sponsor's name as shown on line 2a of Form 5500
HNTB HOLDINGS LTD

D Employer Identification Number (EIN)
56-2422024

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
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	00000	603736	277	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	0

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

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

(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
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	(c) Amount	**(d)** Purpose	

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

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

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

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** [X] 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** [X] 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)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1937513
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. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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
HNTB EMPLOYEE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 520

C Plan sponsor's name as shown on line 2a of Form 5500
HNTB HOLDINGS LTD

D Employer Identification Number (EIN)
56-2422024

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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)

UNITED HEALTHCARE SERVICES, INC.

41-1289245

(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 49 50	NONE	4379426	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

CAPITAL RX

35-2612946

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	809010	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

DELTA DENTAL OF MISSOURI

43-0908349

(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 13 50	NONE	273800	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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)

TRIA HEALTH

27-1515235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	273506	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EMPLOYER DIRECT HEALTHCARE, LLC

2100 ROSS AVENUE
SUITE 550
DALLAS, TX 75201

(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?
49 50	NONE	125851	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

VISION SERVICE PLAN

36-3560825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	110792	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

COMPSYCH

36-3739783

(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 14 49 50 99	NONE	99267	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WEX

06-1593514

(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 13 50	NONE	34809	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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 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
HNTB EMPLOYEE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 520

C Plan sponsor's name as shown on line 2a of Form 5500
HNTB HOLDINGS LTD

D Employer Identification Number (EIN)
56-2422024

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	1100000	1922673
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	149029	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1249029	1922673
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		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1249029	1922673

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)	68888755	
(B) Participants	2a(1)(B)	2578309	
(C) Others (including rollovers)	2a(1)(C)	10285078	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		81752142
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20639	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20639
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		81772781
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	87748755	
(2) To insurance carriers for the provision of benefits	2e(2)	5489247	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		93238002
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	6087762	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6087762
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		99325764
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-17552983
l Transfers of assets:			
(1) To this plan	2l(1)		18226627
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PICKETT, CHANEY & MCMULLEN LLP **(2)** EIN: 48-1246310

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		1000000
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**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

HNTB EMPLOYEE HEALTH CARE PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2025 AND 2024

Pickett, Chaney & McMullen LLP
Certified Public Accountants

9401 W. 87th Street, Suite 200, Overland Park, Kansas 66212
913.438.5077 fax 913.438.5078

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
of the HTNB Employee Health Care Plan
Kansas City, Missouri

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects in accordance with the modified cash basis of accounting as discussed in Note 2.
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the modified cash basis of accounting as described in Note 2.

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 the modified cash basis of accounting as described in Note 2.

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.

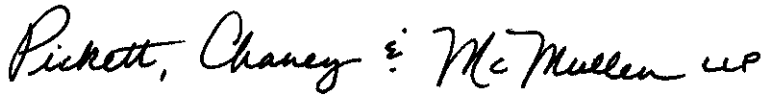
Supplemental Schedule Required by ERISA

The supplemental Schedule of Reportable Transactions (modified cash basis) for the year ended December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 (modified cash basis), 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedule (modified cash basis), 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 (modified cash basis) 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).



Overland Park, Kansas
October 9, 2026

HNTB EMPLOYEE HEALTH CARE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Restricted cash	$ 1,213,753	$ 1,100,000
Cash	708,920	
Investments, at fair value - Money market fund		149,029
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,922,673	$ 1,249,029

See notes to financial statements.

HNTB EMPLOYEE HEALTH CARE PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) YEAR ENDED DECEMBER 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Contributions:	
Employer	$ 68,888,755
Participants'	1,976,486
COBRA	601,823
Total contributions	71,467,064
Interest income	20,639
Insurance reimbursements	10,285,078
Total additions	81,772,781
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid	87,748,755
Insurance premiums	5,489,247
Administrative expenses	6,087,762
Total deductions	99,325,764
NET DECREASE	(17,552,983)
TRANSFER IN FROM AFFILIATED PLAN	18,226,627
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	1,249,029
End of year	$ 1,922,673

See notes to financial statements.

HNTB EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
DECEMBER 31, 2025 AND 2024

1. DESCRIPTION OF THE PLAN

The following description of the HNTB Employee Health Care Plan (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General – The Plan was formed on January 1, 2011, and provides health and other benefits to substantially all employees and their eligible dependents (as defined by the Plan) of HNTB Corporation and HNTB Holdings Ltd. (collectively referred to as the "Employers" or "Company"). The Plan is for a controlled group of corporations. The Plan is voluntary and subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). InTrust Bank N.A. is the custodian and trustee of the Plan.

The Voluntary Employees' Beneficiary Association ("VEBA") Trust is terminated as of December 31, 2025.

Eligibility – The Plan provides medical, prescription drug, dental and vision benefits to all full-time employees, full-time employees temporarily working on a part-time basis (not to exceed 90 days), and part-time employees working at least 20 hours per week.

Health claims are processed by United Health Care for medical and CapitalRx for prescription drugs, and dental claims are processed by Delta Dental of Missouri. The responsibility for payments to participants and providers is retained by the Plan.

Administrative Expenses – The Plan pays administrative expenses for the processing and payment of claims. Other administrative expenses are paid by the Employers, and the Employers provide certain administrative and accounting services to the Plan for which they receive no fee.

Contributions and Funding Policy (Transfer In) – The Plan is administered as a self-insured plan of the Employers. Benefits are funded by monthly premiums received from eligible participants and contributions from the Employers. The Employers determine contribution levels for participants in the Plan. The majority of participant contributions are first deposited to another Plan sponsored by the Company, and then are transferred to this Plan.

Reinsurance – The Employers have an insurance policy that pays 100% of the excess of individual claims exceeding $600,000 per individual per year.

Termination of the Plan – Although the Employers have not expressed any intent to do so, the Plan may be terminated at any time by the Employers' board of directors. In the event of termination, the trust shall fulfill all of its obligations and distribute and apply the amount remaining for the continuance of benefits until the trust is exhausted.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accounting records of the Plan are maintained on the modified cash basis of accounting as permitted by the Department of Labor; consequently, the accompanying financial statements do not reflect any contributions, reinsurance receipts or interest income due but not received, or expenses incurred but not paid by the Plan. The financial statements do not recognize as liabilities, or contain provision for, claims in the process of payment, claims incurred but not reported, advance employer and employee contributions and such other liabilities or reserves as may be necessary to fairly present the financial position and operating results in accordance with accounting principles generally accepted in the United States of America.

Investments – The Plan's investments are held in a bank-administered trust and consist of a money market fund. Investments are recorded at cost, which approximates their fair value. Investment purchases and sales are recorded on a trade-date basis. Interest income is recorded when paid.

Restricted Cash – The Plan is required to maintain a deposit with United Health Care in the amount of $1,213,753 and $1,100,000 at December 31, 2025 and 2024, respectively.

Date of Management's Review – Subsequent events have been evaluated through October 9, 2026, which is the date the financial statements were available to be issued and there were no material events requiring recognition or disclosure.

3. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

> Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the plan has the ability to access.
>
> Level 2 – Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term.
>
> Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

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

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

> Money Market Funds – Valued at cost, which approximate fair value.

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

The Plan's investments are reported at fair value as follows at December 31, 2024:

	Fair Value Measurements Using:			
	Level 1	Level 2	Level 3	Fair Value
December 31, 2024:				
Money Market Account	$ -	$ 149,029	$ -	$ 149,029

4. BENEFIT OBLIGATIONS

The Plan's benefit obligation at December 31, 2025 and 2024, is as follows:

	2025	2024
Amounts currently payable to or for participants, beneficiaries and dependents -		
Claims payable and claims incurred but not reported	$ 7,207,000	$ 7,715,000

The following represents the changes in the benefit obligations for the year ended December 31, 2025:

Amounts currently payable to or for participants, beneficiaries and dependents:	
Balance, beginning of year	$ 7,715,000
Claims reported and approved for payment	87,240,755
Claims paid	(87,748,755)
Total benefit obligations	$ 7,207,000

5. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, InTrust Bank N.A., the custodian and trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate with respect to investments as December 31, 2025 and 2024, and for the year ended December 31, 2025:

- Investments, at fair value
- Interest income
- Schedule of Reportable Transactions (modified cash basis)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

6. TAX STATUS

The Internal Revenue Service ("IRS") issued a favorable determination letter dated February 26, 2013, stating that the trust met the requirements of Section 501(c)(9) of the Internal Revenue Code ("IRC"), and is exempt from taxation. In addition, the Plan and the trust established under the Plan are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC.

Generally accepted accounting principles requires Plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. CONTINUATION OF BENEFITS

In accordance with the Consolidated Omnibus Budget Reconciliation Act of 1986 ("COBRA"), the Plan provides continuation of health benefit coverage to certain employees and their dependents upon occurrence of certain events. Under COBRA, the cost of such coverage is paid by the participant. Such contributions are shown separately on the statement of changes in net assets available for benefits (modified cash basis).

8. PARTY-IN-INTEREST TRANSACTIONS

The Plan incurs expenses related to general administration and recordkeeping. The Plan sponsor pays certain expenses of the Plan, which are not included in the statements of changes in net assets available for benefits. All benefits claims are processed and paid in accordance with plan provisions under the terms of the agreement with various providers. Expenses are paid from the Plan to the providers to administer the Plan. InTrust Bank N.A., the Plan's custodian and trustee, is paid from the Plan's assets for custodial fees.

* * * * * * *

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2025

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a) Identity of Party Involved	(b) Investment Type	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market	$ 2,723,371		$ 2,723,371	$ 2,723,371	
Fed Govt Oblig	Money Market	1,978,337		1,978,337	1,978,337	
Fed Govt Oblig	Money Market	1,942,982		1,942,982	1,942,982	
Fed Govt Oblig	Money Market	1,299,711		1,299,711	1,299,711	
Fed Govt Oblig	Money Market	1,100,850		1,100,850	1,100,850	
Fed Govt Oblig	Money Market	1,084,798		1,084,798	1,084,798	
Fed Govt Oblig	Money Market	984,800		984,800	984,800	
Fed Govt Oblig	Money Market	971,940		971,940	971,940	
Fed Govt Oblig	Money Market	961,361		961,361	961,361	
Fed Govt Oblig	Money Market	930,419		930,419	930,419	
Fed Govt Oblig	Money Market	888,362		888,362	888,362	
Fed Govt Oblig	Money Market	887,687		887,687	887,687	
Fed Govt Oblig	Money Market	872,831		872,831	872,831	
Fed Govt Oblig	Money Market	849,809		849,809	849,809	
Fed Govt Oblig	Money Market	845,659		845,659	845,659	
Fed Govt Oblig	Money Market	816,145		816,145	816,145	
Fed Govt Oblig	Money Market	815,053		815,053	815,053	
Fed Govt Oblig	Money Market	810,828		810,828	810,828	
Fed Govt Oblig	Money Market	786,398		786,398	786,398	
Fed Govt Oblig	Money Market	786,190		786,190	786,190	
Fed Govt Oblig	Money Market	731,467		731,467	731,467	
Fed Govt Oblig	Money Market	704,447		704,447	704,447	
Fed Govt Oblig	Money Market	703,872		703,872	703,872	
Fed Govt Oblig	Money Market	697,142		697,142	697,142	
Fed Govt Oblig	Money Market	693,843		693,843	693,843	
Fed Govt Oblig	Money Market	693,837		693,837	693,837	
Fed Govt Oblig	Money Market	690,035		690,035	690,035	
Fed Govt Oblig	Money Market	687,336		687,336	687,336	
Fed Govt Oblig	Money Market	684,200		684,200	684,200	
Fed Govt Oblig	Money Market	683,715		683,715	683,715	
Fed Govt Oblig	Money Market	680,024		680,024	680,024	
Fed Govt Oblig	Money Market	671,281		671,281	671,281	
Fed Govt Oblig	Money Market	638,138		638,138	638,138	
Fed Govt Oblig	Money Market	637,987		637,987	637,987	
Fed Govt Oblig	Money Market	609,697		609,697	609,697	
Fed Govt Oblig	Money Market	604,501		604,501	604,501	
Fed Govt Oblig	Money Market	595,310		595,310	595,310	
Fed Govt Oblig	Money Market	594,423		594,423	594,423	
Fed Govt Oblig	Money Market	584,004		584,004	584,004	

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2025

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a) Identity of Party Involved	(b) Investment Type	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market	$ 572,708		$ 572,708	$ 572,708	
Fed Govt Oblig	Money Market	545,469		545,469	545,469	
Fed Govt Oblig	Money Market	533,182		533,182	533,182	
Fed Govt Oblig	Money Market	529,556		529,556	529,556	
Fed Govt Oblig	Money Market	515,565		515,565	515,565	
Fed Govt Oblig	Money Market	483,832		483,832	483,832	
Fed Govt Oblig	Money Market	452,876		452,876	452,876	
Fed Govt Oblig	Money Market	439,950		439,950	439,950	
Fed Govt Oblig	Money Market	419,827		419,827	419,827	
Fed Govt Oblig	Money Market	385,687		385,687	385,687	
Fed Govt Oblig	Money Market	380,696		380,696	380,696	
Fed Govt Oblig	Money Market	371,970		371,970	371,970	
Fed Govt Oblig	Money Market	352,068		352,068	352,068	
Fed Govt Oblig	Money Market	339,430		339,430	339,430	
Fed Govt Oblig	Money Market	338,461		338,461	338,461	
Fed Govt Oblig	Money Market	302,621		302,621	302,621	
Fed Govt Oblig	Money Market	290,097		290,097	290,097	
Fed Govt Oblig	Money Market	252,950		252,950	252,950	
Fed Govt Oblig	Money Market	224,970		224,970	224,970	
Fed Govt Oblig	Money Market	187,556		187,556	187,556	
Fed Govt Oblig	Money Market	184,354		184,354	184,354	
Fed Govt Oblig	Money Market	178,135		178,135	178,135	
Fed Govt Oblig	Money Market	163,442		163,442	163,442	
Fed Govt Oblig	Money Market	148,693		148,693	148,693	
Fed Govt Oblig	Money Market	139,418		139,418	139,418	
Fed Govt Oblig	Money Market	126,024		126,024	126,024	
Fed Govt Oblig	Money Market	104,953		104,953	104,953	
Fed Govt Oblig	Money Market	79,191		79,191	79,191	
Fed Govt Oblig	Money Market		$ 1,696,451	1,696,451	1,696,451	$ -
Fed Govt Oblig	Money Market		1,377,371	1,377,371	1,377,371	-
Fed Govt Oblig	Money Market		1,336,933	1,336,933	1,336,933	-
Fed Govt Oblig	Money Market		1,171,713	1,171,713	1,171,713	-
Fed Govt Oblig	Money Market		1,157,949	1,157,949	1,157,949	-
Fed Govt Oblig	Money Market		1,137,683	1,137,683	1,137,683	-
Fed Govt Oblig	Money Market		1,102,940	1,102,940	1,102,940	-
Fed Govt Oblig	Money Market		1,078,255	1,078,255	1,078,255	-
Fed Govt Oblig	Money Market		1,022,078	1,022,078	1,022,078	-
Fed Govt Oblig	Money Market		986,335	986,335	986,335	-
Fed Govt Oblig	Money Market		985,883	985,883	985,883	-

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2025

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a) Identity of Party Involved	(b) Investment Type	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market		$ 983,854	983,854	983,854	$ -
Fed Govt Oblig	Money Market		961,726	961,726	961,726	-
Fed Govt Oblig	Money Market		917,435	917,435	917,435	-
Fed Govt Oblig	Money Market		912,868	912,868	912,868	-
Fed Govt Oblig	Money Market		890,636	890,636	890,636	-
Fed Govt Oblig	Money Market		864,185	864,185	864,185	-
Fed Govt Oblig	Money Market		847,525	847,525	847,525	-
Fed Govt Oblig	Money Market		841,200	841,200	841,200	-
Fed Govt Oblig	Money Market		820,104	820,104	820,104	-
Fed Govt Oblig	Money Market		810,828	810,828	810,828	-
Fed Govt Oblig	Money Market		808,451	808,451	808,451	-
Fed Govt Oblig	Money Market		799,690	799,690	799,690	-
Fed Govt Oblig	Money Market		793,759	793,759	793,759	-
Fed Govt Oblig	Money Market		792,510	792,510	792,510	-
Fed Govt Oblig	Money Market		764,652	764,652	764,652	-
Fed Govt Oblig	Money Market		731,467	731,467	731,467	-
Fed Govt Oblig	Money Market		726,988	726,988	726,988	-
Fed Govt Oblig	Money Market		709,280	709,280	709,280	-
Fed Govt Oblig	Money Market		663,760	663,760	663,760	-
Fed Govt Oblig	Money Market		619,282	619,282	619,282	-
Fed Govt Oblig	Money Market		612,590	612,590	612,590	-
Fed Govt Oblig	Money Market		612,494	612,494	612,494	-
Fed Govt Oblig	Money Market		595,310	595,310	595,310	-
Fed Govt Oblig	Money Market		583,130	583,130	583,130	-
Fed Govt Oblig	Money Market		572,708	572,708	572,708	-
Fed Govt Oblig	Money Market		535,026	535,026	535,026	-
Fed Govt Oblig	Money Market		529,556	529,556	529,556	-
Fed Govt Oblig	Money Market		516,788	516,788	516,788	-
Fed Govt Oblig	Money Market		515,565	515,565	515,565	-
Fed Govt Oblig	Money Market		477,588	477,588	477,588	-
Fed Govt Oblig	Money Market		449,774	449,774	449,774	-
Fed Govt Oblig	Money Market		439,950	439,950	439,950	-
Fed Govt Oblig	Money Market		439,533	439,533	439,533	-
Fed Govt Oblig	Money Market		415,050	415,050	415,050	-
Fed Govt Oblig	Money Market		407,334	407,334	407,334	-
Fed Govt Oblig	Money Market		404,590	404,590	404,590	-
Fed Govt Oblig	Money Market		385,687	385,687	385,687	-
Fed Govt Oblig	Money Market		365,585	365,585	365,585	-
Fed Govt Oblig	Money Market		352,068	352,068	352,068	-

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2025

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a) Identity of Party Involved	(b) Investment Type	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market		$ 339,430	339,430	339,430	$ -
Fed Govt Oblig	Money Market		319,698	319,698	319,698	-
Fed Govt Oblig	Money Market		305,696	305,696	305,696	-
Fed Govt Oblig	Money Market		294,432	294,432	294,432	-
Fed Govt Oblig	Money Market		291,429	291,429	291,429	-
Fed Govt Oblig	Money Market		275,435	275,435	275,435	-
Fed Govt Oblig	Money Market		273,974	273,974	273,974	-
Fed Govt Oblig	Money Market		265,583	265,583	265,583	-
Fed Govt Oblig	Money Market		254,039	254,039	254,039	-
Fed Govt Oblig	Money Market		211,276	211,276	211,276	-
Fed Govt Oblig	Money Market		187,556	187,556	187,556	-
Fed Govt Oblig	Money Market		184,720	184,720	184,720	-
Fed Govt Oblig	Money Market		181,123	181,123	181,123	-
Fed Govt Oblig	Money Market		168,658	168,658	168,658	-
Fed Govt Oblig	Money Market		163,552	163,552	163,552	-
Fed Govt Oblig	Money Market		162,668	162,668	162,668	-
Fed Govt Oblig	Money Market		162,614	162,614	162,614	-
Fed Govt Oblig	Money Market		161,023	161,023	161,023	-
Fed Govt Oblig	Money Market		160,256	160,256	160,256	-
Fed Govt Oblig	Money Market		143,528	143,528	143,528	-
Fed Govt Oblig	Money Market		139,586	139,586	139,586	-
Fed Govt Oblig	Money Market		131,079	131,079	131,079	-
Fed Govt Oblig	Money Market		124,462	124,462	124,462	-
Fed Govt Oblig	Money Market		122,639	122,639	122,639	-
Fed Govt Oblig	Money Market		118,733	118,733	118,733	-
Fed Govt Oblig	Money Market		118,147	118,147	118,147	-
Fed Govt Oblig	Money Market		105,194	105,194	105,194	-
Fed Govt Oblig	Money Market		102,835	102,835	102,835	-
Fed Govt Oblig	Money Market		100,975	100,975	100,975	-
Fed Govt Oblig	Money Market		94,439	94,439	94,439	-
Fed Govt Oblig	Money Market		81,398	81,398	81,398	-
Fed Govt Oblig	Money Market		79,191	79,191	79,191	-
SERIES TRANSACTIONS:						
Fed Govt Oblig	Money Market					
	Purchases	$ 44,301,390		$ 44,301,390	$ 44,301,390	
	Sales		$ 44,450,419	44,450,419	44,450,419	-

CONCLUDED

Docusign Envelope ID: 71E59B41-DFE1-8751-828E-2AD0A71E4C0E

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
HNTB EMPLOYEE HEALTH CARE PLAN

1b Three-digit plan number (PN) ▶ 520

1c Effective date of plan 01/01/2011

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HNTB HOLDINGS LTD

PO BOX 412197
KANSAS CITY, MO 64141

2b Employer Identification Number (EIN) 56-2422024

2c Plan Sponsor's telephone number 816-472-1201

2d Business code (see instructions) 541330

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Signed by: 69FBB3449EFF463...	10/14/2026	Ben Beshoner
	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

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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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	5204
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)**	5204
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5313
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5313
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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:

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

4A 4D 4E 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

4Q REPRESENTS EMPLOYEE ASSISTANCE PROGRAM. FSA INCLUDED

Docusign Envelope ID: 71E59B41-DFE1-8751-828E-2AD0A71E4C0E

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_____

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2025

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a) Identity of Party Involved	(b) Investment Type	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market	$ 2,723,371		$ 2,723,371	$ 2,723,371	
Fed Govt Oblig	Money Market	1,978,337		1,978,337	1,978,337	
Fed Govt Oblig	Money Market	1,942,982		1,942,982	1,942,982	
Fed Govt Oblig	Money Market	1,299,711		1,299,711	1,299,711	
Fed Govt Oblig	Money Market	1,100,850		1,100,850	1,100,850	
Fed Govt Oblig	Money Market	1,084,798		1,084,798	1,084,798	
Fed Govt Oblig	Money Market	984,800		984,800	984,800	
Fed Govt Oblig	Money Market	971,940		971,940	971,940	
Fed Govt Oblig	Money Market	961,361		961,361	961,361	
Fed Govt Oblig	Money Market	930,419		930,419	930,419	
Fed Govt Oblig	Money Market	888,362		888,362	888,362	
Fed Govt Oblig	Money Market	887,687		887,687	887,687	
Fed Govt Oblig	Money Market	872,831		872,831	872,831	
Fed Govt Oblig	Money Market	849,809		849,809	849,809	
Fed Govt Oblig	Money Market	845,659		845,659	845,659	
Fed Govt Oblig	Money Market	816,145		816,145	816,145	
Fed Govt Oblig	Money Market	815,053		815,053	815,053	
Fed Govt Oblig	Money Market	810,828		810,828	810,828	
Fed Govt Oblig	Money Market	786,398		786,398	786,398	
Fed Govt Oblig	Money Market	786,190		786,190	786,190	
Fed Govt Oblig	Money Market	731,467		731,467	731,467	
Fed Govt Oblig	Money Market	704,447		704,447	704,447	
Fed Govt Oblig	Money Market	703,872		703,872	703,872	
Fed Govt Oblig	Money Market	697,142		697,142	697,142	
Fed Govt Oblig	Money Market	693,843		693,843	693,843	
Fed Govt Oblig	Money Market	693,837		693,837	693,837	
Fed Govt Oblig	Money Market	690,035		690,035	690,035	
Fed Govt Oblig	Money Market	687,336		687,336	687,336	
Fed Govt Oblig	Money Market	684,200		684,200	684,200	
Fed Govt Oblig	Money Market	683,715		683,715	683,715	
Fed Govt Oblig	Money Market	680,024		680,024	680,024	
Fed Govt Oblig	Money Market	671,281		671,281	671,281	
Fed Govt Oblig	Money Market	638,138		638,138	638,138	
Fed Govt Oblig	Money Market	637,987		637,987	637,987	
Fed Govt Oblig	Money Market	609,697		609,697	609,697	
Fed Govt Oblig	Money Market	604,501		604,501	604,501	
Fed Govt Oblig	Money Market	595,310		595,310	595,310	
Fed Govt Oblig	Money Market	594,423		594,423	594,423	
Fed Govt Oblig	Money Market	584,004		584,004	584,004	

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2025

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a) Identity of Party Involved	(b) Investment Type	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market	$ 572,708		$ 572,708	$ 572,708	
Fed Govt Oblig	Money Market	545,469		545,469	545,469	
Fed Govt Oblig	Money Market	533,182		533,182	533,182	
Fed Govt Oblig	Money Market	529,556		529,556	529,556	
Fed Govt Oblig	Money Market	515,565		515,565	515,565	
Fed Govt Oblig	Money Market	483,832		483,832	483,832	
Fed Govt Oblig	Money Market	452,876		452,876	452,876	
Fed Govt Oblig	Money Market	439,950		439,950	439,950	
Fed Govt Oblig	Money Market	419,827		419,827	419,827	
Fed Govt Oblig	Money Market	385,687		385,687	385,687	
Fed Govt Oblig	Money Market	380,696		380,696	380,696	
Fed Govt Oblig	Money Market	371,970		371,970	371,970	
Fed Govt Oblig	Money Market	352,068		352,068	352,068	
Fed Govt Oblig	Money Market	339,430		339,430	339,430	
Fed Govt Oblig	Money Market	338,461		338,461	338,461	
Fed Govt Oblig	Money Market	302,621		302,621	302,621	
Fed Govt Oblig	Money Market	290,097		290,097	290,097	
Fed Govt Oblig	Money Market	252,950		252,950	252,950	
Fed Govt Oblig	Money Market	224,970		224,970	224,970	
Fed Govt Oblig	Money Market	187,556		187,556	187,556	
Fed Govt Oblig	Money Market	184,354		184,354	184,354	
Fed Govt Oblig	Money Market	178,135		178,135	178,135	
Fed Govt Oblig	Money Market	163,442		163,442	163,442	
Fed Govt Oblig	Money Market	148,693		148,693	148,693	
Fed Govt Oblig	Money Market	139,418		139,418	139,418	
Fed Govt Oblig	Money Market	126,024		126,024	126,024	
Fed Govt Oblig	Money Market	104,953		104,953	104,953	
Fed Govt Oblig	Money Market	79,191		79,191	79,191	
Fed Govt Oblig	Money Market		$ 1,696,451	1,696,451	1,696,451	$ -
Fed Govt Oblig	Money Market		1,377,371	1,377,371	1,377,371	-
Fed Govt Oblig	Money Market		1,336,933	1,336,933	1,336,933	-
Fed Govt Oblig	Money Market		1,171,713	1,171,713	1,171,713	-
Fed Govt Oblig	Money Market		1,157,949	1,157,949	1,157,949	-
Fed Govt Oblig	Money Market		1,137,683	1,137,683	1,137,683	-
Fed Govt Oblig	Money Market		1,102,940	1,102,940	1,102,940	-
Fed Govt Oblig	Money Market		1,078,255	1,078,255	1,078,255	-
Fed Govt Oblig	Money Market		1,022,078	1,022,078	1,022,078	-
Fed Govt Oblig	Money Market		986,335	986,335	986,335	-
Fed Govt Oblig	Money Market		985,883	985,883	985,883	-

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2025

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a) Identity of Party Involved	(b) Investment Type	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market		$ 983,854	983,854	983,854	$ -
Fed Govt Oblig	Money Market		961,726	961,726	961,726	-
Fed Govt Oblig	Money Market		917,435	917,435	917,435	-
Fed Govt Oblig	Money Market		912,868	912,868	912,868	-
Fed Govt Oblig	Money Market		890,636	890,636	890,636	-
Fed Govt Oblig	Money Market		864,185	864,185	864,185	-
Fed Govt Oblig	Money Market		847,525	847,525	847,525	-
Fed Govt Oblig	Money Market		841,200	841,200	841,200	-
Fed Govt Oblig	Money Market		820,104	820,104	820,104	-
Fed Govt Oblig	Money Market		810,828	810,828	810,828	-
Fed Govt Oblig	Money Market		808,451	808,451	808,451	-
Fed Govt Oblig	Money Market		799,690	799,690	799,690	-
Fed Govt Oblig	Money Market		793,759	793,759	793,759	-
Fed Govt Oblig	Money Market		792,510	792,510	792,510	-
Fed Govt Oblig	Money Market		764,652	764,652	764,652	-
Fed Govt Oblig	Money Market		731,467	731,467	731,467	-
Fed Govt Oblig	Money Market		726,988	726,988	726,988	-
Fed Govt Oblig	Money Market		709,280	709,280	709,280	-
Fed Govt Oblig	Money Market		663,760	663,760	663,760	-
Fed Govt Oblig	Money Market		619,282	619,282	619,282	-
Fed Govt Oblig	Money Market		612,590	612,590	612,590	-
Fed Govt Oblig	Money Market		612,494	612,494	612,494	-
Fed Govt Oblig	Money Market		595,310	595,310	595,310	-
Fed Govt Oblig	Money Market		583,130	583,130	583,130	-
Fed Govt Oblig	Money Market		572,708	572,708	572,708	-
Fed Govt Oblig	Money Market		535,026	535,026	535,026	-
Fed Govt Oblig	Money Market		529,556	529,556	529,556	-
Fed Govt Oblig	Money Market		516,788	516,788	516,788	-
Fed Govt Oblig	Money Market		515,565	515,565	515,565	-
Fed Govt Oblig	Money Market		477,588	477,588	477,588	-
Fed Govt Oblig	Money Market		449,774	449,774	449,774	-
Fed Govt Oblig	Money Market		439,950	439,950	439,950	-
Fed Govt Oblig	Money Market		439,533	439,533	439,533	-
Fed Govt Oblig	Money Market		415,050	415,050	415,050	-
Fed Govt Oblig	Money Market		407,334	407,334	407,334	-
Fed Govt Oblig	Money Market		404,590	404,590	404,590	-
Fed Govt Oblig	Money Market		385,687	385,687	385,687	-
Fed Govt Oblig	Money Market		365,585	365,585	365,585	-
Fed Govt Oblig	Money Market		352,068	352,068	352,068	-

CONTINUED

HNTB EMPLOYEE HEALTH CARE PLAN

FORM 5500, SCHEDULE H, LINE PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2025

EIN: 56-2422024, PLAN IDENTIFICATION NUMBER: 520

(a) Identity of Party Involved	(b) Investment Type	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SINGLE TRANSACTIONS:						
Fed Govt Oblig	Money Market		$ 339,430	339,430	339,430	$ -
Fed Govt Oblig	Money Market		319,698	319,698	319,698	-
Fed Govt Oblig	Money Market		305,696	305,696	305,696	-
Fed Govt Oblig	Money Market		294,432	294,432	294,432	-
Fed Govt Oblig	Money Market		291,429	291,429	291,429	-
Fed Govt Oblig	Money Market		275,435	275,435	275,435	-
Fed Govt Oblig	Money Market		273,974	273,974	273,974	-
Fed Govt Oblig	Money Market		265,583	265,583	265,583	-
Fed Govt Oblig	Money Market		254,039	254,039	254,039	-
Fed Govt Oblig	Money Market		211,276	211,276	211,276	-
Fed Govt Oblig	Money Market		187,556	187,556	187,556	-
Fed Govt Oblig	Money Market		184,720	184,720	184,720	-
Fed Govt Oblig	Money Market		181,123	181,123	181,123	-
Fed Govt Oblig	Money Market		168,658	168,658	168,658	-
Fed Govt Oblig	Money Market		163,552	163,552	163,552	-
Fed Govt Oblig	Money Market		162,668	162,668	162,668	-
Fed Govt Oblig	Money Market		162,614	162,614	162,614	-
Fed Govt Oblig	Money Market		161,023	161,023	161,023	-
Fed Govt Oblig	Money Market		160,256	160,256	160,256	-
Fed Govt Oblig	Money Market		143,528	143,528	143,528	-
Fed Govt Oblig	Money Market		139,586	139,586	139,586	-
Fed Govt Oblig	Money Market		131,079	131,079	131,079	-
Fed Govt Oblig	Money Market		124,462	124,462	124,462	-
Fed Govt Oblig	Money Market		122,639	122,639	122,639	-
Fed Govt Oblig	Money Market		118,733	118,733	118,733	-
Fed Govt Oblig	Money Market		118,147	118,147	118,147	-
Fed Govt Oblig	Money Market		105,194	105,194	105,194	-
Fed Govt Oblig	Money Market		102,835	102,835	102,835	-
Fed Govt Oblig	Money Market		100,975	100,975	100,975	-
Fed Govt Oblig	Money Market		94,439	94,439	94,439	-
Fed Govt Oblig	Money Market		81,398	81,398	81,398	-
Fed Govt Oblig	Money Market		79,191	79,191	79,191	-
SERIES TRANSACTIONS:						
Fed Govt Oblig	Money Market					
	Purchases	$ 44,301,390		$ 44,301,390	$ 44,301,390	
	Sales		$ 44,450,419	44,450,419	44,450,419	-

CONCLUDED