# 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
RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP.

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1988

**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)
FAC SERVICES, LLC

800 UNIVERSITY BAY DRIVE, SUITE 200
MADISON, WI 53705

**2b** Employer Identification Number (EIN)
46-1574498

**2c** Plan Sponsor's telephone number
608-231-2020

**2d** Business code (see instructions)
561110

**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 | MITCHELL D POPPEN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2026 | MITCHELL D POPPEN |
| | **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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 2131 |
| **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)** | 1435 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1561 |
| **b** | Retired or separated participants receiving benefits | **6b** | 52 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 664 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 2277 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 2277 |
| **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)** | 2095 |
| **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)** | 2098 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] 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)** [ ] **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 _____
- **(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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP.

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FAC SERVICES, LLC

**D** Employer Identification Number (EIN)
46-1574498

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

**(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)

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

| (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? |
|---|---|---|---|---|---|---|
| 15 36 37 38 50 64 | NONE | 213994 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

FRANCIS LLC

19435 W CAPITOL DR
SUITE 201
BROOKFIELD, WI 53045

| (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? |
|---|---|---|---|---|---|---|
| 16 27 50 | NONE | 83616 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 | SERVICE PROVIDER | 13218 | Yes ☐ No ☒ | 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)

MATRIX TRUST COMPANY

75-3182674

| (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? |
|---|---|---|---|---|---|---|
| 19 21 25 62 | NONE | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MATRIX TRUST COMPANY | 19 21 25 62 | 0 |

| **(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. |
|---|---|
| ONEAMERICA RETIREMENT SERVICES LLC<br><br>46-5378846 | ONEAMERICA HAD AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY $ 1,250 ANNUAL TRUST & CUSTODY FEE PLUS 1 BP ON MARKET VALUE ANNUALIZED MONTHLY |

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP.

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
FAC SERVICES, LLC

**D** Employer Identification Number (EIN)
46-1574498

**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: ARTISAN MID CAP GROWTH TRUST TIER 1

**b** Name of sponsor of entity listed in (a): SEI DWIGHT FUNDS

| **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) |
|---|---|---|
| 81-2225016-006 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON ENTERPRISE COLLECTI

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 38-7289853-001 | C | 15805450 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

| **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) |
|---|---|---|
| 04-3159710-202 | C | 12030374 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND 25 CIT

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

| **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) |
|---|---|---|
| 04-3159710-000 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE BLUE CHIP T5

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

| **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) |
|---|---|---|
| 80-0470272-004 | C | 27302030 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2020 TR II CIT

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **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) |
|---|---|---|
| 90-6083982-001 | C | 6471567 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2025 TR II CIT

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **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) |
|---|---|---|
| 90-6083980-001 | C | 18700272 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2030 TR II CIT

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 90-6083978-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22819238 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2035 TR II CIT

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 90-6083976-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42157074 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2040 TR II CIT

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 90-6083974-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26528336 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2045 TR II CIT

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 90-6083972-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46830758 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2050 TR II CIT

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 90-6083970-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33717934 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2055 TR II CIT

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 27-6715091-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19071025 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2060 TR II CIT

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 45-3799419-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18800744 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2065 TR II CIT

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

| **c** EIN-PN 82-6194314-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5206212 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE 2070 TR II CIT

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

| **c** EIN-PN 90-6083967-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2770792 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RETIRE INC TR II CIT

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 90-6083967-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6142610 |
|---|---|---|

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP.

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FAC SERVICES, LLC

**D** Employer Identification Number (EIN)
46-1574498

## 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 | 898402 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 470860 | 0 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 1433585 | 1345407 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 239743948 | 304354417 |
| **(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) | 141117228 | 145074963 |
| **(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 | 383664023 | 450774787 |
| **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 | 383664023 | 450774787 |

## 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) | 6466315 | |
| **(B)** Participants | 2a(1)(B) | 21124290 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 2050098 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 29640703 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(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) | 119042 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 119042 |
| **(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) | 6350144 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 6350144 |
| **(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) | | 43940622 |
| (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) | | 15756735 |
| c Other income | 2c | | 10776 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 95818022 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 28396331 | |
| (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) | | 28396331 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 13217 | |
| (3) Recordkeeping fees | 2i(3) | 213994 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 83616 | |
| (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) | 100 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 310927 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 28707258 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 67110764 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

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

**(1)** Name: VRAKAS S.C. **(2)** EIN: 39-1453055

**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 | | 865 |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 500000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

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

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP.

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FAC SERVICES, LLC

**D** Employer Identification Number (EIN)
46-1574498

## 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 71-0294708

**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 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704137A .

| SCHEDULE MEP (Form 5500) | MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>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)<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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<br>RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP. | **B** Three-digit Plan number (PN)..... ▶ 001 |
| **C** Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>FAC SERVICES, LLC | **D** Administrator's EIN<br>46-1574498 |

## 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** [X] 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 |
|---|---|---|---|
| AFFILIATED CONSTRUCTION SERVICES, INC. | 39-1796183 | 8.19 | 36529777 |
| **2a** Name of Participating Employer | **2b** EIN | **2c** Percentage of Total Contributions for the Plan Year | **2d** Aggregate Account Balances Attributable to Participating Employer |
| AFFILIATED ENGINEERS, INC. | 39-1287168 | 41.49 | 184180311 |

**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 [X] 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 |
|---|---|---|---|
| AFFILIATED ENGINEERS METRO DC, INC. | 39-2044182 | 3.80 | 21363164 |
| AFFILIATED ENGINEERS NW, INC. | 91-1572292 | 4.85 | 23267778 |
| AFFILIATED ENGINEERS SE, INC. | 59-2893912 | 4.32 | 22781224 |
| AFFILIATED ENGINEERS W, INC. | 68-0286364 | 7.75 | 28368503 |
| FAC SERVICES, LLC | 46-1574498 | 4.25 | 14496478 |
| FACILITY LEADERS IN ARCHITECTURAL/ENGINEERING DESIGN, P.C. | 13-4008779 | 2.58 | 7150486 |
| FLAD & ASSOCIATES, INC. | 39-1346640 | 14.71 | 79118033 |
| FLAD & ASSOCIATES OF CALIFORNIA, INC. | 94-3322991 | 4.97 | 20755197 |
| FLAD & ASSOCIATES OF FLORIDA, INC. | 39-1346633 | 1.27 | 4385465 |

**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.

## 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 |
|---|---|---|---|
| FLAD ARCHITECTURE & ENGINEERING, P.C. | 62-1717665 | 1.33 | 5119973 |
| FLAD DEVELOPMENT & INVESTMENT CORP. | 39-1197667 | 0.49 | 1912991 |
| | | | |
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**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.

## 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 _____

# RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP.

**FINANCIAL STATEMENTS**

**AND ERISA-REQUIRED SUPPLEMENTARY INFORMATION**

**DECEMBER 31, 2025 AND 2024**

**WITH INDEPENDENT AUDITORS' REPORT**

vrakás

**TABLE OF CONTENTS**


| | Page |
|---|---|
| **Independent Auditors' Report** | 1 |
| **Financial Statements** | |
| Statements of Net Assets Available for Benefits | 4 |
| Statements of Changes in Net Assets Available for Benefits | 5 |
| **Notes to Financial Statements** | 6 |
| **ERISA-Required Supplementary Information** | 12 |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 13 |
| Schedule H, Line 4a - Schedule of Delinquent Participant Contributions | 14 |

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# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Retirement Savings Plan of Flad Affiliated Corp.

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

We have performed audits of the accompanying financial statements of Retirement Savings Plan of Flad Affiliated Corp. ("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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 ("DOL")'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from Voya Institutional Trust Company as of and for the year ended December 31, 2025 and Matrix Trust Company as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

## Opinion

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

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

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits 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.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 elections of ERISA Section 103(a)(3)(C) audits do 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 that the financial statements were available to be issued.

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

**Auditors' Responsibilities for the Audits of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 certifications, 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 GAAP.

Accordingly, the objective of the ERISA Section 103(a)(3)(C) audits is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

**ERISA-Required Supplementary Information**

The schedule of assets (held at end of year) as of December 31, 2025 and schedule of delinquent participant contributions 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and is 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 the auditing procedures applied in the audit of the 2025 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the 2025 financial statements themselves, and other additional procedures in accordance with GAAS. 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 supplementary information, we evaluated whether the supplementary information, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion,

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

- the information in the schedule of assets (held at end of year) related to assets held by and certified 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).



Chicago, Illinois
October 13, 2026

## Retirement Savings Plan of Flad Affiliated Corp.

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **INVESTMENTS AT FAIR VALUE** | | |
| Common/collective trusts | $ 304,354,417 | $ 239,743,948 |
| Mutual funds | 145,074,963 | 141,117,228 |
| **TOTAL INVESTMENTS AT FAIR VALUE** | 449,429,380 | 380,861,176 |
| **NONINTEREST-BEARING CASH** | - | 898,402 |
| **EMPLOYER CONTRIBUTIONS RECEIVABLE** | 487,071 | 470,860 |
| **NOTES RECEIVABLE FROM PARTICIPANTS** | 1,345,407 | 1,433,585 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 451,261,858 | $ 383,664,023 |

The accompanying notes are an integral part of these statements.

## Retirement Savings Plan of Flad Affiliated Corp.

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO** | | |
| Employer contributions | $ 6,953,386 | $ 6,014,716 |
| Employee elective deferral contributions | 21,124,290 | 19,494,525 |
| Employee rollover contributions | 2,050,098 | 2,939,759 |
| Dividends from investments | 6,350,144 | 4,692,222 |
| Net appreciation in fair value of investments | 59,697,357 | 41,214,232 |
| Interest income on notes receivable from participants | 119,042 | 92,738 |
| Other income | 10,776 | 22,826 |
| **TOTAL ADDITIONS** | 96,305,093 | 74,471,018 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO** | | |
| Benefits to participants | 28,396,331 | 28,531,962 |
| Administrative expenses | 310,927 | 293,029 |
| **TOTAL DEDUCTIONS** | 28,707,258 | 28,824,991 |
| **NET CHANGES** | 67,597,835 | 45,646,027 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of year | 383,664,023 | 338,017,996 |
| End of year | $ 451,261,858 | $ 383,664,023 |

The accompanying notes are an integral part of these statements.

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Method of accounting -** The Retirement Savings Plan of Flad Affiliated Corp. ("the plan") follows the accrual method of accounting wherein additions and deductions are reflected in the period earned or incurred.

**Accounting estimates -** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

**Subsequent events -** The financial statements include management's evaluation of the events and transactions occurring subsequent to December 31, 2025 through October 13, 2026, which is the date the financial statements are available to be issued.

**Risks and uncertainties -** The plan invests in various investments. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Participating employers -** The plan is a multiple-employer profit sharing plan which includes the following participating employers, collectively referred to as "the employer", that are related entities.

FAC Services, LLC ("FAC")

Flad & Associates, Inc. and related employers:
- Flad & Associates of Florida, Inc.
- Flad & Associates of California, Inc.
- Flad Architecture & Engineering, P.C.
- Facility Leaders in Architecture/Engineering Design, P.C.

Affiliated Engineers, Inc. ("Affiliated Engineers") and related employers:
- Affiliated Engineers SE, Inc.
- Affiliated Engineers W, Inc.
- Affiliated Engineers NW, Inc.
- Affiliated Engineers Metro DC, Inc.

Flad Development & Investment Corp. ("FDIC")

ACS-Affiliated Construction Services, Inc. ("ACS")

**Key parties of the plan -** FAC is the plan administrator. Prior to January 1, 2025, Matrix Trust Company ("Matrix") was the trustee of the plan that held custody of the plan's investment assets, while OneAmerica Retirement Services LLC ("OneAmerica") was the third party administrator that maintained participant investment records and performed various required compliance tests. In connection with Voya Financial, Inc.'s acquisition of OneAmerica in January 2025, Voya Institutional Trust Company ("Voya") became the trustee of the plan that holds custody of the plan's investment assets and is the third party administrator that maintains participant investment records and performs various required compliance tests. Francis Investment Counsel, LLC provides investment advisory services to the plan.

**Investments -** The plan administrator determines the investments available to plan participants. The participants allocate their contributions and transfer existing balances among the available investment options. The net appreciation (depreciation) in fair value of investments bought, sold and held during the years is reflected in the statements of changes in net assets available for benefits. Participants should refer to the prospectuses and annual reports of the investments for more information.

**Fair value measurements -** GAAP 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 investments (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Valuation is based upon quoted prices in active markets for identical investments.

Level 2 - Valuation is based upon other significant observable inputs (including quoted prices for similar investments).

Level 3 - Valuation is based upon significant unobservable inputs (including the plan's assumptions in determining the fair value of investments).

Following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual funds* - Valued at the daily quoted market prices as reported by the funds. The funds held by the plan are registered with the U.S. Securities and Exchange Commission, are required to publish their daily net asset value ("NAV") and are deemed to be actively traded.

*Common/collective trusts* - Valued at the NAV based on units of the common/collective trusts. The common/collective trusts held by the plan are all individual direct filing entities. The NAVs are used as practical expedients to estimate fair value. The NAVs are generally based on the fair values of the underlying investments held by the common/collective trusts less their liabilities. The practical expedient would not be used if it would be determined to be probable that the plan would sell the investments for amounts different than the reported NAVs.

The plan administrator determines by level, within the fair value hierarchy, the plan's investments at fair value as summarized below.

**Investments at fair value as of December 31, 2025**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $145,074,963 | $ - | $ - | $145,074,963 |
| Total investments in the fair value hierarchy | $145,074,963 | $ - | $ - | 145,074,963 |
| Investments measured at NAV (a) | | | | 304,354,417 |
| Total investments at fair value | | | | $449,429,380 |

**Investments at fair value as of December 31, 2024**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $141,117,228 | $ - | $ - | $141,117,228 |
| Total investments in the fair value hierarchy | $141,117,228 | $ - | $ - | 141,117,228 |
| Investments measured at NAV (a) | | | | 239,743,948 |
| Total investments at fair value | | | | $380,861,176 |

(a) In accordance with GAAP, certain investments that are measured at NAV have not been classified in the fair value hierarchy. The fair value amounts presented in the previous tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following tables summarize investments for which fair value is measured using NAV as a practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period, if any, is applicable only to the plan.

| As of December 31, 2025 | Fair value | Unfunded commitments | Redemption frequency | Redemption notice period |
|---|---|---|---|---|
| Common/collective trusts | $304,354,417 | n/a | Daily | n/a |

| As of December 31, 2024 | Fair value | Unfunded commitments | Redemption frequency | Redemption notice period |
|---|---|---|---|---|
| Common/collective trusts | $239,743,948 | n/a | Daily | n/a |

## 2. DESCRIPTION OF PLAN

The following brief description of the plan is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the plan's provisions.

**General -** The plan is a defined contribution plan with a 401(k) salary deferral arrangement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments.

**Eligibility -** Employees are eligible to participate in the plan and receive employer discretionary matching contributions once they have completed three consecutive months of service during which 250 hours of service are completed and have reached aged 20½. If the three-month requirement is not satisfied following the employee's hire date, an employee is eligible to participate in the plan and receive employer discretionary matching contributions upon completing one year of service. An employee can enter the plan at the beginning of the plan year quarter immediately after meeting eligibility requirements.

**Contributions -** Contributions are recorded in the year in which the eligible compensation is paid. Contributions to the plan can be made in the following ways:

a. Participants may contribute a percentage of their compensation subject to certain limitations (elective deferral contributions). The plan also permits Roth elective deferrals. New employees of Affiliated Engineers are automatically enrolled in the plan after meeting the participation requirements and have 8% of their compensation withheld as deferral contributions. New employees of all other entities are automatically enrolled in the plan after meeting the participation requirements and have 6% of their compensation withheld as deferral contributions. All participants' deferral rates are increased annually on July 1 by 1%, until their deferral percentage reaches 12%. In addition, the plan has a re-enrollment feature, which requires participants who are deferring less than the automatic enrollment rates above to update their deferral election each July 1. Any participant who is deferring less than the automatic enrollment rates above that does not annually update or confirm their deferral percentage is re-enrolled on July 1 with the automatic enrollment rates above. Such participants have the option to increase, decrease or stop the deferral by completing the necessary documentation.

b. Employee rollover contributions are accepted by the plan from other qualified plans.

c. Employer matching contributions can be made at the employers' discretion. Each participating employer may make separate employer discretionary matching contributions. As of July 1, 2024 all employees of Affiliated Engineers and related employers had their discretionary matching contributions increased from 50% of the first 6% of participant deferrals to 50% of the first 8% of participants deferrals. All other participating employers matched at 50% of the first 6% of employee deferrals in 2025 and 2024. These contributions are funded coinciding with each payroll with an annual true up contribution.

d. Each plan year, the participating employers may make an additional annual pro-rata profit sharing or annual per capita allocation contribution ("discretionary nonelective employer contribution"). There are no service requirements in order to receive the discretionary nonelective employer contribution. To receive discretionary nonelective employer contributions, an employee must be age 20 ½ and employed on the last day of the year the contribution relates to. Shareholders are excluded from receiving discretionary nonelective employer contributions. Each participating employer may make separate discretionary nonelective employer contribution elections, as further described in the plan document. During 2025 and 2024, all participating employers elected not to make a discretionary nonelective employer contribution.

**Participant accounts -** Earnings, including the fair value appreciation (depreciation), are allocated to participant accounts on a daily basis based upon the performance of the investment options selected. Each participant's account is credited with the participant's elective deferral, rollover contributions and an allocation of employer contributions. Participants are allowed to change their investment options on a daily basis and change their deferral percentage each pay period.

**Vesting -** Employee contributions, employer discretionary matching contributions, discretionary nonelective employer contributions and related earnings are immediately 100% vested.

**Payment of benefits -** Benefits are recorded when paid. Benefit payments may commence upon termination of employment, death, disability or attainment of normal retirement age. Participants may receive their distribution in the form of a single lump sum, partial withdrawals or installment payments. In-service withdrawals can commence upon attaining the age of 59½. Hardship withdrawals are permitted under certain circumstances.

**Administrative expenses -** Certain administrative fees of the plan are paid by the employers. Certain other administrative fees are paid by the plan from plan assets and recorded as administrative expenses in the accompanying financial statements. Such expenses include participant directed charges for distribution and loan fees and nonparticipant directed charges for services and administrative fees. The nonparticipant directed charges are allocated to participants on an account value basis.

**Notes receivable from participants -** Participants can take out loans against their accounts with the approval of the plan administrator. The minimum loan amount is $1,000 and the maximum amount is the lesser of one-half of the participant's vested account balance, or $50,000. Participants may only have one loan outstanding at any given time. The repayment term generally cannot exceed 5 years except when the loan is for the purchase of a principal residence. As of December 31, 2025, the notes receivable from participants had various repayment schedules through September 2032 with interest rates from 3.25% to 8.50%. The notes receivable from participants are valued at their unpaid principal balances plus any accrued but unpaid interest, which approximates fair value.

## 3. PARTY-IN-INTEREST TRANSACTIONS

Any transactions between the plan, Voya, OneAmerica and Matrix qualify as party-in-interest transactions. Direct fees paid by the plan to these parties were $213,994 in 2025 and $230,317 in 2024. In addition, Voya/Matrix receives/received indirect compensation from mutual fund service providers for services Voya/Matrix provide to the funds. This indirect compensation is used to offset certain amounts that would otherwise be owed by the plan to Voya/Matrix for its administrative services provided to the plan.

Notes receivable from participant transactions also qualify as party-in-interest transactions.

All of the party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

## 4. TERMINATION OF PLAN

Although it has not expressed any intent to do so, the employer has the right to terminate the plan at any time subject to the provisions of ERISA.

## 5. INCOME TAX STATUS

The plan is operating under a OneAmerica Financial Partners, Inc. Non-Standardized Pre-Approved Profit Sharing Plan that received a favorable opinion letter on August 19, 2020. The letter provided by the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator has not obtained a separate Internal Revenue Service opinion or determination letter for the plan. However, the plan administrator and tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and, therefore, believe the plan is qualified, and the related trust is tax exempt.

GAAP requires plan management to evaluate tax positions taken by the plan and recognize tax liabilities (or assets) for any uncertain tax positions taken by the plan that more likely than not would not be sustained upon examination by the applicable authorities. Plan management analyzed the requirements for accounting for such uncertain tax positions and determined the plan was not required to recognize any tax liabilities (or assets) related to uncertain tax positions taken as of December 31, 2025 and 2024. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress.

## 6. INFORMATION CERTIFIED BY THE TRUSTEES

Management has obtained certifications from Voya, the trustee of the plan as of January 1, 2025 and Matrix, the trustee of the plan from January 1, 2024 through December 31, 2024, which are qualified institutions under the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, that state the following information with respect to assets held for investment of the plan is complete and accurate.

a. Investments held for the plan, and the fair values of such, and noninterest-bearing cash as of December 31, 2025 and 2024;

b. Dividends from investments and net appreciation (depreciation) in fair value of investments, other income and interest income on notes receivable from participants during 2025 and 2024;

c. Purchases and sales of investments during 2025 and 2024; and

d. Contributions to, investment income (loss) credited to, benefits paid from, administrative expenses, and transfers between investment accounts during 2025 and 2024.

## 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

As discussed in Note 1, the plan follows the accrual method of accounting for financial statement purposes. The 2025 Form 5500 was prepared on a cash basis. As a result, the accompanying statement of net assets available for benefits as of December 31, 2025 and the related statement of changes in net assets available for benefits for the year ended December 31, 2025 differ from the Form 5500. The following are the reconciliations:

| | |
|---|---|
| Net assets available for benefits per the financial statements | $451,261,858 |
| Current year employer contributions receivable | (487,071) |
| Net assets available for benefits per Form 5500 | $450,774,787 |

| | |
|---|---|
| Net changes in net assets available for benefits per the financial statements | $ 67,597,835 |
| Current year employer contributions receivable | (487,071) |
| Net income per Form 5500 | $ 67,110,764 |

## 8. NONEXEMPT PARTY-IN-INTEREST TRANSACTIONS

During 2025, the plan sponsor remitted employee elective deferral contributions to Voya later than required by DOL Regulation 2510.3-102. The plan sponsor will calculate and remit the lost earnings related to the late contributions in 2026 to account for the investment income that would have been earned had the contributions been remitted on a timely basis. In addition, the plan sponsor will file the Internal Revenue Service Form 5330 and pay the associated excise tax.

# ERISA-REQUIRED SUPPLEMENTARY INFORMATION

# Retirement Savings Plan of Flad Affiliated Corp.

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Employer ID No: 46-1574498 Plan No: 001
As of December 31, 2025

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | | Common/collective trusts | | |
| | Great Gray Trust Company | Janus Henderson Enterprise Collective Fund | ** | $ 15,805,450 |
| | Putnam Fiduciary Trust Company | Putnam Stable Value Fund | ** | 12,030,374 |
| | T. Rowe Price Funds | T. Rowe Price Blue Chip T5 | ** | 27,302,030 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2020 Trust II CIT | ** | 6,471,567 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2025 Trust II CIT | ** | 18,700,272 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2030 Trust II CIT | ** | 22,819,238 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2035 Trust II CIT | ** | 42,157,075 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2040 Trust II CIT | ** | 26,528,336 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2045 Trust II CIT | ** | 46,830,758 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2050 Trust II CIT | ** | 33,717,934 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2055 Trust II CIT | ** | 19,071,025 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2060 Trust II CIT | ** | 18,800,744 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2065 Trust II CIT | ** | 5,206,212 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2070 Trust II CIT | ** | 2,770,792 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement Income Trust II CIT | ** | 6,142,610 |
| | | Mutual funds | | |
| | American Beacon Funds | Small Cap Value Fund | ** | 5,713,474 |
| | Baird Funds | Aggregate Bond Fund | ** | 11,560,182 |
| | Dimensional Fund Advisors | Inflation-Protected Securities Portfolio Fund | ** | 3,708,870 |
| | Dodge & Cox Funds | International Stock Fund | ** | 10,937,898 |
| | Dodge & Cox Funds | Stock Fund | ** | 15,429,016 |
| | Hartford Funds | Schroders International Stock Fund | ** | 8,090,898 |
| | Macquarie Funds | Emerging Markets Fund | ** | 5,179,961 |
| | PIMCO Funds | CommoditiesPLUS Strategy Fund | ** | 1,758,583 |
| | Vanguard Fiduciary Trust Company | Emerging Markets Fund | ** | 1,245,927 |
| | Vanguard Fiduciary Trust Company | Explorer Fund | ** | 15,962,000 |
| | Vanguard Fiduciary Trust Company | Total Stock Market Index Fund | ** | 65,488,154 |
| * | Participants | Notes receivable from participants - various repayment schedules through September 2032, interest rates from 3.25% to 8.50% | - | 1,345,407 |

This schedule was prepared from information certified by Voya Institutional Trust Company.

* Party-in-interest

** The cost information is omitted because the plan is an individual account plan where the participants or beneficiaries direct the investment of the assets allocated to their accounts.

# Retirement Savings Plan of Flad Affiliated Corp.

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Employer ID No: 46-1574498 Plan No: 001

For the Year Ended December 31, 2025

| Participant contributions transferred late to the plan | Total that constitutes nonexempt prohibited transactions | | | |
|---|---|---|---|---|
| Check here if late participant loans are included: ☐ | Contributions not corrected | Contributions corrected outside of VFCP | Contributions pending correction in the VFCP | Corrected under VFCP and PTE 2002-51 |
| $ 865 | $ 865 | $ - | $ - | $ - |

# Attachment to 2025 Form 5500

**Schedule H, line 4i - Schedule of Assets**
**(Held at End of Year)**
**Retirement Savings Plan of Flad Affiliated Corp.**
**EIN #46-1574498**
**Plan# 001**
**As of December 31, 2025**

| (a) | (b) Identity of issue, borrower,lessor or similar party | (c) Description of investments including maturity date,rate of interest, collateral, par, or maturity date | (d)Cost | (e) Current Value |
|---|---|---|---|---|
| | American Beacon Small Cap Value Fund - Class R6 | Registered Investment Company | | $5,713,474.05 |
| | Baird Aggregate Bond Fund - Institutional Class | Registered Investment Company | | $11,560,181.70 |
| | DFA Inflation-Protected Securities Portfolio - I | Registered Investment Company | | $3,708,870.10 |
| | Dodge & Cox International Stock Fund - Class X | Registered Investment Company | | $10,937,897.94 |
| | Dodge & Cox Stock Fund - Class X | Registered Investment Company | | $15,429,016.26 |
| | Hartford Schroders International Stock Fund - Cl | Registered Investment Company | | $8,090,898.43 |
| | Janus Henderson Enterprise Collective Fund - Cla | Common Collective Trust | | $15,805,450.31 |
| | Macquarie Emerging Markets Fund - Class R6 | Registered Investment Company | | $5,179,961.26 |
| | PIMCO CommoditiesPLUS Strategy Fund - Inst Clas | Registered Investment Company | | $1,758,582.65 |
| | Putnam Stable Value Fund - 20 CIT CIT | Common Collective Trust | | $12,030,373.86 |
| | T. Rowe Price Blue Chip Growth Trust - Class T5 | Common Collective Trust | | $27,302,029.56 |
| | Vanguard Emerging Markets Bond Fund - Admiral S | Registered Investment Company | | $1,245,927.09 |
| | Vanguard Explorer Fund - Admiral Shares | Registered Investment Company | | $15,961,999.64 |
| | Vanguard Target Retirement 2020 Trust II CIT | Common Collective Trust | | $6,471,567.28 |
| | Vanguard Target Retirement 2025 Trust II CIT | Common Collective Trust | | $18,700,271.91 |
| | Vanguard Target Retirement 2030 Trust II CIT | Common Collective Trust | | $22,819,237.95 |
| | Vanguard Target Retirement 2035 Trust II CIT | Common Collective Trust | | $42,157,073.97 |
| | Vanguard Target Retirement 2040 Trust II CIT | Common Collective Trust | | $26,528,335.84 |
| | Vanguard Target Retirement 2045 Trust II CIT | Common Collective Trust | | $46,830,758.36 |
| | Vanguard Target Retirement 2050 Trust II CIT | Common Collective Trust | | $33,717,933.84 |
| | Vanguard Target Retirement 2055 Trust II CIT | Common Collective Trust | | $19,071,025.31 |
| | Vanguard Target Retirement 2060 Trust II CIT | Common Collective Trust | | $18,800,743.94 |
| | Vanguard Target Retirement 2065 Trust II CIT | Common Collective Trust | | $5,206,212.18 |

# Attachment to 2025 Form 5500

**Schedule H, line 4i - Schedule of Assets**
**(Held at End of Year)**
**Retirement Savings Plan of Flad Affiliated Corp.**
**EIN #46-1574498**
**Plan# 001**

| | | | | |
|---|---|---|---|---|
| | Vanguard Target Retirement 2070 Trust II CIT | Common Collective Trust | | $2,770,791.91 |
| | Vanguard Target Retirement Income Trust II CIT | Common Collective Trust | | $6,142,610.40 |
| | Vanguard Total Stock Market Index Fund - Institu | Registered Investment Company | | $65,488,154.21 |
| | LOAN FUND | Participant Loans - Rates 3.25% to 8.50% | | $1,345,406.57 |
| | TOTAL | | | $450,774,786.52 |

*** denotes party-in-interest**
**Column (d) is not required as the Plan investments are totally participant directed.**

# RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP.

**FINANCIAL STATEMENTS**

**AND ERISA-REQUIRED SUPPLEMENTARY INFORMATION**

**DECEMBER 31, 2025 AND 2024**

**WITH INDEPENDENT AUDITORS' REPORT**

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**TABLE OF CONTENTS**


| | Page |
|---|---|
| **Independent Auditors' Report** | 1 |
| **Financial Statements** | |
| Statements of Net Assets Available for Benefits | 4 |
| Statements of Changes in Net Assets Available for Benefits | 5 |
| **Notes to Financial Statements** | 6 |
| **ERISA-Required Supplementary Information** | 12 |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 13 |
| Schedule H, Line 4a - Schedule of Delinquent Participant Contributions | 14 |

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# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Retirement Savings Plan of Flad Affiliated Corp.

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

We have performed audits of the accompanying financial statements of Retirement Savings Plan of Flad Affiliated Corp. ("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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 ("DOL")'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from Voya Institutional Trust Company as of and for the year ended December 31, 2025 and Matrix Trust Company as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

## Opinion

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

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

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits 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.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 elections of ERISA Section 103(a)(3)(C) audits do 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 that the financial statements were available to be issued.

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

**Auditors' Responsibilities for the Audits of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 certifications, 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 GAAP.

Accordingly, the objective of the ERISA Section 103(a)(3)(C) audits is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

**ERISA-Required Supplementary Information**

The schedule of assets (held at end of year) as of December 31, 2025 and schedule of delinquent participant contributions 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and is 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 the auditing procedures applied in the audit of the 2025 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the 2025 financial statements themselves, and other additional procedures in accordance with GAAS. 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 supplementary information, we evaluated whether the supplementary information, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion,

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

- the information in the schedule of assets (held at end of year) related to assets held by and certified 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).



Chicago, Illinois
October 13, 2026

## Retirement Savings Plan of Flad Affiliated Corp.

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **INVESTMENTS AT FAIR VALUE** | | |
| Common/collective trusts | $ 304,354,417 | $ 239,743,948 |
| Mutual funds | 145,074,963 | 141,117,228 |
| **TOTAL INVESTMENTS AT FAIR VALUE** | 449,429,380 | 380,861,176 |
| **NONINTEREST-BEARING CASH** | - | 898,402 |
| **EMPLOYER CONTRIBUTIONS RECEIVABLE** | 487,071 | 470,860 |
| **NOTES RECEIVABLE FROM PARTICIPANTS** | 1,345,407 | 1,433,585 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 451,261,858 | $ 383,664,023 |

The accompanying notes are an integral part of these statements.

## Retirement Savings Plan of Flad Affiliated Corp.

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO** | | |
| Employer contributions | $ 6,953,386 | $ 6,014,716 |
| Employee elective deferral contributions | 21,124,290 | 19,494,525 |
| Employee rollover contributions | 2,050,098 | 2,939,759 |
| Dividends from investments | 6,350,144 | 4,692,222 |
| Net appreciation in fair value of investments | 59,697,357 | 41,214,232 |
| Interest income on notes receivable from participants | 119,042 | 92,738 |
| Other income | 10,776 | 22,826 |
| **TOTAL ADDITIONS** | 96,305,093 | 74,471,018 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO** | | |
| Benefits to participants | 28,396,331 | 28,531,962 |
| Administrative expenses | 310,927 | 293,029 |
| **TOTAL DEDUCTIONS** | 28,707,258 | 28,824,991 |
| **NET CHANGES** | 67,597,835 | 45,646,027 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of year | 383,664,023 | 338,017,996 |
| End of year | $ 451,261,858 | $ 383,664,023 |

The accompanying notes are an integral part of these statements.

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Method of accounting -** The Retirement Savings Plan of Flad Affiliated Corp. ("the plan") follows the accrual method of accounting wherein additions and deductions are reflected in the period earned or incurred.

**Accounting estimates -** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

**Subsequent events -** The financial statements include management's evaluation of the events and transactions occurring subsequent to December 31, 2025 through October 13, 2026, which is the date the financial statements are available to be issued.

**Risks and uncertainties -** The plan invests in various investments. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Participating employers -** The plan is a multiple-employer profit sharing plan which includes the following participating employers, collectively referred to as "the employer", that are related entities.

FAC Services, LLC ("FAC")

Flad & Associates, Inc. and related employers:
- Flad & Associates of Florida, Inc.
- Flad & Associates of California, Inc.
- Flad Architecture & Engineering, P.C.
- Facility Leaders in Architecture/Engineering Design, P.C.

Affiliated Engineers, Inc. ("Affiliated Engineers") and related employers:
- Affiliated Engineers SE, Inc.
- Affiliated Engineers W, Inc.
- Affiliated Engineers NW, Inc.
- Affiliated Engineers Metro DC, Inc.

Flad Development & Investment Corp. ("FDIC")

ACS-Affiliated Construction Services, Inc. ("ACS")

**Key parties of the plan -** FAC is the plan administrator. Prior to January 1, 2025, Matrix Trust Company ("Matrix") was the trustee of the plan that held custody of the plan's investment assets, while OneAmerica Retirement Services LLC ("OneAmerica") was the third party administrator that maintained participant investment records and performed various required compliance tests. In connection with Voya Financial, Inc.'s acquisition of OneAmerica in January 2025, Voya Institutional Trust Company ("Voya") became the trustee of the plan that holds custody of the plan's investment assets and is the third party administrator that maintains participant investment records and performs various required compliance tests. Francis Investment Counsel, LLC provides investment advisory services to the plan.

**Investments -** The plan administrator determines the investments available to plan participants. The participants allocate their contributions and transfer existing balances among the available investment options. The net appreciation (depreciation) in fair value of investments bought, sold and held during the years is reflected in the statements of changes in net assets available for benefits. Participants should refer to the prospectuses and annual reports of the investments for more information.

**Fair value measurements -** GAAP 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 investments (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Valuation is based upon quoted prices in active markets for identical investments.

Level 2 - Valuation is based upon other significant observable inputs (including quoted prices for similar investments).

Level 3 - Valuation is based upon significant unobservable inputs (including the plan's assumptions in determining the fair value of investments).

Following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual funds* - Valued at the daily quoted market prices as reported by the funds. The funds held by the plan are registered with the U.S. Securities and Exchange Commission, are required to publish their daily net asset value ("NAV") and are deemed to be actively traded.

*Common/collective trusts* - Valued at the NAV based on units of the common/collective trusts. The common/collective trusts held by the plan are all individual direct filing entities. The NAVs are used as practical expedients to estimate fair value. The NAVs are generally based on the fair values of the underlying investments held by the common/collective trusts less their liabilities. The practical expedient would not be used if it would be determined to be probable that the plan would sell the investments for amounts different than the reported NAVs.

The plan administrator determines by level, within the fair value hierarchy, the plan's investments at fair value as summarized below.

**Investments at fair value as of December 31, 2025**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $145,074,963 | $ - | $ - | $145,074,963 |
| Total investments in the fair value hierarchy | $145,074,963 | $ - | $ - | 145,074,963 |
| Investments measured at NAV (a) | | | | 304,354,417 |
| Total investments at fair value | | | | $449,429,380 |

**Investments at fair value as of December 31, 2024**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $141,117,228 | $ - | $ - | $141,117,228 |
| Total investments in the fair value hierarchy | $141,117,228 | $ - | $ - | 141,117,228 |
| Investments measured at NAV (a) | | | | 239,743,948 |
| Total investments at fair value | | | | $380,861,176 |

(a) In accordance with GAAP, certain investments that are measured at NAV have not been classified in the fair value hierarchy. The fair value amounts presented in the previous tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following tables summarize investments for which fair value is measured using NAV as a practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period, if any, is applicable only to the plan.

| As of December 31, 2025 | Fair value | Unfunded commitments | Redemption frequency | Redemption notice period |
|---|---|---|---|---|
| Common/collective trusts | $304,354,417 | n/a | Daily | n/a |

| As of December 31, 2024 | Fair value | Unfunded commitments | Redemption frequency | Redemption notice period |
|---|---|---|---|---|
| Common/collective trusts | $239,743,948 | n/a | Daily | n/a |

## 2. DESCRIPTION OF PLAN

The following brief description of the plan is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the plan's provisions.

**General -** The plan is a defined contribution plan with a 401(k) salary deferral arrangement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments.

**Eligibility -** Employees are eligible to participate in the plan and receive employer discretionary matching contributions once they have completed three consecutive months of service during which 250 hours of service are completed and have reached aged 20½. If the three-month requirement is not satisfied following the employee's hire date, an employee is eligible to participate in the plan and receive employer discretionary matching contributions upon completing one year of service. An employee can enter the plan at the beginning of the plan year quarter immediately after meeting eligibility requirements.

**Contributions -** Contributions are recorded in the year in which the eligible compensation is paid. Contributions to the plan can be made in the following ways:

a. Participants may contribute a percentage of their compensation subject to certain limitations (elective deferral contributions). The plan also permits Roth elective deferrals. New employees of Affiliated Engineers are automatically enrolled in the plan after meeting the participation requirements and have 8% of their compensation withheld as deferral contributions. New employees of all other entities are automatically enrolled in the plan after meeting the participation requirements and have 6% of their compensation withheld as deferral contributions. All participants' deferral rates are increased annually on July 1 by 1%, until their deferral percentage reaches 12%. In addition, the plan has a re-enrollment feature, which requires participants who are deferring less than the automatic enrollment rates above to update their deferral election each July 1. Any participant who is deferring less than the automatic enrollment rates above that does not annually update or confirm their deferral percentage is re-enrolled on July 1 with the automatic enrollment rates above. Such participants have the option to increase, decrease or stop the deferral by completing the necessary documentation.

b. Employee rollover contributions are accepted by the plan from other qualified plans.

c. Employer matching contributions can be made at the employers' discretion. Each participating employer may make separate employer discretionary matching contributions. As of July 1, 2024 all employees of Affiliated Engineers and related employers had their discretionary matching contributions increased from 50% of the first 6% of participant deferrals to 50% of the first 8% of participants deferrals. All other participating employers matched at 50% of the first 6% of employee deferrals in 2025 and 2024. These contributions are funded coinciding with each payroll with an annual true up contribution.

d. Each plan year, the participating employers may make an additional annual pro-rata profit sharing or annual per capita allocation contribution ("discretionary nonelective employer contribution"). There are no service requirements in order to receive the discretionary nonelective employer contribution. To receive discretionary nonelective employer contributions, an employee must be age 20 ½ and employed on the last day of the year the contribution relates to. Shareholders are excluded from receiving discretionary nonelective employer contributions. Each participating employer may make separate discretionary nonelective employer contribution elections, as further described in the plan document. During 2025 and 2024, all participating employers elected not to make a discretionary nonelective employer contribution.

**Participant accounts -** Earnings, including the fair value appreciation (depreciation), are allocated to participant accounts on a daily basis based upon the performance of the investment options selected. Each participant's account is credited with the participant's elective deferral, rollover contributions and an allocation of employer contributions. Participants are allowed to change their investment options on a daily basis and change their deferral percentage each pay period.

**Vesting -** Employee contributions, employer discretionary matching contributions, discretionary nonelective employer contributions and related earnings are immediately 100% vested.

**Payment of benefits -** Benefits are recorded when paid. Benefit payments may commence upon termination of employment, death, disability or attainment of normal retirement age. Participants may receive their distribution in the form of a single lump sum, partial withdrawals or installment payments. In-service withdrawals can commence upon attaining the age of 59½. Hardship withdrawals are permitted under certain circumstances.

**Administrative expenses -** Certain administrative fees of the plan are paid by the employers. Certain other administrative fees are paid by the plan from plan assets and recorded as administrative expenses in the accompanying financial statements. Such expenses include participant directed charges for distribution and loan fees and nonparticipant directed charges for services and administrative fees. The nonparticipant directed charges are allocated to participants on an account value basis.

**Notes receivable from participants -** Participants can take out loans against their accounts with the approval of the plan administrator. The minimum loan amount is $1,000 and the maximum amount is the lesser of one-half of the participant's vested account balance, or $50,000. Participants may only have one loan outstanding at any given time. The repayment term generally cannot exceed 5 years except when the loan is for the purchase of a principal residence. As of December 31, 2025, the notes receivable from participants had various repayment schedules through September 2032 with interest rates from 3.25% to 8.50%. The notes receivable from participants are valued at their unpaid principal balances plus any accrued but unpaid interest, which approximates fair value.

## 3. PARTY-IN-INTEREST TRANSACTIONS

Any transactions between the plan, Voya, OneAmerica and Matrix qualify as party-in-interest transactions. Direct fees paid by the plan to these parties were $213,994 in 2025 and $230,317 in 2024. In addition, Voya/Matrix receives/received indirect compensation from mutual fund service providers for services Voya/Matrix provide to the funds. This indirect compensation is used to offset certain amounts that would otherwise be owed by the plan to Voya/Matrix for its administrative services provided to the plan.

Notes receivable from participant transactions also qualify as party-in-interest transactions.

All of the party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

## 4. TERMINATION OF PLAN

Although it has not expressed any intent to do so, the employer has the right to terminate the plan at any time subject to the provisions of ERISA.

## 5. INCOME TAX STATUS

The plan is operating under a OneAmerica Financial Partners, Inc. Non-Standardized Pre-Approved Profit Sharing Plan that received a favorable opinion letter on August 19, 2020. The letter provided by the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator has not obtained a separate Internal Revenue Service opinion or determination letter for the plan. However, the plan administrator and tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and, therefore, believe the plan is qualified, and the related trust is tax exempt.

GAAP requires plan management to evaluate tax positions taken by the plan and recognize tax liabilities (or assets) for any uncertain tax positions taken by the plan that more likely than not would not be sustained upon examination by the applicable authorities. Plan management analyzed the requirements for accounting for such uncertain tax positions and determined the plan was not required to recognize any tax liabilities (or assets) related to uncertain tax positions taken as of December 31, 2025 and 2024. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress.

## 6. INFORMATION CERTIFIED BY THE TRUSTEES

Management has obtained certifications from Voya, the trustee of the plan as of January 1, 2025 and Matrix, the trustee of the plan from January 1, 2024 through December 31, 2024, which are qualified institutions under the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, that state the following information with respect to assets held for investment of the plan is complete and accurate.

a. Investments held for the plan, and the fair values of such, and noninterest-bearing cash as of December 31, 2025 and 2024;

b. Dividends from investments and net appreciation (depreciation) in fair value of investments, other income and interest income on notes receivable from participants during 2025 and 2024;

c. Purchases and sales of investments during 2025 and 2024; and

d. Contributions to, investment income (loss) credited to, benefits paid from, administrative expenses, and transfers between investment accounts during 2025 and 2024.

## 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

As discussed in Note 1, the plan follows the accrual method of accounting for financial statement purposes. The 2025 Form 5500 was prepared on a cash basis. As a result, the accompanying statement of net assets available for benefits as of December 31, 2025 and the related statement of changes in net assets available for benefits for the year ended December 31, 2025 differ from the Form 5500. The following are the reconciliations:

| | |
|---|---|
| Net assets available for benefits per the financial statements | $451,261,858 |
| Current year employer contributions receivable | (487,071) |
| Net assets available for benefits per Form 5500 | $450,774,787 |

| | |
|---|---|
| Net changes in net assets available for benefits per the financial statements | $ 67,597,835 |
| Current year employer contributions receivable | (487,071) |
| Net income per Form 5500 | $ 67,110,764 |

## 8. NONEXEMPT PARTY-IN-INTEREST TRANSACTIONS

During 2025, the plan sponsor remitted employee elective deferral contributions to Voya later than required by DOL Regulation 2510.3-102. The plan sponsor will calculate and remit the lost earnings related to the late contributions in 2026 to account for the investment income that would have been earned had the contributions been remitted on a timely basis. In addition, the plan sponsor will file the Internal Revenue Service Form 5330 and pay the associated excise tax.

# ERISA-REQUIRED SUPPLEMENTARY INFORMATION

# Retirement Savings Plan of Flad Affiliated Corp.

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Employer ID No: 46-1574498 Plan No: 001
As of December 31, 2025

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | | Common/collective trusts | | |
| | Great Gray Trust Company | Janus Henderson Enterprise Collective Fund | ** | $ 15,805,450 |
| | Putnam Fiduciary Trust Company | Putnam Stable Value Fund | ** | 12,030,374 |
| | T. Rowe Price Funds | T. Rowe Price Blue Chip T5 | ** | 27,302,030 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2020 Trust II CIT | ** | 6,471,567 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2025 Trust II CIT | ** | 18,700,272 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2030 Trust II CIT | ** | 22,819,238 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2035 Trust II CIT | ** | 42,157,075 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2040 Trust II CIT | ** | 26,528,336 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2045 Trust II CIT | ** | 46,830,758 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2050 Trust II CIT | ** | 33,717,934 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2055 Trust II CIT | ** | 19,071,025 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2060 Trust II CIT | ** | 18,800,744 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2065 Trust II CIT | ** | 5,206,212 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement 2070 Trust II CIT | ** | 2,770,792 |
| | Vanguard Fiduciary Trust Company | Vanguard Target Retirement Income Trust II CIT | ** | 6,142,610 |
| | | Mutual funds | | |
| | American Beacon Funds | Small Cap Value Fund | ** | 5,713,474 |
| | Baird Funds | Aggregate Bond Fund | ** | 11,560,182 |
| | Dimensional Fund Advisors | Inflation-Protected Securities Portfolio Fund | ** | 3,708,870 |
| | Dodge & Cox Funds | International Stock Fund | ** | 10,937,898 |
| | Dodge & Cox Funds | Stock Fund | ** | 15,429,016 |
| | Hartford Funds | Schroders International Stock Fund | ** | 8,090,898 |
| | Macquarie Funds | Emerging Markets Fund | ** | 5,179,961 |
| | PIMCO Funds | CommoditiesPLUS Strategy Fund | ** | 1,758,583 |
| | Vanguard Fiduciary Trust Company | Emerging Markets Fund | ** | 1,245,927 |
| | Vanguard Fiduciary Trust Company | Explorer Fund | ** | 15,962,000 |
| | Vanguard Fiduciary Trust Company | Total Stock Market Index Fund | ** | 65,488,154 |
| * | Participants | Notes receivable from participants - various repayment schedules through September 2032, interest rates from 3.25% to 8.50% | - | 1,345,407 |

This schedule was prepared from information certified by Voya Institutional Trust Company.

* Party-in-interest

** The cost information is omitted because the plan is an individual account plan where the participants or beneficiaries direct the investment of the assets allocated to their accounts.

# Retirement Savings Plan of Flad Affiliated Corp.

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Employer ID No: 46-1574498 Plan No: 001

For the Year Ended December 31, 2025

| Participant contributions transferred late to the plan | Total that constitutes nonexempt prohibited transactions | | | |
|---|---|---|---|---|
| Check here if late participant loans are included: ☐ | Contributions not corrected | Contributions corrected outside of VFCP | Contributions pending correction in the VFCP | Corrected under VFCP and PTE 2002-51 |
| $ 865 | $ 865 | $ - | $ - | $ - |

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2025 or fiscal plan year beginning and ending

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |

## Part I Asset and Liability Statement

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

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

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

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

| | | **(a)** Amount | **(b)** Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | **2b(6)** | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | **2b(7)** | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | **2b(8)** | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | **2b(9)** | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | **2b(10)** | | |
| **c** Other income | **2c** | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | **2d** | | |

## Expenses

| | | | |
|---|---|---|---|
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | **2e(1)** | | |
| **(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)** | | |
| **f** Corrective distributions (see instructions) | **2f** | | |
| **g** Certain deemed distributions of participant loans (see instructions) | **2g** | | |
| **h** Interest expense | **2h** | | |
| **i** Administrative expenses: **(1)** Salaries and allowances | **2i(1)** | | |
| **(2)** Contract administrator fees | **2i(2)** | | |
| **(3)** Recordkeeping fees | **2i(3)** | | |
| **(4)** IQPA audit fees | **2i(4)** | | |
| **(5)** Investment advisory and investment management fees | **2i(5)** | | |
| **(6)** Bank or trust company trustee/custodial fees | **2i(6)** | | |
| **(7)** Actuarial fees | **2i(7)** | | |
| **(8)** Legal fees | **2i(8)** | | |
| **(9)** Valuation/appraisal fees | **2i(9)** | | |
| **(10)** Other trustee fees and expenses | **2i(10)** | | |
| **(11)** Other expenses | **2i(11)** | | |
| **(12)** Total administrative expenses. Add lines 2i(1) athrough (11) | **2i(12)** | | |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | **2j** | | |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| **k** Net income (loss). Subtract line **2j** from line **2d** | **2k** | | |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | **2l(1)** | | |
| **(2)** From this plan | **2l(2)** | | |

## Part III Accountant's Opinion

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

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

**(1)** ☐ Unmodified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

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

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

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

**(1)** Name: **(2)** EIN:

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** ☐ This form is filed for a CCT, PSA, 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** | | | |
| **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** | | | |
| **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** | | | |
| **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** | | | |
| **e** Was this plan covered by a fidelity bond? | **4e** | | | |
| **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** | | | |
| **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** | | | |
| **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** | | | |
| **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** | | | |
| **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** | | | |
| **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** | | | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ 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 _____.

**Attachment to 2025 Form 5500**
**Schedule H, line 4a - Schedule of Delinquent Participant Contributions**

**Plan Name** RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP. **EIN:** 46-1574498

**Plan Sponsor's Name** FAC SERVICES, LLC **PN:** 001

| | Total that Constitute Nonexempt Prohibitied Transactions | | | |
|---|---|---|---|---|
| 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 |
| Check here if Late Participant Loan Repayments are included: ☐ | 865 | 0 | 0 | 0 |