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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

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

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

D Check box if filing under:
- [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
GPS NAVIGATOR POOLED EMPLOYER PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2022

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)
GROUP PLAN SYSTEMS, LLC

2470 EAST MAIN STREET
COLUMBUS, OH 43209

2b Employer Identification Number (EIN)
87-2096126

2c Plan Sponsor's telephone number
913-236-9841

2d Business code (see instructions)
524290

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	PETE SWISHER
	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**	1900
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)**	1538
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	9463
b	Retired or separated participants receiving benefits	**6b**	69
c	Other retired or separated participants entitled to future benefits	**6c**	691
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	10223
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	10226
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)**	2219
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)**	6208
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	274
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 2W 3D

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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
GPS NAVIGATOR POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-2096126

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JULY BUSINESS SERVICES, LLC

74-2715820

(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 15 64	NONE	215307	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RKL WEALTH MANAGEMENT, LLC

3501 CONCORD ROAD, SUITE 250
YORK, PA 17402

(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?
28 51	NONE	173446	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KEEL POINT, LLC

20-0829010

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	70393	Yes [ ] No [X]	Yes [ ] No [ ]		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)

TRILOGY CAPITAL, INC.

2601 MAIN STREET #100
IRVINE, CA 92614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	57210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROUP PLAN SYSTEMS, LLC

C/O PERFECT BALANCE
2470 EAST MAIN STREET
COLUMBUS, OH 43209

87-2096126

(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?
14 31 50	FIDUCIARY	31400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HFM INVESTMENT ADVISORS, LLC

102 WEST HIGH STREET, SUITE 200
GLASSBORO, NJ 02028

82-1797253

(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?
28 51	NONE	8090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
GPS NAVIGATOR POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GROUP PLAN SYSTEMS, LLC

D Employer Identification Number (EIN)
87-2096126

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	FLEXPATH INDEX AGGR 2045-R1		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2503540-219	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3924676
a Name of MTIA, CCT, PSA, or 103-12 IE:	FLEXPATH INDEX AGGR 2055-R1		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2503540-219	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5086295
a Name of MTIA, CCT, PSA, or 103-12 IE:	FLEXPATH INDEX AGGR RTRM-R1		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2503540-219	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1020639
a Name of MTIA, CCT, PSA, or 103-12 IE:	FLEXPATH INDEX AGGR 2065-R1		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2503540-219	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	699800
a Name of MTIA, CCT, PSA, or 103-12 IE:	FLEXPATH INDEX CNSRV RTRM-R1		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2503540-219	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	610714
a Name of MTIA, CCT, PSA, or 103-12 IE:	FLEXPATH INDEX CONS 2035-R1		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2491300-218	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	526872
a Name of MTIA, CCT, PSA, or 103-12 IE:	FLEXPATH INDEX CONS 2045-R1		
b Name of sponsor of entity listed in (a):	GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2491300-218	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	824054

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONS 2055-R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 47-2491300-218	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 350309

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONS 2065-R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 47-2491300-218	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85930

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

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 47-2478524-217	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9481193

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

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 47-2478524-217	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11348100

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

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 47-2478524-217	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5909541

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MOD RTRM-R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 47-2478524-217	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7853928

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

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 47-2478524-217	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1213625

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGGR 2035-R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 47-2503540-219	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3290050

a Name of MTIA, CCT, PSA, or 103-12 IE: COMPASS CAPITAL HIGH QUAL EQ CIF CI

b Name of sponsor of entity listed in (a): HANDS BENEFIT & TRUST

c EIN-PN 41-1611668-224	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 547272

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
GPS NAVIGATOR POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-2096126

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	328578	205069
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)	305578	749747
(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)	381782	3978684
(9) Value of interest in common/collective trusts	1c(9)	0	52772998
(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)	44103519	145997778
(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	45119457	203704276
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	45119457	203704276

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)	8693596	
(B) Participants	2a(1)(B)	21090618	
(C) Others (including rollovers)	2a(1)(C)	2748819	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		32533033
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	102296	
(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)	248526	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		350822
(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)	4429824	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4429824
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7302977
(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)		17626836
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		62243492
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15795348	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		15795348
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		389221
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	31400	
(3) Recordkeeping fees	2i(3)	432689	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	309139	
(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)		773228
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16957797
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		45285695
l Transfers of assets:			
(1) To this plan	2l(1)		113299124
(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: HOLBROOK & MANTER **(2)** EIN: 31-0998651

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		861821
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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
GPS NAVIGATOR POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
87-2096126

Part I Distributions

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

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

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

EIN(s): 75-3182674

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703180A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 GPS NAVIGATOR POOLED EMPLOYER PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF GROUP PLAN SYSTEMS, LLC	**D** Administrator's EIN 87-2096126

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☒ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☐ other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
LEG UP FARM, INC.	23-2931834	0.53	1584482
2a Name of Participating Employer TAXPAYER ADVOCACY GROUP, LLC DBA 4CORNER BUSINESS SERVICES	**2b** EIN 45-4743376	**2c** Percentage of Total Contributions for the Plan Year 0.09	**2d** Aggregate Account Balances Attributable to Participating Employer 84394

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
6TH DIMENSION INC	83-3984761	0.16	49319
AJG HOLDINGS & WHOLESALE LLC	81-2805144	0.02	16009
ALPINE ARTISAN STUDIOS	26-4580413	0.09	619959
AMMA DEVELOPMENT GROUP LLC	85-3849450	0.73	751704
ANYTIME HOME CARE, INC. D/B/A VISITING ANGELS LIVING ASSISTANCE SERVIC	38-3659287	0.94	3321043
APX ENCLOSURES, INC.	25-1875355	2.13	11506725
BLUEBRIDGE INC. DBA COMFORT KEEPERS 237	20-2456326	0.00	0
OAK TREE DEVELOPMENT GROUP LLC	20-2349826	2.04	1536950
BROWN BOLT AND NUT CORPORATION	95-2866737	0.05	1471232

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUDGET BOOKKEEPING & INCOME TAX SERVICES INC	27-1548737	0.00	0
CITY FLOORS OF YORK, INC.	75-3176228	0.01	2012
COOPER OPTOMETRY, A PROFESSIONAL OPTOMETRIC CORPORATION	81-2080828	0.00	0
DAKOTA BASEBALL LLC	20-0816732	0.06	547511
DAN'S PLUMBING, INC.	39-1749557	0.00	0
DANIEL ROBERT REMODELING LLC	92-1039894	0.30	512405
DS, INC.	33-0367535	0.15	47167
ELSNER ENGINEERING WORKS INC.	23-1336424	1.46	7561778
EMBRACE INCORPORATED	83-4002723	0.27	882445

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXECUTIVE LAW PARTNERS, PLLC	85-0720545	0.45	519350
FABIANO, CASTRO, & CLEM, LLP	46-2643984	0.37	716538
FACILITIES MECHANICAL CONTRACTORS, INC.	46-1718203	0.11	75612
FINEST CITY INC.	20-2413910	0.06	622040
FLYTEDESK, INC.	46-0751690	0.82	768153
FORINO CO	23-1953006	1.24	378646
FRONT RANGE CLAIMS CONSULTING	82-2252217	0.05	338862
GEORGE HOWELL COFFEE COMPANY LLC	14-1876328	0.11	493547
GLOUCESTER COUNTY CHAMBER OF COMMERCE INC.	22-3786798	0.04	15180

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOODWIN, LADEMAN AND ASSOCIATES, INC.	38-3458771	0.18	57412
HAWTHORNE ELECTRIC, INC.	23-1732768	0.14	666708
HISTORIC STONE MILL INN, LLC	81-4798799	0.11	375879
HOEHE ENGINEERING LLC	83-2480481	0.09	28056
HOLISTIC AI INC	98-1650238	0.13	11210
HONE MAXWELL LLP	45-5611178	0.04	760756
INDUSTRIAL MAINTENANCE & REPAIR SERVICES LLC, DBA IMRS, LLC	20-0437405	0.73	1747904
J&B FASHIONS INC.	25-1646908	0.37	1168906
J.I.G. PLUMBING, INC.	83-3667432	0.00	0

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JD MORRIS CONSTRUCTION	63-1092089	0.00	0
JONES INDUSTRIAL HOLDINGS INC	76-0574642	45.85	55610903
KEEL POINT, LLC	20-0829010	4.59	19509365
L5 FITNESS HOLDINGS LLC	84-2076684	1.42	1862755
LAKESHORE BUSINESS INTERIORS INC.	39-1643953	0.01	223799
LANCASTER MATERNAL FETAL MEDICINE LLC	82-1213155	0.17	416825
M LANGFORD, O.D., OPTOMETRIC CORPORATION	87-0941403	0.18	285421
KINETIC INFRASTRUCTURE GROUP	83-4686560	17.79	50551760
MANN PLUMBING AND HEATING LLC	27-1918341	1.00	1951669

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MANUFACTURING AUTOMATION GROUP	99-4351278	0.00	0
MCEVOY TALENT MANAGEMENT LLC	93-2993283	0.07	31851
MCKIBBIN ENTERPRISES	27-1438537	0.11	115311
MILLER MARINE SCIENCE & CONSULTING, INC.	82-4867959	0.00	0
MORSE MEASUREMENTS, LLC	37-1490981	0.14	523145
NEW HOLLAND FENCE LLC	75-3068937	0.12	36680
OFIELD CORPORATION	33-0992795	0.01	384064
ORCUTT MECHANICAL CONTRACTORS INC.	20-5850447	0.00	0
PFG CONSTRUCTION, LLC	35-2536541	1.50	6446498

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRESTIGE GYMNASTICS TRAINING CENTER, INC.	23-2691058	0.31	620789
RENATI SOLUTIONS LLC	45-5256220	0.12	54700
RICK'S HOME CENTER, INC.	23-2662907	0.00	0
ROBINSON VACUUM TANKS, INC.	27-4923539	0.00	0
SANDERS COYNER CADE, PC	88-3353501	0.01	4297
SAPPHIRE CONSTRUCTION SERVICES	82-3264845	0.10	29757
SCAFIDI, CRANSTON & ASSOCIATES, LLC	20-4870367	0.01	387352
SEQUON, LLC	59-3778444	6.93	11146817
SERENDIPITE INC.	30-0827008	0.04	362389

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHADETREE DERMATOLOGY, LLC	99-2567636	0.75	734437
SHILLINGTON EYE ASSOCIATES, LLC	23-2386375	0.43	1965841
SHORELINE CREDIT UNION	39-0795376	0.20	1833360
SHORELINE DISTRIBUTORS LLC	26-2609270	0.40	226311
SOLHOME STAFFING	99-0805889	0.00	0
SPECTRUM SPORTS, LLC	82-4005516	0.30	213333
TWO FOURTEEN LLC	86-1770318	0.11	111917
TY CONSTRUCTION CO., INC.	25-1790756	1.37	3497676
VALLEY AGENCY COMPANY	23-1623248	0.34	1084499

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Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VANTAGE REAL ESTATE SERVICES LLC	81-5409804	0.20	126568
WFR TECHNOLOGIES, INC.	54-2021346	0.27	2803993
WINTSEC TECHNOLOGIES, LLC	55-0864432	0.44	204358
WOLFEPACK CONSULTING, LLC	88-4376664	0.18	784755
WORKPLACE HCM, INC.	82-2306982	0.46	321187

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Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☒ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID R69RBVPVA

GPS NAVIGATOR POOLED EMPLOYER PLAN

FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

AS OF DECEMBER 31, 2025 AND 2024
AND FOR THE YEAR ENDED DECEMBER 31, 2025

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holbrook &manter

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
the GPS Navigator Pooled Employer Plan

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

We have performed audits of the accompanying financial statements of the **GPS Navigator Pooled Employer 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 as of **December 31, 2025 and 2024** and the related statement of changes in net assets available for benefits for the year ended **December 31, 2025** (modified cash basis), 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 a certification from a qualified institution as of **December 31, 2025 and 2024 and for the year ended December 31, 2025**, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules 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 that matter.

Responsibilities of Management

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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.

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules 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 schedules 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).

Certified Public Accountants

Columbus, Ohio
October 13, 2026

GPS NAVIGATOR POOLED EMPLOYER PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:-		
Cash	$ 205,069	$ 328,578
Investments, at fair value	199,520,523	44,409,097
Notes receivable from participants	3,978,684	381,782
Total net assets available for benefits	$ 203,704,276	$ 45,119,457

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

GPS NAVIGATOR POOLED EMPLOYER PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
FOR THE YEAR ENDED DECEMBER 31, 2025

	2025
ADDITIONS:-	
Net appreciation of investments	$ 24,929,813
Interest and dividends	4,532,120
Interest on notes receivables from participants	248,526
Total investment income	29,710,459
Contributions:-	
Participant contributions	21,090,618
Employer contributions	8,693,596
Rollover contributions	2,748,819
Total contributions	32,533,033
Total additions	62,243,492
DEDUCTIONS:-	
Benefits paid to participants	16,184,569
Administrative Expenses	773,228
Total deductions	16,957,797
NET INCREASE BEFORE TRANSFERS	45,285,695
Transfer in of Funds	113,299,124
Net assets available for benefits - beginning of year	45,119,457
Net assets available for benefits - end of year	$ 203,704,276

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

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of GPS Navigator Pooled Employer Plan (the Plan) provides only general information. Participants should refer to the Plan document and their Employer's participation agreements and summary Plan description for a more complete description of the Plan's provisions.

General

The Plan is a Pooled Employer Plan (PEP) established by Group Plan Systems, LLC, the Pooled Plan Provider (PPP). The Plan was established under the Setting Every Community Up for Retirement Act of 2019 (SECURE Act) on October 1, 2022. The Plan is a defined contribution plan covering eligible employees of the Participating Employers, and is intended to qualify under Internal Revenue Code of 1986, as amended (IRC or Code), sections 401(a) and 501(a). The Plan is intended to constitute as a multiple employer plan, as described under Code sections 410(a), 411, 413, and 415. Each Participating Employer elects their own provisions related to eligibility, contributions, notes receivable from participants, and payments of benefits. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered as a pooled employer plan (PEP) as defined in section 3(43) of ERISA, in accordance with the requirement of Section 413(e) of the IRC, the regulations thereunder, and other applicable authority. A PEP allows numerous unrelated businesses of any size to participate in a single retirement plan that is managed by a PPP who must register with the Department of Labor (DOL) and the Department of Treasury. The PPP has overall responsibility for the operation and administration of the Plan.

Participating Employers in a PEP have different plan provisions for their respective participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer. Employees of Participating Employers who are not excluded by certain provisions in the Plan document may enter the Plan on various dates coinciding with or following the date on which those employees meet eligibility requirements outlined within their respective Participating Employer's adoption agreement.

The PEP's PPP is responsible for oversight of the Plan, determining the appropriateness of investment offerings, and monitoring investment performance. Matrix Trust Company serves as the custodian of the PEP's investment assets and processes transactions. July Business Services, LLC maintains the participant records.

Eligibility

Only those employees of any Participating Employer who are designated by the Participating Employer in its participation agreement as eligible employees shall be eligible to participate in the Plan. Participating Employers may define eligibility requirements based on factors such as age, service, or employee type. Eligible employees shall be eligible to make participant contributions and receive allocations of employer contributions if and to the extent specified in the applicable adoption agreement or otherwise provided by the Plan.

Contributions

Each year eligible participants may make pre-tax and Roth contributions of their eligible compensation, as defined by the Plan and Participating Employer participation agreement, subject to applicable limits established by law. Participating Employers may elect safe harbor or non-safe harbor contribution

provisions as well as compensation definitions. Under certain circumstances, eligible employees may make rollover contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct their contributions into various investment options offered by the Plan. The Participating Employers in the Plan may elect automatic enrollment and escalation features. Accordingly, the Participating Employer will automatically withhold a defined percentage of an eligible participant's compensation based on the Participating Employer's participation agreement, unless the participant affirmatively opts out.

Under the terms of the Participating Employer participation agreements, the Participating Employers may elect to make safe harbor, matching contributions, nonelective contributions, qualified nonelective contributions (QNECs) or qualified matching contributions (QMACs) to the Plan. Participating Employers may also elect to make true-up matching contributions.

Participant Accounts and Allocations
Each participant's account is credited with the participant's contributions, the participating employers' contributions, (if applicable), and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Participating Employer contribution portion of their accounts, plus actual earnings thereon, is based on years of service ranging from immediate to six years graded or cliff vesting, as elected by each Participating Employer. Notwithstanding the above, participants are fully vested in the participating employers' contributions upon reaching retirement age, death, disability, or termination of the Plan.

Notes Receivables from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest as determined by the PPP, which is prime rate plus 1% as of the effective date of the loan request. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits
Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in their account in the form of a lump sum distribution or installments based on the Participating Employer's participation agreement. The Plan may allow for in-service distributions if a participant reaches age 59½ and hardship distributions subject to the Participating Employer's participation agreement. If a participant terminates employment and the participant's account balance does not exceed $7,000, the benefit payment is paid without the participant's consent and is paid in the form of a single lump-sum.

Forfeitures
Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Participating Employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation
The accompanying financial statements of the Plan 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. Under that basis, certain additions are recognized when received and certain deductions are recognized when paid. Investments are stated at fair value. The modified cash basis of accounting differs from accounting principles generally accepted in the United States of America primarily because the effects of outstanding contributions and outstanding expenses are not included in the financial statements.

Use of Estimates
The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Contributions
Participant contributions and any related Participating Employer matching contributions are recognized in the period in which the employer makes the respective payroll deductions from the participant’s compensation.

Notes Receivables from Participants
Notes receivables from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Administrative Expense
Reasonable expenses of the PEP, including custodian, attorneys, advisors, fiduciaries, and service providers are paid by the PEP, unless otherwise paid by the PPP or the Participating Employers. Expenses that are paid by the PPP or the Participating Employers are excluded from these financial statements. Investment advisor fees are paid from the PEP. Expenses paid by the PEP are included in administrative expenses on the accompanying statement of changes in net assets available for benefits. Fees related to administration of notes receivable from participants are charged directly to participant accounts and are also included in administrative expenses. Additionally, certain investment related expenses are included in net appreciation in fair value of investments.

Payment of Benefits
Benefits are recorded when paid.

NOTE 3 - TRANSFER OF FUNDS

Upon termination or new entrance of a Participating Employer, funds may be transferred to or from other qualified plans. During the year ended December 31, 2025, net transfers into the Plan from other qualified plans totaled $113,299,124 (transfers into the PEP from other qualified plans totaled $113,818,082 and transfers out of the plan totaled $518,958).

NOTE 4 - SUMMARY OF INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan Administrator has obtained a certification from the Custodian (Matrix Trust Company) that the information provided to the Plan Administrator by the Custodian is complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A summary of information included in the financial statements, which has been certified, is as follows:

- Cash, investments at fair value and notes receivable from participants, as shown on the statements of net assets available for benefits as of December 31, 2025 and 2024.

- Net appreciation of investments, interest and dividends, and interest on notes receivables from participants as shown on the statement of changes in net assets available for benefits for the year ended December 31, 2025.

- Investment information included on the supplemental schedule of assets held for investment as of December 31, 2025.

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") No. 820 establishes a 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 under ASC No. 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

Level 3: Unobservable inputs for which there is little or no market data, which require the reporting entity to develop its own assumptions.

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

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

Mutual Funds: (including money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

Exchange Traded Funds: – Valued using a market approach based on the closing market prices of identical instruments on the last trading day of the year (Level 1).

Common collective trust funds: – The fair value of the common collective trust fund is determined by the custodian of the fund based on the underlying assets, which represent the net asset value, a practical expedient to fair value held by the Plan. The Plan does not have any unfunded commitments relating to its investment in the common collective trust fund, or any significant restrictions on redemptions. Participant directed redemptions can be made on any business day and do not have a redemption notice period.

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

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

	Assets at fair value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual Funds	$ 144,184,097	$ -	$ -	$ 144,184,097
Exchange Traded Funds	1,813,681	-	-	1,813,681
Money Market	749,747	-	-	749,747
Common Collective Trust (a)	-	-	-	52,772,998
Total investments at fair value	$ 146,747,525	$ -	$ -	$ 199,520,523

	Assets at fair value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 7,236,826	$ -	$ -	$ 7,236,826
Exchange Traded Funds	2,027	-	-	2,027
Money Market	305,578	-	-	305,578
Common Collective Trust (a)	-	-	-	36,864,666
Total investments at fair value	$ 7,544,431	$ -	$ -	$ 44,409,097

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share or its equivalent) as a practical expedient to fair value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 6 - PLAN TERMINATION

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

NOTE 7 - INCOME TAX STATUS

The PEP is intended to qualify under Internal Revenue Code (IRC) Section 401(a) and 501(a). On June 30, 2020, the IRS stated that the Non-Standardized Pre-Approved Profit-Sharing Plan adopted by the PEP, as then designed, qualifies under IRC Section 401(a) and, therefore, the related trust is tax-exempt. The PEP has not received a determination letter specific to the PEP itself. The PEP has been amended since adoption; however, the PEP Administrator and the PEP's tax counsel believe that the PEP is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the PEP's financial statements.

The modified cash basis of accounting requires Plan management to evaluate if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - RISKS AND UNCERTAINTIES

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

The classification of investment and investment earnings reported in the financial statements may differ from the classification on the Form 5500 due to different reporting requirements on Form 5500.

NOTE 9 - PARTY IN INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL Regulations as any fiduciary of the PEP, any party rendering service to the PEP, the Pooled Plan Provider (PPP), Participating Employers and certain others. The PEP's investments include mutual funds, managed, held, and/or administered by Matrix Trust Company Plan's Custodian. Therefore, transactions with the Matrix Trust Company are considered party in-interest transactions. The PEP also issues notes to participants, which are secured by the balances in the participants' accounts, which also qualify as party-in-interest transactions. Such transactions are exempt from the prohibited transaction rules under ERISA.

July Business Services, LLC provides third-party administration and recordkeeping services to the PEP. Transactions with the PPP and July Business Services, LLC qualify as party-in-interest transactions.

NOTE 10 - PROHIBITED TRANSACTIONS

During the years ended December 31, 2025 and 2024, there were instances where Participating Employers failed to timely remit employee 401(k) deferral contributions and loan repayments to the Plan for certain payroll periods within the timeframe prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and the IRC. As of December 31, 2025 and 2024, $861,000 and $120,182, respectively, were considered late and the PPP files the appropriate form 5330 with lost earnings.

NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated events and transactions for potential recognition or disclosure through October 13, 2026, the date the financial statements were available to be issued.

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Nuveen Lifecycle Index 2040 Fund R6	Mutual Fund	**	$ 17,513,533
	Nuveen Lifecycle Index 2030 Fund R6	Mutual Fund	**	10,150,401
	Fidelity® 500 Index Institutional Prem	Mutual Fund	**	10,037,576
	Vanguard 500 Index Admiral	Mutual Fund	**	8,656,324
	Nuveen Lifecycle Index 2050 Fund R6	Mutual Fund	**	7,841,771
	T. Rowe Price Retirement Blend 2050 I	Mutual Fund	**	7,811,813
	T. Rowe Price Retirement Blend 2045 I	Mutual Fund	**	6,360,931
	T. Rowe Price Retirement Blend 2040 I	Mutual Fund	**	6,212,261
	T. Rowe Price Retirement Blend 2030 I	Mutual Fund	**	4,661,074
	Nuveen Lifecycle Index 2060 Fund R6	Mutual Fund	**	4,641,531
	T. Rowe Price Retirement Blend 2035 I	Mutual Fund	**	4,438,849
	T. Rowe Price Retirement Blend 2055 I	Mutual Fund	**	4,220,924
	T. Rowe Price Retirement Blend 2025 I	Mutual Fund	**	3,984,827
	T. Rowe Price Retirement Blend 2060 I	Mutual Fund	**	3,851,699
	T. Rowe Price Retirement Blend 2065 I	Mutual Fund	**	2,594,522
	Fidelity® Large Cap Growth Idx Instl Prm	Mutual Fund	**	2,591,740
	Vanguard Developed Markets Index Admiral	Mutual Fund	**	2,229,929
	Nuveen Lifecycle Index 2020 Fund R6	Mutual Fund	**	2,104,888
	Nuveen Lifecycle Retirement Income Fund R6	Mutual Fund	**	1,969,003
	Alger Focus Equity Fund Class I	Mutual Fund	**	1,836,579
	Fidelity® Mid Cap Index Instl Prem	Mutual Fund	**	1,609,589
	Vanguard Mid Cap Index Admiral	Mutual Fund	**	1,589,797
	Vanguard Small Cap Index Adm	Mutual Fund	**	1,342,351
	DFA Emerging Markets I	Mutual Fund	**	1,036,617
	Praxis Growth Indx Fd-I	Mutual Fund	**	978,851

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Nuveen Lifecycle Index 2065 Fund R6	Mutual Fund	**	933,576
	Vanguard Information Technology Idx Adm	Mutual Fund	**	819,802
	DFA International Value I	Mutual Fund	**	756,508
	iShares MSCI EAFE Intl Idx K	Mutual Fund	**	744,363
	BlackRock LifePath® Index 2035 K	Mutual Fund	**	743,429
	BlackRock LifePath® Index 2050 K	Mutual Fund	**	708,423
	BlackRock LifePath® Index 2040 K	Mutual Fund	**	704,056
	Calvert Short Duration Inc I	Mutual Fund	**	702,307
	DFA US Large Cap Value I	Mutual Fund	**	701,080
	Vanguard US Growth Admiral™	Mutual Fund	**	695,638
	Eventide Gilead I	Mutual Fund	**	671,512
	Vanguard Total Bond Market Index Adm	Mutual Fund	**	667,745
	BlackRock LifePath® Index 2045 K	Mutual Fund	**	630,845
	BlackRock LifePath® Index 2055 K	Mutual Fund	**	618,661
	Steward Values-Focused Large Cap Enhanced Index R6	Mutual Fund	**	534,084
	GuideStone Funds Equity Index Investor	Mutual Fund	**	525,491
	Invesco Value Opportunities R6	Mutual Fund	**	459,193
	PIMCO Income Instl	Mutual Fund	**	457,790
	Fidelity Advisor® Investment Gr Bd Z	Mutual Fund	**	452,922
	Fidelity® Small Cap Index Instl Prem	Mutual Fund	**	450,595
	T. Rowe Price Retirement Blend 2020 I	Mutual Fund	**	447,532
	Fidelity® Inflation-Prot Bd Idx InstlPrm	Mutual Fund	**	441,969
	Fidelity® US Bond Index Instl Prem	Mutual Fund	**	439,832
	Thornburg Better World-I	Mutual Fund	**	405,654
	DoubleLine Total Return Bond I	Mutual Fund	**	388,478

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	DFA US Small Cap Growth Instl	Mutual Fund	**	387,897
	Virtus Duff & Phelps Real Estate Secs R6	Mutual Fund	**	386,440
	Payden High Income Fund SI	Mutual Fund	**	381,694
	GuideStone International Equity Fund Inv	Mutual Fund	**	351,175
	Fidelity® Large Cap Value Index Prm Inst	Mutual Fund	**	349,256
	AQR Style Premia Alternative I	Mutual Fund	**	337,711
	T. Rowe Price Retirement Blend 2010 I	Mutual Fund	**	325,428
	DFA International Large Cap Growth	Mutual Fund	**	319,704
	DFA Emerging Markets Small Cap I	Mutual Fund	**	314,675
	BlackRock LifePath® Index 2060 K	Mutual Fund	**	312,251
	BlackRock LifePath® Index 2030 K	Mutual Fund	**	304,159
	Eventide Dividend Growth Fund Class I	Mutual Fund	**	301,358
	Timothy Plan Sml Cap Value-I	Mutual Fund	**	299,782
	Dodge & Cox Stock Fund X	Mutual Fund	**	297,583
	Vanguard Financials Index Admiral	Mutual Fund	**	288,084
	JPMorgan Large Cap Growth R6	Mutual Fund	**	272,532
	Guidestone Emg Mkts Eq-Inv	Mutual Fund	**	268,706
	Fidelity® International Index InstlPrm	Mutual Fund	**	247,840
	T. Rowe Price Retirement Blend 2015 I	Mutual Fund	**	234,769
	BlackRock LifePath Index 2065 K	Mutual Fund	**	230,412
	Vanguard Balanced Index Adm	Mutual Fund	**	208,691
	BlackRock LifePath® Index Retire K	Mutual Fund	**	189,755
	MainGate MLP I	Mutual Fund	**	160,101
	Vanguard Consum Disc Idx-Adm	Mutual Fund	**	144,382
	Vanguard Consumer Staples Index Admiral	Mutual Fund	**	137,769

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds Eupac Fund R6	Mutual Fund	**	134,707
	Vanguard Energy Adm	Mutual Fund	**	130,502
	Eventide Ltd Trm Bnd I	Mutual Fund	**	129,650
	Fidelity® Emerging Markets Idx Instl Prm	Mutual Fund	**	129,402
	Praxis Impact Bond Fund Institutional	Mutual Fund	**	129,212
	Vanguard Utilities Index Adm	Mutual Fund	**	118,556
	American Funds 2045 Trgt Date Retire R6	Mutual Fund	**	117,240
	Vanguard Real Estate Index Admiral	Mutual Fund	**	99,945
	JP Morgan Strategic Income Opportunities R5	Mutual Fund	**	89,585
	Vanguard Industrials Index Admiral	Mutual Fund	**	74,186
	Vanguard Health Care Index Admiral	Mutual Fund	**	60,500
	BlackRock LifePath® Index 2070 K	Mutual Fund	**	47,549
	CCM Community Impact Bond Fund Instl	Mutual Fund	**	43,075
	DFA International Small Company I	Mutual Fund	**	37,256
	DFA US Targeted Value I	Mutual Fund	**	36,828
	Aristotle Strategic Income Fund Class I	Mutual Fund	**	33,117
	Dodge & Cox International Stock Fund X	Mutual Fund	**	32,292
	Vanguard Communication Services Admiral	Mutual Fund	**	32,278
	BrandywineGLOBAL – High Yield IS	Mutual Fund	**	22,106
	Vanguard Value Index Adm	Mutual Fund	**	21,306
	American Funds 2050 Trgt Date Retire R6	Mutual Fund	**	20,719
	Avantis International Small Cap Val Ins	Mutual Fund	**	20,056
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund	**	18,973
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	**	18,439
	American Funds 2060 Trgt Date Retire R6	Mutual Fund	**	16,301

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Driehaus Small Cap Growth Fund Instl	Mutual Fund	**	14,705
	American Funds 2055 Trgt Date Retire R6	Mutual Fund	**	14,433
	Steward Global Equity Income Fund R6	Mutual Fund	**	14,293
	Putnam Large Cap Value Fd Cl R6	Mutual Fund	**	9,934
	Vanguard Total World Stock Index Fund Admiral Share	Mutual Fund	**	9,524
	American Funds 2065 Trgt Date Retire R6	Mutual Fund	**	8,361
	American Funds 2040 Trgt Date Retire R6	Mutual Fund	**	8,341
	American 2025 Target Date Retirement Income R6	Mutual Fund	**	8,039
	BNY Mellon Appreciation Y	Mutual Fund	**	7,466
	American Funds 2030 Trgt Date Retire R6	Mutual Fund	**	6,717
	Nuveen Small Cap Blend Index Fund R6	Mutual Fund	**	6,527
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	**	5,633
	Vanguard Growth Index Admiral	Mutual Fund	**	5,194
	Thrivent Mid Cap Stock - I	Mutual Fund	**	4,605
	Vanguard Emerging Mkts Stock Idx Adm	Mutual Fund	**	4,544
	Vanguard Equity-Income Adm	Mutual Fund	**	3,877
	T. Rowe Price Retirement Blend 2005 I	Mutual Fund	**	3,492
	American Funds 2035 Trgt Date Retire R6	Mutual Fund	**	3,196
	PIMCO Commodity Real Ret Strat Instl	Mutual Fund	**	2,538
	Vanguard Small Cap Value Index Admiral	Mutual Fund	**	1,207
	DFA Global Real Estate Securities Port	Mutual Fund	**	1,155
	Vanguard Total Intl Bd Idx Admiral™	Mutual Fund	**	1,130
	Vanguard Materials Index Admiral	Mutual Fund	**	925
	MFS® Research International Fund R6	Mutual Fund	**	734
	Nuveen Strategic Income R6	Mutual Fund	**	718

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	State Street Institutional U.S. Equity Fund Investment	Mutual Fund	**	711
	American Century Inflation Adjusted Bond Fund R6	Mutual Fund	**	470
	Steward Equity Market Neutral Fund Instl	Mutual Fund	**	226
	Pimco Trends Mgd Fut Str-Ins	Mutual Fund	**	224
	Victory Short Term Bond R6	Mutual Fund	**	126
	Eventide Large Cap Focus Fund I	Mutual Fund	**	107
	Eventide Core Bond Fund-I	Mutual Fund	**	80
	American Funds American Balanced R6	Mutual Fund	**	54
	Vanguard International Growth Adm	Mutual Fund	**	12
				144,184,097
	Flexpath Index Mod 2045-R1	Common Collective Trust	**	11,348,100
	Flexpath Index Mod 2035-R1	Common Collective Trust	**	9,481,193
	Flexpath Index Mod Rtrm-R1	Common Collective Trust	**	7,853,928
	Flexpath Index Mod 2055-R1	Common Collective Trust	**	5,909,541
	Flexpath Index Aggr 2055-R1	Common Collective Trust	**	5,086,295
	Flexpath Index Aggr 2045-R1	Common Collective Trust	**	3,924,676
	Flexpath Indx Aggr 2035-R1	Common Collective Trust	**	3,290,050
	flexPATH Index Moderate 2065 Fund Class R1	Common Collective Trust	**	1,213,625
	Flexpath Index Aggr Rtrm-R1	Common Collective Trust	**	1,020,639
	Flexpath Index Cons 2045-R1	Common Collective Trust	**	824,054
	flexPATH Index Aggressive 2065 Fund Class R1	Common Collective Trust	**	699,800
	flexPATH Index Cnsrv Retirement R1	Common Collective Trust	**	610,714
	Compass Capital High Qual Eq CIF Cl R1	Common Collective Trust	**	547,272
	Flexpath Index Cons 2035-R1	Common Collective Trust	**	526,872
	Flexpath Index Cons 2055-R1	Common Collective Trust	**	350,309
	flexPATH Index Conservative 2065 Fund Class R1	Common Collective Trust	**	85,930
				52,772,998

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard FTSE Emerging Market	Exchange Traded Funds	**	889,421
	iShares Core S&P Small-Cap ETF	Exchange Traded Funds	**	596,002
	Schwab Short-Term US Treas	Exchange Traded Funds	**	324,086
	State Street Spdr Portfolio	Exchange Traded Funds	**	4,172
				1,813,681
	Goldman Sachs Finl Sq Govn Mm Fd#465	Money Market	**	368,543
	Vanguard Federal Money Market Investor	Money Market	**	206,969
	Fidelity® Government Cash Reserves	Money Market	**	174,235
				749,747
*	Master Cash	Cash		205,069
*	Notes receivable from participants	Interest: 4.25% - 10.00% With Various Maturities		3,978,684
			Total $	203,704,276

* Represents party-in-interest as defined by ERISA.
** Cost information has been omitted in accordance with Form 5500 instructions as all investments are participant-directed.

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2025

EIN: 87-2096126
PLAN NUMBER: 001

Plan Year Ending	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
December 31, 2024	$ 120,182	$ -	$ 120,182	$ -	$ -
December 31, 2025	$ 861,821	$ 861,821	$ -	$ -	$ -

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Nuveen Lifecycle Index 2040 Fund R6	Mutual Fund	**	$ 17,513,533
	Nuveen Lifecycle Index 2030 Fund R6	Mutual Fund	**	10,150,401
	Fidelity® 500 Index Institutional Prem	Mutual Fund	**	10,037,576
	Vanguard 500 Index Admiral	Mutual Fund	**	8,656,324
	Nuveen Lifecycle Index 2050 Fund R6	Mutual Fund	**	7,841,771
	T. Rowe Price Retirement Blend 2050 I	Mutual Fund	**	7,811,813
	T. Rowe Price Retirement Blend 2045 I	Mutual Fund	**	6,360,931
	T. Rowe Price Retirement Blend 2040 I	Mutual Fund	**	6,212,261
	T. Rowe Price Retirement Blend 2030 I	Mutual Fund	**	4,661,074
	Nuveen Lifecycle Index 2060 Fund R6	Mutual Fund	**	4,641,531
	T. Rowe Price Retirement Blend 2035 I	Mutual Fund	**	4,438,849
	T. Rowe Price Retirement Blend 2055 I	Mutual Fund	**	4,220,924
	T. Rowe Price Retirement Blend 2025 I	Mutual Fund	**	3,984,827
	T. Rowe Price Retirement Blend 2060 I	Mutual Fund	**	3,851,699
	T. Rowe Price Retirement Blend 2065 I	Mutual Fund	**	2,594,522
	Fidelity® Large Cap Growth Idx Instl Prm	Mutual Fund	**	2,591,740
	Vanguard Developed Markets Index Admiral	Mutual Fund	**	2,229,929
	Nuveen Lifecycle Index 2020 Fund R6	Mutual Fund	**	2,104,888
	Nuveen Lifecycle Retirement Income Fund R6	Mutual Fund	**	1,969,003
	Alger Focus Equity Fund Class I	Mutual Fund	**	1,836,579
	Fidelity® Mid Cap Index Instl Prem	Mutual Fund	**	1,609,589
	Vanguard Mid Cap Index Admiral	Mutual Fund	**	1,589,797
	Vanguard Small Cap Index Adm	Mutual Fund	**	1,342,351
	DFA Emerging Markets I	Mutual Fund	**	1,036,617
	Praxis Growth Indx Fd-I	Mutual Fund	**	978,851

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Nuveen Lifecycle Index 2065 Fund R6	Mutual Fund	**	933,576
	Vanguard Information Technology Idx Adm	Mutual Fund	**	819,802
	DFA International Value I	Mutual Fund	**	756,508
	iShares MSCI EAFE Intl Idx K	Mutual Fund	**	744,363
	BlackRock LifePath® Index 2035 K	Mutual Fund	**	743,429
	BlackRock LifePath® Index 2050 K	Mutual Fund	**	708,423
	BlackRock LifePath® Index 2040 K	Mutual Fund	**	704,056
	Calvert Short Duration Inc I	Mutual Fund	**	702,307
	DFA US Large Cap Value I	Mutual Fund	**	701,080
	Vanguard US Growth Admiral™	Mutual Fund	**	695,638
	Eventide Gilead I	Mutual Fund	**	671,512
	Vanguard Total Bond Market Index Adm	Mutual Fund	**	667,745
	BlackRock LifePath® Index 2045 K	Mutual Fund	**	630,845
	BlackRock LifePath® Index 2055 K	Mutual Fund	**	618,661
	Steward Values-Focused Large Cap Enhanced Index R6	Mutual Fund	**	534,084
	GuideStone Funds Equity Index Investor	Mutual Fund	**	525,491
	Invesco Value Opportunities R6	Mutual Fund	**	459,193
	PIMCO Income Instl	Mutual Fund	**	457,790
	Fidelity Advisor® Investment Gr Bd Z	Mutual Fund	**	452,922
	Fidelity® Small Cap Index Instl Prem	Mutual Fund	**	450,595
	T. Rowe Price Retirement Blend 2020 I	Mutual Fund	**	447,532
	Fidelity® Inflation-Prot Bd Idx InstlPrm	Mutual Fund	**	441,969
	Fidelity® US Bond Index Instl Prem	Mutual Fund	**	439,832
	Thornburg Better World-I	Mutual Fund	**	405,654
	DoubleLine Total Return Bond I	Mutual Fund	**	388,478

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	DFA US Small Cap Growth Instl	Mutual Fund	**	387,897
	Virtus Duff & Phelps Real Estate Secs R6	Mutual Fund	**	386,440
	Payden High Income Fund SI	Mutual Fund	**	381,694
	GuideStone International Equity Fund Inv	Mutual Fund	**	351,175
	Fidelity® Large Cap Value Index Prm Inst	Mutual Fund	**	349,256
	AQR Style Premia Alternative I	Mutual Fund	**	337,711
	T. Rowe Price Retirement Blend 2010 I	Mutual Fund	**	325,428
	DFA International Large Cap Growth	Mutual Fund	**	319,704
	DFA Emerging Markets Small Cap I	Mutual Fund	**	314,675
	BlackRock LifePath® Index 2060 K	Mutual Fund	**	312,251
	BlackRock LifePath® Index 2030 K	Mutual Fund	**	304,159
	Eventide Dividend Growth Fund Class I	Mutual Fund	**	301,358
	Timothy Plan Sml Cap Value-I	Mutual Fund	**	299,782
	Dodge & Cox Stock Fund X	Mutual Fund	**	297,583
	Vanguard Financials Index Admiral	Mutual Fund	**	288,084
	JPMorgan Large Cap Growth R6	Mutual Fund	**	272,532
	Guidestone Emg Mkts Eq-Inv	Mutual Fund	**	268,706
	Fidelity® International Index InstlPrm	Mutual Fund	**	247,840
	T. Rowe Price Retirement Blend 2015 I	Mutual Fund	**	234,769
	BlackRock LifePath Index 2065 K	Mutual Fund	**	230,412
	Vanguard Balanced Index Adm	Mutual Fund	**	208,691
	BlackRock LifePath® Index Retire K	Mutual Fund	**	189,755
	MainGate MLP I	Mutual Fund	**	160,101
	Vanguard Consum Disc Idx-Adm	Mutual Fund	**	144,382
	Vanguard Consumer Staples Index Admiral	Mutual Fund	**	137,769

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds Eupac Fund R6	Mutual Fund	**	134,707
	Vanguard Energy Adm	Mutual Fund	**	130,502
	Eventide Ltd Trm Bnd I	Mutual Fund	**	129,650
	Fidelity® Emerging Markets Idx Instl Prm	Mutual Fund	**	129,402
	Praxis Impact Bond Fund Institutional	Mutual Fund	**	129,212
	Vanguard Utilities Index Adm	Mutual Fund	**	118,556
	American Funds 2045 Trgt Date Retire R6	Mutual Fund	**	117,240
	Vanguard Real Estate Index Admiral	Mutual Fund	**	99,945
	JP Morgan Strategic Income Opportunities R5	Mutual Fund	**	89,585
	Vanguard Industrials Index Admiral	Mutual Fund	**	74,186
	Vanguard Health Care Index Admiral	Mutual Fund	**	60,500
	BlackRock LifePath® Index 2070 K	Mutual Fund	**	47,549
	CCM Community Impact Bond Fund Instl	Mutual Fund	**	43,075
	DFA International Small Company I	Mutual Fund	**	37,256
	DFA US Targeted Value I	Mutual Fund	**	36,828
	Aristotle Strategic Income Fund Class I	Mutual Fund	**	33,117
	Dodge & Cox International Stock Fund X	Mutual Fund	**	32,292
	Vanguard Communication Services Admiral	Mutual Fund	**	32,278
	BrandywineGLOBAL – High Yield IS	Mutual Fund	**	22,106
	Vanguard Value Index Adm	Mutual Fund	**	21,306
	American Funds 2050 Trgt Date Retire R6	Mutual Fund	**	20,719
	Avantis International Small Cap Val Ins	Mutual Fund	**	20,056
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund	**	18,973
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	**	18,439
	American Funds 2060 Trgt Date Retire R6	Mutual Fund	**	16,301

GPS NAVIGATOR POOLED EMPLOYER PLAN
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 87-2096126
PLAN NUMBER: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Driehaus Small Cap Growth Fund Instl	Mutual Fund	**	14,705
	American Funds 2055 Trgt Date Retire R6	Mutual Fund	**	14,433
	Steward Global Equity Income Fund R6	Mutual Fund	**	14,293
	Putnam Large Cap Value Fd Cl R6	Mutual Fund	**	9,934
	Vanguard Total World Stock Index Fund Admiral Share	Mutual Fund	**	9,524
	American Funds 2065 Trgt Date Retire R6	Mutual Fund	**	8,361
	American Funds 2040 Trgt Date Retire R6	Mutual Fund	**	8,341
	American 2025 Target Date Retirement Income R6	Mutual Fund	**	8,039
	BNY Mellon Appreciation Y	Mutual Fund	**	7,466
	American Funds 2030 Trgt Date Retire R6	Mutual Fund	**	6,717
	Nuveen Small Cap Blend Index Fund R6	Mutual Fund	**	6,527
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	**	5,633
	Vanguard Growth Index Admiral	Mutual Fund	**	5,194
	Thrivent Mid Cap Stock - I	Mutual Fund	**	4,605
	Vanguard Emerging Mkts Stock Idx Adm	Mutual Fund	**	4,544
	Vanguard Equity-Income Adm	Mutual Fund	**	3,877
	T. Rowe Price Retirement Blend 2005 I	Mutual Fund	**	3,492
	American Funds 2035 Trgt Date Retire R6	Mutual Fund	**	3,196
	PIMCO Commodity Real Ret Strat Instl	Mutual Fund	**	2,538
	Vanguard Small Cap Value Index Admiral	Mutual Fund	**	1,207
	DFA Global Real Estate Securities Port	Mutual Fund	**	1,155
	Vanguard Total Intl Bd Idx Admiral™	Mutual Fund	**	1,130
	Vanguard Materials Index Admiral	Mutual Fund	**	925
	MFS® Research International Fund R6	Mutual Fund	**	734
	Nuveen Strategic Income R6	Mutual Fund	**	718

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EIN: 87-2096126
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	State Street Institutional U.S. Equity Fund Investment	Mutual Fund	**	711
	American Century Inflation Adjusted Bond Fund R6	Mutual Fund	**	470
	Steward Equity Market Neutral Fund Instl	Mutual Fund	**	226
	Pimco Trends Mgd Fut Str-Ins	Mutual Fund	**	224
	Victory Short Term Bond R6	Mutual Fund	**	126
	Eventide Large Cap Focus Fund I	Mutual Fund	**	107
	Eventide Core Bond Fund-I	Mutual Fund	**	80
	American Funds American Balanced R6	Mutual Fund	**	54
	Vanguard International Growth Adm	Mutual Fund	**	12
				144,184,097
	Flexpath Index Mod 2045-R1	Common Collective Trust	**	11,348,100
	Flexpath Index Mod 2035-R1	Common Collective Trust	**	9,481,193
	Flexpath Index Mod Rtrm-R1	Common Collective Trust	**	7,853,928
	Flexpath Index Mod 2055-R1	Common Collective Trust	**	5,909,541
	Flexpath Index Aggr 2055-R1	Common Collective Trust	**	5,086,295
	Flexpath Index Aggr 2045-R1	Common Collective Trust	**	3,924,676
	Flexpath Indx Aggr 2035-R1	Common Collective Trust	**	3,290,050
	flexPATH Index Moderate 2065 Fund Class R1	Common Collective Trust	**	1,213,625
	Flexpath Index Aggr Rtrm-R1	Common Collective Trust	**	1,020,639
	Flexpath Index Cons 2045-R1	Common Collective Trust	**	824,054
	flexPATH Index Aggressive 2065 Fund Class R1	Common Collective Trust	**	699,800
	flexPATH Index Cnsrv Retirement R1	Common Collective Trust	**	610,714
	Compass Capital High Qual Eq CIF Cl R1	Common Collective Trust	**	547,272
	Flexpath Index Cons 2035-R1	Common Collective Trust	**	526,872
	Flexpath Index Cons 2055-R1	Common Collective Trust	**	350,309
	flexPATH Index Conservative 2065 Fund Class R1	Common Collective Trust	**	85,930
				52,772,998

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SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
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DECEMBER 31, 2025 (Continued)

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	Vanguard FTSE Emerging Market	Exchange Traded Funds	**	889,421
	iShares Core S&P Small-Cap ETF	Exchange Traded Funds	**	596,002
	Schwab Short-Term US Treas	Exchange Traded Funds	**	324,086
	State Street Spdr Portfolio	Exchange Traded Funds	**	4,172
				1,813,681
	Goldman Sachs Finl Sq Govn Mm Fd#465	Money Market	**	368,543
	Vanguard Federal Money Market Investor	Money Market	**	206,969
	Fidelity® Government Cash Reserves	Money Market	**	174,235
				749,747
*	Master Cash	Cash		205,069
*	Notes receivable from participants	Interest: 4.25% - 10.00% With Various Maturities		3,978,684
			Total $	203,704,276

* Represents party-in-interest as defined by ERISA.
** Cost information has been omitted in accordance with Form 5500 instructions as all investments are participant-directed.