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
LEGEND FINANCIAL 401(K) POOLED EMPLOYER PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2021

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)
AUSTIN 3(16) FIDUCIARY LIMITED

119 ELAINE DRIVE
OCEANSIDE, NY 11572

2b Employer Identification Number (EIN)
86-1843958

2c Plan Sponsor's telephone number
516-594-1557

2d Business code (see instructions)
541110

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	ARY ROSENBAUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	591
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)**	557
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	852
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	67
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	919
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	919
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)**	374
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)**	544
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 2J 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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
LEGEND FINANCIAL 401(K) POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUSTIN 3(16) FIDUCIARY LIMITED

D Employer Identification Number (EIN)
86-1843958

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SPECTRUM EMPLOYEE BENEFITS, INC.

PO BOX D
MENAHGA, MN 56464

20-1973276

(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?
37 63 64 65	RECORDKEEPER AND TPA	62758	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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
LEGEND FINANCIAL 401(K) POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUSTIN 3(16) FIDUCIARY LIMITED

D Employer Identification Number (EIN)
86-1843958

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	47
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	126681	123739
(2) Participant contributions	1b(2)	137777	136391
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	247
(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)	170408	297612
(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)	7853464	11662048
(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	8288330	12220084
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	8288330	12220084

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)	189918	
(B) Participants	2a(1)(B)	2113048	
(C) Others (including rollovers)	2a(1)(C)	520110	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2823076
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)	10453	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10453
(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)	94580	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		94580
(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)		
(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)		1196898
c Other income	2c		34434
d Total income. Add all **income** amounts in column (b) and enter total	2d		4159441
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	523741	
(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)		523741
f Corrective distributions (see instructions)	2f		1896
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)	62758	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	59829	
(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)	13232	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		135819
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		661456
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3497985
l Transfers of assets:			
(1) To this plan	2l(1)		433769
(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** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. **(2)** ☒ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LEGEND FINANCIAL 401(K) POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUSTIN 3(16) FIDUCIARY LIMITED

D Employer Identification Number (EIN)
86-1843958

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): _____ _____

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 / 01 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

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

A Name of plan LEGEND FINANCIAL 401(K) POOLED EMPLOYER PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF AUSTIN 3(16) FIDUCIARY LIMITED	**D** Administrator's EIN 86-1843958

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer

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

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

Part 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 8A1A99AF-BDCB-4642-8C1F-3AF124197A28

Multiple Employer Plan - 5500 Reporting
PLANGROUP - LEGENDS PEP

Participating Employer Contribution and Balance Information
For the Period 1/1/2025 to 12/31/2025

Plan ID	Plan Name	EIN	Contributions	% of Total Contributions	Ending Balance	% of Total Ending Balance
123	Legend Financial 401(k) Pooled Employer Plan-123	001	$0.00	- %	$58,516.53	0.5%
AAL	Legend Financial 401(k) Pooled Employer Plan - AAL	001	$43,290.48	1.1%	$188,670.80	1.5%
AID	Legend Financial 401(k) Pooled Employer Plan-AID	001	$174,290.03	4.6%	$415,828.68	3.4%
ALV	Legend Financial 401(k) Pooled Employer Plan-ALV	001	$25,829.04	0.7%	$339,281.30	2.7%
ANP	Legend Financial 401(k) Pooled Employer Plan-ANP	001	$0.00	- %	$0.00	- %
BAV	Legend Financial 401(k) Pooled Employer Plan-BAV	001	$5,603.69	0.1%	$20,695.49	0.2%
BBC	Legend Financial 401(k) Pooled Employer Plan-BBC	001	$0.00	- %	$0.00	- %
BCP	Legend Financial 401(k) Pooled Employer Plan-BCP	001	$33,499.99	0.9%	$34,196.92	0.3%
BFP	Legend Financial 401(k) Pooled Employer Plan-BFP	001	$9,330.00	0.2%	$13,055.17	0.1%
BKA	Legend Financial 401(k) Pooled Employer Plan-BKA	001	$13,679.67	0.4%	$14,055.14	0.1%
BLC	Legend Financial 401(k) Pooled Employer Plan-BLC	001	$52,994.87	1.4%	$51,306.01	0.4%
BLT	Legend Financial 401(k) Pooled Employer Plan-BLT	001	$12,035.16	0.3%	$98,157.25	0.8%
BLV	Legend Financial 401(k) Pooled Employer Plan-BLV	001	$45,024.08	1.2%	$209,274.30	1.7%
BSL	Legend Financial 401(k) Pooled Employer Plan-BSL	001	$144,973.79	3.8%	$938,242.00	7.6%
CAH	Legend Financial 401(k) Pooled Employer Plan-CAH	001	$15,784.10	0.4%	$55,936.80	0.5%
CAM	Legend Financial 401(k) Pooled Employer Plan-CAM	001	$62,102.71	1.6%	$199,007.01	1.6%
CBK	Legend Financial 401(k) Pooled Employer Plan-CBK	001	$65,299.19	1.7%	$49,310.56	0.4%
CBL	Legend Financial 401(k) Pooled Employer Plan-CBL	001	$19,502.90	0.5%	$127,174.46	1.0%
CCG	Legend Financial 401(k) Pooled Employer Plan-CCG	001	$10,808.42	0.3%	$9,867.83	0.1%
CHN	Legend Financial 401(k) Pooled Employer Plan-CHN	001	$12,500.00	0.3%	$0.00	- %
CLC	Legend Financial 401(k) Pooled Employer Plan-CLC	001	$49,769.58	1.3%	$34,886.71	0.3%
CMY	Legend Financial 401(k) Pooled Employer Plan-CMY	001	$0.00	- %	$0.00	- %
COA	Legend Financial 401(k) Pooled Employer Plan-COA	001	$0.00	- %	$272,468.50	2.2%
CSO	Legend Financial 401(k) Pooled Employer Plan-CSO	001	$62,000.00	1.6%	$307,484.27	2.5%
DAN	Legend Financial 401(k) Pooled Employer Plan-DAN	001	$2,865.00	0.1%	$19,534.83	0.2%
DLL	Legend Financial 401(k) Pooled Employer Plan-DLL	001	$0.00	- %	$0.00	- %
DOG	Legend Financial 401(k) Pooled Employer Plan-DOG	001	$15,829.02	0.4%	$38,349.88	0.3%
DSM	Legend Financial 401(k) Pooled Employer Plan-DSM	001	$33,284.40	0.9%	$48,022.91	0.4%
DTX	Legend Financial 401(k) Pooled Employer Plan-DTX	001	$57,342.65	1.5%	$264,220.29	2.1%
DZT	Legend Financial 401(k) Pooled Employer Plan-DZT	001	$152,500.00	4.0%	$165,141.96	1.3%
EBS	Legend Financial 401(k) Pooled Employer Plan-EBS	001	$40,019.90	1.1%	$43,622.73	0.4%
EKM	Legend Financial 401(k) Pooled Employer Plan-EKM	001	$77,734.13	2.1%	$101,073.24	0.8%
FCR	Legend Financial 401(k) Pooled Employer Plan-FCR	001	$25,521.04	0.7%	$34,538.20	0.3%
FEL	Legend Financial 401(k) Pooled Employer Plan-FEL	001	$31,241.72	0.8%	$106,065.29	0.9%
FLN	Legend Financial 401(k) Pooled Employer Plan-FLN	001	$0.00	- %	$0.00	- %
FRC	Legend Financial 401(k) Pooled Employer Plan-FRC	001	$42,689.40	1.1%	$216,017.21	1.8%
GCA	Legend Financial 401(k) Pooled Employer Plan-GCA	001	$0.00	- %	$0.00	- %
GEM	Legend Financial 401(k) Pooled Employer Plan-GEM	001	$35,000.00	0.9%	$105,535.67	0.9%
GEN	Legend Financial 401(k) Pooled Employer Plan-GEN	001	$72,729.06	1.9%	$304,975.98	2.5%
GIL	Legend Financial 401(k) Pooled Employer Plan-GIL	001	$52,518.58	1.4%	$178,995.48	1.5%
GPH	Legend Financial 401(k) Pooled Employer Plan-GPH	001	$0.00	- %	$0.00	- %
GRI	Legend Financial 401(k) Pooled Employer Plan-GRI	001	$20,946.42	0.6%	$37,418.41	0.3%
HEA	Legend Financial 401(k) Pooled Employer Plan-HEA	001	$54,160.00	1.4%	$302,834.55	2.5%
HOR	Legend Financial 401(k) Pooled Employer Plan-HOR	001	$99,003.12	2.6%	$108,151.67	0.9%
IGD	Legend Financial 401(k) Pooled Employer Plan-IGD	001	$10,000.00	0.3%	$0.00	- %
IMH	Legend Financial 401(k) Pooled Employer Plan-IMH	001	$21,218.20	0.6%	$37,065.54	0.3%
IMN	Legend Financial 401(k) Pooled Employer Plan-IMN	001	$160,000.00	4.2%	$123,765.19	1.0%
IMP	Legend Financial 401(k) Pooled Employer Plan-IMP	001	$59,804.56	1.6%	$316,630.40	2.6%
IWA	Legend Financial 401(k) Pooled Employer Plan-IWA	001	$13,260.00	0.4%	$58,387.50	0.5%
JDB	Legend Financial 401(k) Pooled Employer Plan-JDB	001	$0.00	- %	$0.00	- %
JKM	Legend Financial 401(k) Pooled Employer Plan-JKM	001	$53,500.00	1.4%	$65,488.06	0.5%
KBR	Legend Financial 401(k) Pooled Employer Plan-KBR	001	$0.00	- %	$0.00	- %
KIM	Legend Financial 401(k) Pooled Employer Plan-KIM	001	$36,939.18	1.0%	$92,805.89	0.8%
LAC	Legend Financial 401(k) Pooled Employer Plan-LAC	001	$13,802.33	0.4%	$36,919.07	0.3%
LGD	Legend Financial 401(k) Pooled Employer Plan-LGD	001	$124,434.53	3.3%	$506,239.99	4.1%
LSH	Legend Financial 401(k) Pooled Employer Plan-LSH	001	$0.00	- %	$0.00	- %
MCB	Legend Financial 401(k) Pooled Employer Plan-MCB	001	$0.00	- %	$328,319.94	2.7%
MEA	Legend Financial 401(k) Pooled Employer Plan-MEA	001	$191,298.76	5.1%	$700,858.47	5.7%
MEL	Legend Financial 401(k) Pooled Employer Plan-MEL	001	$0.00	- %	$0.00	- %
MVP	Legend Financial 401(k) Pooled Employer Plan-MVP	001	$0.00	- %	$0.00	- %
NTV	Legend Financial 401(k) Pooled Employer Plan-NTV	001	$385,892.33	10.2%	$795,587.71	6.4%
OIL	Legend Financial 401(k) Pooled Employer Plan-OIL	001	$28,215.28	0.7%	$188,764.25	1.5%
PEI	Legend Financial 401(k) Pooled Employer Plan-PEI	001	$10,157.17	0.3%	$10,128.02	0.1%
PEP	Legend Financial 401(k) Pooled Employer Plan	001	$0.00	- %	$0.00	- %
PHT	Legend Financial 401(k) Pooled Employer Plan-PHT	001	$30,000.00	0.8%	$642,400.26	5.2%
PHW	Legend Financial 401(k) Pooled Employer Plan-PHW	001	$26,085.54	0.7%	$30,607.13	0.2%

Multiple Employer Plan - 5500 Reporting
PLANGROUP - LEGENDS PEP

Plan ID	Plan Name	EIN	Contributions	% of Total Contributions	Ending Balance	% of Total Ending Balance
PMA	Legend Financial 401(k) Pooled Employer Plan-PMA	001	$5,595.30	0.1%	$11,001.01	0.1%
PNS	Legend Financial 401(k) Pooled Employer Plan-PNS	001	$18,723.47	0.5%	$194,710.43	1.6%
PRA	Legend Financial 401(k) Pooled Employer Plan-PRA	001	$20,861.44	0.6%	$49,672.20	0.4%
PSP	Legend Financial 401(k) Pooled Employer Plan-PSP	001	$9,552.60	0.3%	$9,263.62	0.1%
PTH	Legend Financial 401(k) Pooled Employer Plan-PTH	001	$0.00	- %	$0.00	- %
Q1E	Legend Financial 401(k) Pooled Employer Plan-Q1E	001	$18,995.08	0.5%	$126,509.83	1.0%
RMO	Legend Financial 401(k) Pooled Employer Plan-RMO	001	$51,820.06	1.4%	$62,418.03	0.5%
SFB	Legend Financial 401(k) Pooled Employer Plan-SFB	001	$21,125.00	0.6%	$22,355.66	0.2%
SHA	Legend Financial 401(k) Pooled Employer Plan-SHA	001	$15,000.00	0.4%	$31,792.08	0.3%
SOC	Legend Financial 401(k) Pooled Employer Plan-SOC	001	$21,141.59	0.6%	$21,604.10	0.2%
SOM	Legend Financial 401(k) Pooled Employer Plan-SOM	001	$64,468.74	1.7%	$397,527.58	3.2%
SPE	Legend Financial 401(k) Pooled Employer Plan-SPE	001	$9,019.48	0.2%	$85,014.88	0.7%
SPR	Legend Financial 401(k) Pooled Employer Plan-SPR	001	$97,331.43	2.6%	$335,367.02	2.7%
SPZ	Legend Financial 401(k) Pooled Employer Plan-SPZ	001	$19,608.03	0.5%	$20,836.63	0.2%
SSC	Legend Financial 401(k) Pooled Employer Plan-SSC	001	$2,142.82	0.1%	$2,146.16	- %
SVC	Legend Financial 401(k) Pooled Employer Plan-SVC	001	$76,728.56	2.0%	$84,341.95	0.7%
TCG	Legend Financial 401(k) Pooled Employer Plan-TCG	001	$25,983.48	0.7%	$58,072.21	0.5%
TGE	Legend Financial 401(k) Pooled Employer Plan-TGE	001	$0.00	- %	$0.00	- %
TGG	Legend Financial 401(k) Pooled Employer Plan-TGG	001	$12,931.59	0.3%	$13,678.25	0.1%
TLF	Legend Financial 401(k) Pooled Employer Plan-TLF	001	$60,117.04	1.6%	$81,649.77	0.7%
TMP	Legend Financial 401(k) Pooled Employer Plan-TMP	001	$37,362.53	1.0%	$62,087.78	0.5%
TRG	Legend Financial 401(k) Pooled Employer Plan-TRG	001	$63,026.44	1.7%	$336,383.54	2.7%
UCM	Legend Financial 401(k) Pooled Employer Plan-UCM	001	$9,799.92	0.3%	$38,030.35	0.3%
UMG	Legend Financial 401(k) Pooled Employer Plan-UMG	001	$12,968.00	0.3%	$61,581.78	0.5%
UPS	Legend Financial 401(k) Pooled Employer Plan-UPS	001	$41,832.18	1.1%	$366,923.50	3.0%
WAY	Legend Financial 401(k) Pooled Employer Plan-WAY	001	$170,461.09	4.5%	$176,553.88	1.4%
WGU	Legend Financial 401(k) Pooled Employer Plan-WGU	001	$34,500.00	0.9%	$121,543.44	1.0%
WPK	Legend Financial 401(k) Pooled Employer Plan-WPK	001	$24,450.00	0.6%	$121,452.96	1.0%
	Totals		$3,781,855.89		$12,338,400.09	

Multiple Employer Plan - 5500 Reporting
PLANGROUP - LEGENDS PEP

Participating Employer - Distribution Information
For the Period 1/1/2025 to 12/31/2025

Plan ID	Plan Name	EIN	Count of Lump-Sum Distributions	Total Lump-Sum Distributions	Count of Deemed Loans
AAL	Legend Financial 401(k) Pooled Employer Plan - AAL	001	3	-$5,129.72	-
AID	Legend Financial 401(k) Pooled Employer Plan-AID	001	1	-$37,985.64	-
ALV	Legend Financial 401(k) Pooled Employer Plan-ALV	001	2	-$42,994.89	-
BAV	Legend Financial 401(k) Pooled Employer Plan-BAV	001	2	-$7,972.17	-
BLC	Legend Financial 401(k) Pooled Employer Plan-BLC	001	2	-$3,024.94	-
BLT	Legend Financial 401(k) Pooled Employer Plan-BLT	001	1	-$1,897.50	-
BLV	Legend Financial 401(k) Pooled Employer Plan-BLV	001	2	-$16,161.24	-
CBL	Legend Financial 401(k) Pooled Employer Plan-CBL	001	1	-$138.87	-
COA	Legend Financial 401(k) Pooled Employer Plan-COA	001	3	-$85,962.00	-
GEN	Legend Financial 401(k) Pooled Employer Plan-GEN	001	2	-$10,891.89	-
GIL	Legend Financial 401(k) Pooled Employer Plan-GIL	001	2	-$14,328.38	-
GRI	Legend Financial 401(k) Pooled Employer Plan-GRI	001	2	-$213.31	-
IMH	Legend Financial 401(k) Pooled Employer Plan-IMH	001	2	-$9,792.58	-
LGD	Legend Financial 401(k) Pooled Employer Plan-LGD	001	1	-$16,361.29	-
MEA	Legend Financial 401(k) Pooled Employer Plan-MEA	001	2	-$1,716.35	-
NTV	Legend Financial 401(k) Pooled Employer Plan-NTV	001	2	-$90,595.65	-
PMA	Legend Financial 401(k) Pooled Employer Plan-PMA	001	2	-$551.40	-
PRA	Legend Financial 401(k) Pooled Employer Plan-PRA	001	1	-$36,728.59	-
Q1E	Legend Financial 401(k) Pooled Employer Plan-Q1E	001	1	-$16,252.25	-
SOC	Legend Financial 401(k) Pooled Employer Plan-SOC	001	1	-$562.99	-
SPE	Legend Financial 401(k) Pooled Employer Plan-SPE	001	2	-$15,708.22	-
TLF	Legend Financial 401(k) Pooled Employer Plan-TLF	001	10	-$23,275.37	-
	Totals		47	-$438,245.24	0

Multiple Employer Plan - 5500 Reporting
PLANGROUP - LEGENDS PEP

Balance Sheet As of 12/31/2025

Investment Name	Ticker	Shares Held	Share Price	Market Value
Q3 Destination Target 2070		289.461	$12.68	$3,670.34
Loan Fund		297,612.230	$1.00	$297,612.23
			SubTotal	$301,282.57

Investment Name	Ticker	Shares Held	Share Price	Market Value
SHARES OF AN INVESTMENT COMPANY				
Q3 Destination Target 2030		9,715.966	$12.54	$121,818.77
Q3 Destination Target 2040		4,449.731	$13.36	$59,448.85
Q3 Destination Target 2060		509.653	$13.97	$7,119.54
Q3 Destination Target 2040		142.493	$9.99	$1,423.49
Q3 Destination Target 2050		1,675.546	$13.35	$22,366.86
Q3 Destination Target 2070		1,856.363	$14.37	$26,678.91
Q3 Destination Target 2030		851.936	$12.17	$10,364.48
Q3 Destination Target 2040		6,923.639	$12.94	$89,597.44
Q3 Destination Target 2050		14,845.680	$13.49	$200,308.31
Q3 Destination Target 2060		1,184.301	$13.81	$16,360.17
Q3 Destination Target 2030		2,500.015	$12.47	$31,178.43
Q3 Destination Target 2040		6,033.284	$13.40	$80,829.70
Q3 Destination Target 2050		13,484.802	$13.99	$188,613.28
Q3 Destination Target 2060		3,050.669	$14.11	$43,039.15
Q3 Destination Target 2070		2,485.263	$14.22	$35,339.20
Q3 Destination Target 2030		66.120	$12.67	$838.06
Q3 Destination Target 2040		2,548.795	$13.28	$33,841.35
Q3 Destination Target 2050		211.476	$10.87	$2,299.07
Q3 Destination Target 2060		63.546	$11.67	$741.65
Q3 Destination Target 2070		191.660	$13.76	$2,637.50
Q3 Destination Target 2040		22,642.253	$13.78	$311,928.74
Q3 Destination Target 2050		37.411	$14.30	$534.95
Q3 Destination Target 2040		78.459	$13.64	$1,070.05
Q3 Destination Target 2030		261.982	$11.62	$3,044.94
Q3 Destination Target 2050		85.380	$12.64	$1,079.38
Q3 Destination Target 2060		8,057.039	$13.85	$111,586.78
Q3 Destination Target 2070		8,706.194	$13.98	$121,701.27
Q3 Destination Target 2030		3,314.464	$12.70	$42,089.05
Q3 Destination Target 2040		8,040.977	$13.31	$107,055.15
Q3 Destination Target 2050		102.875	$11.23	$1,154.87
Q3 Destination Target 2060		467.126	$14.21	$6,638.84
Q3 Destination Target 2070		83.057	$10.97	$910.89
Q3 Destination Target 2040	EN32F3	0.349	$9.85	$3.43
Q3 Destination Target 2060	EN32F5	16.610	$15.05	$250.05
Q3 Destination Target 2070	EN32F6	9.332	$16.91	$157.77
Q3 Destination Target 2030	EN333J	7,978.739	$12.55	$100,136.36
Q3 Destination Target 2040	EN333K	15,529.585	$13.35	$207,347.91
Q3 Destination Target 2050	EN3344	3,969.762	$14.20	$56,355.54
Q3 Destination Target 2060	EN3345	2,703.613	$14.16	$38,294.24
Q3 Destination Target 2040		2,860.685	$13.10	$37,479.55
Q3 Destination Target 2050		3,700.455	$13.39	$49,539.84
Q3 Destination Target 2060		1,943.924	$13.51	$26,260.68
Q3 Destination Target 2050	EN337P	357.382	$15.34	$5,480.95
Q3 Destination Target 2050		522.760	$15.50	$8,103.46
Q3 Destination Target 2040	EN346R	5,112.294	$14.08	$72,000.52
Q3 Destination Target 2050	EN346V	3,188.449	$14.38	$45,863.28
Q3 Destination Target 2060	EN346W	10,606.488	$14.84	$157,420.43

Multiple Employer Plan - 5500 Reporting
PLANGROUP - LEGENDS PEP

Q3 Destination Target 2070	EN346Y	569.490	$14.94	$8,509.95
Q3 Destination Target 2040	EN34FD	1,876.612	$14.59	$27,376.39
Q3 Destination Target 2050	EN34FF	556.109	$15.43	$8,579.43
Q3 Destination Target 2040	EN34HV	4,230.796	$14.56	$61,581.78
Q3 Destination Target 2040	EN3562	350.476	$13.90	$4,872.52
Q3 Destination Target 2050	EN3563	1,516.786	$14.30	$21,682.61
Q3 Destination Target 2060	EN3564	506.704	$14.22	$7,206.08
Q3 Destination Target 2070	EN3565	5,123.224	$14.40	$73,795.44
Q3 Destination Target 2050	EN35ZW	2,299.633	$15.23	$35,031.23
Q3 Destination Target 2060	EN35ZY	1,528.344	$15.37	$23,485.30
Q3 Destination Target 2070	EN3798	376.284	$15.14	$5,695.28
Q3 Destination Target 2060	EN3799	378.956	$14.97	$5,671.50
Q3 Destination Target 2050	EN379C	845.207	$14.67	$12,398.84
Q3 Destination Target 2040	EN379D	864.973	$14.13	$12,219.56
Q3 Destination Target 2040	EN37H7	876.586	$13.61	$11,932.26
Q3 Destination Target 2050	EN37H8	2,333.475	$14.18	$33,094.74
Q3 Destination Target 2060	EN37H9	506.069	$14.31	$7,239.87
Q3 Destination Target 2030	EN3928	308.298	$13.53	$4,169.89
Q3 Destination Target 2040	EN3929	486.816	$14.46	$7,040.09
Q3 Destination Target 2060	EN392D	2,444.956	$15.14	$37,023.48
Q3 Destination Target 2070	EN392F	1,428.044	$15.28	$21,826.65
Q3 Destination Target 2050	EN39FM	1,281.224	$14.85	$19,020.41
Q3 Destination Target 2060	EN39FN	1,061.382	$14.93	$15,846.33
Q3 Destination Target 2030	EN39FR	3,314.555	$13.45	$44,586.41
Q3 Destination Target 2040	EN39FV	4,101.144	$14.46	$59,291.46
Q3 Destination Target 2050	EN39FW	10,001.548	$15.10	$151,017.38
Q3 Destination Target 2060	EN39FY	19,635.667	$15.13	$297,075.85
Q3 Destination Target 2070	EN39FZ	10,146.660	$15.22	$154,436.23
Q3 Destination Target 2060	EN39RK	880.280	$11.94	$10,512.31
Q3 Destination Target 2070	EN39RL	879.831	$12.00	$10,560.17
Q3 Destination Target 2050	EN3CCK	8,098.630	$13.03	$105,535.67
Q3 Destination Target 2040	EN3CCR	33,351.022	$13.22	$440,733.76
Q3 Destination Target 2050	EN3CCV	2,887.280	$13.76	$39,727.24
Voyage Cash Balance Strategy	EN3CCZ	21,518.669	$12.19	$262,297.50
Q3 Destination Target 2040	EN3CD3	2,760.717	$13.37	$36,919.07
Q3 Destination Target 2040	99EN0IR82	19,096.480	$13.04	$249,096.40
Q3 Destination Target 2050	99EN0IR90	7,106.500	$13.37	$95,014.62
Q3 Destination Target 2060	99EN0IRA7	1,228.672	$13.64	$16,762.53
Q3 Destination Target 2070	99EN0IRB5	428.467	$13.70	$5,870.00
Q3 Destination Target 2050	99EN0IWZ6	6,302.926	$12.99	$81,875.65
Q3 Destination Target 2060	99EN0IX02	183.654	$13.88	$2,549.01
Q3 Destination Target 2040	99EN0IYR2	2,325.663	$13.46	$31,302.26
Q3 Destination Target 2050	99EN0IYS0	359.306	$13.59	$4,884.52
Q3 Destination Target 2070	99EN0IYU5	155.943	$13.87	$2,163.10
Q3 Destination Target 2030		1,491.867	$11.29	$16,849.75
Q3 Destination Target 2040		6,750.992	$12.28	$82,932.57
Q3 Destination Target 2050		7,271.294	$12.55	$91,274.38
Q3 Destination Target 2060		2,552.963	$12.58	$32,114.75
Q3 Destination Target 2050		521.503	$11.99	$6,251.73
Q3 Destination Target 2070		1,141.066	$12.13	$13,846.62
Q3 Destination Target 2050		544.274	$12.42	$6,760.15
Q3 Destination Target 2060		176.272	$12.46	$2,197.04
Q3 Destination Target 2030		1,406.198	$11.94	$16,787.19
Q3 Destination Target 2040		2,895.474	$12.28	$35,561.06
Q3 Destination Target 2050		122.358	$12.85	$1,572.75
Q3 Destination Target 2060		1,669.198	$12.72	$21,228.03
Q3 Destination Target 2070		700.049	$12.86	$9,005.22
Q3 Destination Target 2030		390.237	$11.67	$4,555.13
Q3 Destination Target 2040		1,602.490	$11.81	$18,921.56

Q3 Destination Target 2050		613.131	$11.86	$7,273.01
Q3 Destination Target 2060		595.163	$11.88	$7,068.76
Q3 Destination Target 2070		1,035.797	$12.05	$12,476.28
Q3 Destination Target 2030		0.687	$17.38	$11.94
Q3 Destination Target 2040		227.530	$12.21	$2,778.28
Q3 Destination Target 2050		4,363.301	$11.89	$51,877.46
Q3 Destination Target 2060		625.299	$11.98	$7,493.46
Q3 Destination Target 2070		676.915	$11.98	$8,110.25
Q3 Destination Target 2030		590.512	$11.23	$6,632.15
Q3 Destination Target 2040		191.853	$11.77	$2,258.01
Q3 Destination Target 2070		4,118.098	$11.94	$49,182.05
Q3 Destination Target 2050		2,317.151	$11.62	$26,933.65
Q3 Destination Target 2060		26.118	$11.91	$311.12
Q3 Destination Target 2070		289.320	$11.62	$3,362.36
Q3 Destination Target 2050		3,842.098	$11.50	$44,192.97
Q3 Destination Target 2060		465.962	$11.69	$5,445.75
Q3 Destination Target 2070		727.793	$11.70	$8,518.53
Q3 Destination Target 2030		162.758	$10.84	$1,764.47
Q3 Destination Target 2050		282.800	$11.54	$3,263.26
Q3 Destination Target 2060		3,334.332	$11.87	$39,569.86
Q3 Destination Target 2070		367.645	$11.90	$4,374.90
Q3 Destination Target 2050		4,287.294	$12.03	$51,565.43
Q3 Destination Target 2060		13,636.700	$12.06	$164,451.78
Q3 Destination Target 2050		823.875	$11.39	$9,380.80
Q3 Destination Target 2070		140.889	$11.50	$1,620.21
Q3 Destination Target 2060		176.894	$12.25	$2,167.71
Q3 Destination Target 2070		68.506	$10.84	$742.30
Q3 Destination Target 2050		54,200.472	$11.85	$642,400.26
Q3 Destination Target 2050		253.352	$11.50	$2,913.17
Q3 Destination Target 2050		8,624.738	$11.53	$99,461.34
Q3 Destination Target 2060		6,655.827	$12.36	$82,270.68
Q3 Destination Target 2040		618.650	$11.16	$6,906.74
Q3 Destination Target 2050		533.659	$11.46	$6,115.37
Q3 Destination Target 2060		186.320	$11.35	$2,114.40
Q3 Destination Target 2070		508.336	$11.21	$5,700.12
Q3 Destination Target 2050		5,571.176	$11.75	$65,488.06
Q3 Destination Target 2030		399.424	$11.21	$4,476.71
Q3 Destination Target 2040		2,680.232	$11.63	$31,167.61
Q3 Destination Target 2050		284.562	$11.95	$3,399.46
Q3 Destination Target 2060		568.693	$11.80	$6,707.80
Q3 Destination Target 2070		188.050	$12.08	$2,271.33
Q3 Destination Target 2040	EN3KWJ	258.953	$11.25	$2,914.46
Q3 Destination Target 2050	EN3KWK	8,282.650	$11.23	$92,990.96
Q3 Destination Target 2060	EN3KWL	220.410	$11.09	$2,444.06
Q3 Destination Target 2070	EN3KWM	242.289	$11.24	$2,723.76
Q3 Destination Target 2060		227.634	$11.38	$2,590.89
Q3 Destination Target 2070		1,017.597	$11.30	$11,494.17
Q3 Destination Target 2040		5,688.138	$11.24	$63,948.32
Q3 Destination Target 2050		1,375.564	$11.29	$15,531.08
Q3 Destination Target 2060		4,250.207	$11.48	$48,787.71
Q3 Destination Target 2030		119.767	$11.10	$1,329.97
Q3 Destination Target 2040		119.124	$11.33	$1,349.50
Q3 Destination Target 2050		60.652	$11.16	$677.08
Q3 Destination Target 2060		59.053	$11.50	$679.20
Q3 Destination Target 2070		1,539.381	$11.38	$17,522.78
Q3 Destination Target 2030		672.449	$10.84	$7,286.38
Q3 Destination Target 2040		140.401	$10.89	$1,528.93
Q3 Destination Target 2060		14.869	$10.83	$161.03
Q3 Destination Target 2040		473.950	$11.57	$5,482.03

Q3 Destination Target 2050		197.650	$11.69	$2,309.94
Q3 Destination Target 2060		806.169	$11.68	$9,418.22
Q3 Destination Target 2070		5,730.607	$11.71	$67,131.76
Q3 Destination Target 2050		1,184.704	$11.61	$13,753.35
Q3 Destination Target 2060		739.424	$11.63	$8,602.31
Q3 Destination Target 2060		5,309.477	$11.90	$63,171.63
Q3 Destination Target 2030		261.062	$11.68	$3,048.73
Q3 Destination Target 2040		901.552	$11.41	$10,282.56
Q3 Destination Target 2050		1,328.688	$11.50	$15,278.45
Q3 Destination Target 2060		4,804.034	$11.49	$55,195.01
Q3 Destination Target 2070		20,678.853	$11.54	$238,574.01
Q3 Destination Target 2030		642.922	$11.07	$7,118.29
Q3 Destination Target 2040		496.019	$11.26	$5,583.40
Q3 Destination Target 2050		1,006.983	$0.31	$312.97
Q3 Destination Target 2060		109.601	$0.11	$11.70
Q3 Destination Target 2070		320.873	$0.05	$15.56
Q3 Destination Target 2030		138.032	$11.60	$1,601.84
Q3 Destination Target 2050		6,738.106	$12.10	$81,529.74
Q3 Destination Target 2060		5,725.880	$12.15	$69,562.58
Q3 Destination Target 2070		2,187.825	$12.31	$26,927.09
Q3 Destination Target 2040		1,277.361	$11.99	$15,311.59
Q3 Destination Target 2060		592.017	$12.37	$7,323.19
Voyage Cash Balance Strategy	EN3NJM	10,000.000	$11.64	$116,442.00
Q3 Destination Target 2040		232.396	$10.77	$2,503.00
Q3 Destination Target 2050		834.377	$10.76	$8,981.14
Q3 Destination Target 2050		684.176	$10.61	$7,256.64
Q3 Destination Target 2040		655.074	$10.44	$6,836.80
Q3 Destination Target 2050		139.383	$10.44	$1,455.60
Q3 Destination Target 2050		283.511	$10.04	$2,846.28
Q3 Destination Target 2060		463.649	$10.08	$4,674.41
Q3 Destination Target 2070		152.184	$10.04	$1,527.75
Q3 Destination Target 2040		2,248.968	$10.17	$22,863.46
Q3 Destination Target 2050		822.761	$10.25	$8,433.06
Q3 Destination Target 2040		26.042	$9.94	$258.94
Q3 Destination Target 2050		37.508	$10.07	$377.66
Q3 Destination Target 2060		1,707.099	$9.97	$17,024.22
Q3 Destination Target 2070		1,727.546	$9.97	$17,225.89
Q3 Destination Target 2060		40.631	$10.24	$416.19
Q3 Destination Target 2070		332.140	$10.17	$3,378.46
Q3 Destination Target 2070		214.676	$10.00	$2,146.16
iShares Russell 2000 Small-Cap	BDBKX	3,419.871	$26.79	$91,618.37
Principal MidCap S&P 400 Index	MPSIX	3,863.398	$21.61	$83,488.02
Northern MidCap Idx	NOMIX	1,508.259	$20.80	$31,371.79
Nuveen International Eq Idx R6	TCIEX	6,335.032	$27.85	$176,430.66
Nuveen Equity Index R6	TIEIX	727.505	$46.89	$34,112.69
Nuveen Large Cap Gr Idx R6	TILIX	4,675.782	$75.99	$355,312.67
Nuveen Large Cap Value Idx R6	TILVX	6,112.849	$27.98	$171,037.46
Nuveen Small Cap Blend Idx R6	TISBX	707.816	$25.84	$18,289.97
Vanguard Real Estate Index Adm	VGSLX	653.222	$125.39	$81,907.50
VG Interm-Term Corp Bd Idx Adm	VICSX	1,720.735	$22.61	$38,905.83
VG Morningstar Grwth Idx Adm	VIGAX	1,826.804	$251.14	$458,783.59
VG Fed Money Mkt Inv	VMFXX	225,712.540	$1.00	$225,712.54
VG Morningstar MidCap Grwth Ad	VMGMX	1,837.548	$120.17	$220,818.14
VG Morningstar MidCap Val Adm	VMVAX	1,279.746	$91.85	$117,544.64
VG Sh-Tm Corp Bd Idx Adm	VSCSX	720.412	$21.71	$15,640.14
VG MorningsSmCap Grwth Idx Adm	VSGAX	1,063.967	$106.12	$112,908.22
VG MorningstaSmCap Val Idx Adm	VSIAX	1,540.738	$91.02	$140,237.94
VG IntTm Govt Bd Idx Adm	VSIGX	1,269.931	$20.25	$25,716.13
VG Devloped Mkts Idx Adm	VTMGX	7,215.305	$20.07	$144,811.16

Multiple Employer Plan - 5500 Reporting
PLANGROUP - LEGENDS PEP

VG HiYield Corp Adm	VWEAX	21,460.681	$5.57	$119,535.99
iShares S&P 500 K	WFSPX	1,591.091	$796.22	$1,266,858.55
			SubTotal	$12,037,117.52
			TOTAL INVESTMENTS:	**$12,338,400.09**

Receivables

Cash Balance Contribution	$139,000.00
Correction Funds Received	$100.52
Employee Contribution Adjustment	($16,009.64)
Employee Post Tax Contribution	$41,267.76
Employee Pre-Tax Contribution	$111,032.15
Employer Contribution	$94,096.59
Employer Contribution Adjustment	($2,729.49)
Employer Matching Contribution	$32,372.10
Loan Repayment (Interest)	$47.13
Loan Repayment (Principal)	$507.75
Sale To Repay Loan (Principal)	($507.75)
Total Receivables	$399,177.12
Gain/(Loss) on Accrued Sales	$246.81
TOTAL PLAN ASSETS AT END OF PERIOD:	**$12,737,824.02**

Multiple Employer Plan - 5500 Reporting
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Income Statement For the Period 1/1/2025 to 12/31/2025

PRIOR BALANCE		$7,504,733.87
PRIOR RECEIVABLES		
Cash Balance Contribution	$78,900.00	
Employee Contribution Adjustment	($8,879.51)	
Employee Post Tax Contribution	$4,834.05	
Employee Pre-Tax Contribution	$150,145.04	
Employer Contribution	$134,054.71	
Employer Contribution Adjustment	($8,801.84)	
Employer Matching Contribution	$55,082.02	
Income Received	$153.86	
Loan Repayment (Interest)	$243.37	
Loan Repayment (Principal)	$1,082.31	
Sale To Repay Loan (Principal)	($1,082.31)	
Total Prior Receivables		$405,731.70
ADJUSTMENTS		
Employer Contribution Adjustment	($3,068.50)	
Employee Contribution Adjustment	($16,567.13)	
Correction Funds Received	$6,392.50	
Correction Funds Disbursed	($4,142.46)	
Subtotal:		($17,385.59)
CONTRIBUTION_RETURNED		
Contribution Returned (401K)	($1,751.49)	
Interest Returned (401K)	($144.71)	
Subtotal:		($1,896.20)
CONTRIBUTIONS		
Employee Pre-Tax Contribution	$1,567,346.82	
Employee Post Tax Contribution	$554,745.13	
Employer Matching Contribution	$780,957.38	
Employer Contribution	$139,332.55	
Rollover Contribution	$520,109.64	
Employer Contribution Adjustment	($3,068.50)	
Employee Contribution Adjustment	($16,567.13)	
Cash Balance Contribution	$239,000.00	
Subtotal:		$3,781,855.89
DIVIDENDS		
Dividend Received	$0.33	
Reinvested Dividend	$94,579.35	
Subtotal:		$94,579.68
FEES_TAKEN		
Recordkeeping Fee	($62,757.98)	
Consulting Fee	($13,231.84)	
Advisor Fee	($59,828.86)	
Subtotal:		($135,818.68)
FORFEITURES_MADE		
Forfeiture Made	($14,819.79)	
Subtotal:		($14,819.79)
FORFEITURES_REALLO		
Forfeiture Received	$14,819.79	
Forfeiture Disbursed	($2,925.66)	
Subtotal:		$11,894.13
INTEREST		
Loan Repayment (Interest)	$10,452.60	
Subtotal:		$10,452.60

Multiple Employer Plan - 5500 Reporting
PLANGROUP - LEGENDS PEP

LOANS_REPAID_INTEREST		
Loan Repayment (Interest)	$10,452.60	
	Subtotal:	$10,452.60
LOANS_REPAID_PRINCIPAL		
Sale To Repay Loan (Principal)	($42,546.32)	
Loan Repayment (Principal)	$42,546.32	
LOANS_TAKEN		
Loan Taken	$0.00	
MISCELLANEOUS		
Sale Due To Fund Transfer	($246,525.03)	
Purchase Due To Fund Transfer	$246,525.03	
Conversion Balance	$433,769.43	
Income Received	$150.56	
Loan Fee	($4,000.00)	
Sale Due To Auto Rebalance	($38,397.61)	
Purchase Due To Auto Rebalance	$38,397.61	
	Subtotal:	$429,919.99
WITHDRAWALS		
Inservice Withdrawal (Hardship)	($29,732.24)	
Inservice Withdrawal (Non-Hardship)	($55,226.19)	
Lump Sum Payment	($438,245.24)	
Asset Liquidation	($537.56)	
	Subtotal:	($523,741.23)
Realized Gain/Loss	$86,769.64	
Unrealized Gain/Loss	$1,109,881.95	
Net Gain/Loss		$1,196,898.40
	Total Plan Assets	**$12,752,857.37**
Difference	15,033.35	