Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CARR ALLISON CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2003

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)
CARR, ALLISON, OLIVER & SISSON, PC

100 VESTAVIA PARKWAY, SUITE 200
BIRMINGHAM, AL 35216-7728

2b Employer Identification Number (EIN) 72-1351859

2c Plan Sponsor's telephone number 205-822-2006

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.	10/15/2026	THOMAS LOGAN
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	220
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)**	173
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	267
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	48
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	315
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	315
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1C 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)

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

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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)** [X] **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)** [ ] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CARR ALLISON CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CARR, ALLISON, OLIVER & SISSON, PC

D Employer Identification Number (EIN)
72-1351859

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	13664501
b Actuarial value	**2b**	13664501

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	41	319660	319660
c For active participants	150	10882488	10882488
d Total	191	11202148	11202148

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.27 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	824113
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	824113

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

Date

CEDRIC T. ROHWEDDER
Type or print name of actuary

26-04962
Most recent enrollment number

CASH BALANCE ACTUARIES, LLC
Firm name

952-500-8696
Telephone number (including area code)

970 IRIS CIRCLE
EXCELSIOR, MN 55331
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 8.39 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		858995
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.90 %		42091
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		901086
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	121.98 %
15	Adjusted funding target attainment percentage	15	121.98 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.73 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/20/2026	1127218				
			Totals ► 18(b)	1127218	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1036543

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	824113
b Excess assets, if applicable, but not greater than line 31a	**31b**	824113

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1036543
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1036543
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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
CARR ALLISON CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CARR, ALLISON, OLIVER & SISSON, PC

D Employer Identification Number (EIN)
72-1351859

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CARR ALLISON CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CARR, ALLISON, OLIVER & SISSON, PC

D Employer Identification Number (EIN)
72-1351859

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)	942990	1127218
(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)	3808	298582
(2) U.S. Government securities	1c(2)	1445174	1499768
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	28538	1053001
(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)	11269663	10654649
(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	13690173	14633218
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	13690173	14633218

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)	1127218	
(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)		1127218
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)	508754	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		508754
(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)	925820	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		925820

		(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		2561792
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1591903	
(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)		1591903
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)	26844	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		26844
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1618747
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		943045
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: PEARCE BEVILL CPAS & ADVISORS **(2)** EIN: 63-0813240

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**		X	

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559194.

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
CARR ALLISON CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CARR, ALLISON, OLIVER & SISSON, PC

D Employer Identification Number (EIN)
72-1351859

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 |

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): 04-2647786

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 07 / 31 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number_____.

CARR, ALLISON, OLIVER & SISSON, P.C. CASH BALANCE PLAN

Financial Statements as of December 31, 2025 and 2024 and for the year ended December 31, 2025 with Independent Auditors' Report and Supplemental Schedule

Pearce Bevill
CPAs & ADVISORS

110 Office Park Drive, Suite 100
Birmingham, AL 35223
205.323.5440
pearcebevill.com

TABLE OF CONTENTS

Page

Independent Auditors' Report 3

Financial Statements

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024 6

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025 7

Statements of Accumulated Benefits
December 31, 2025 and 2024 8

Statement of Changes in Accumulated Benefits
Year Ended December 31, 2025 9

Notes to Financial Statements 10

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025 17

Pearce Bevill
CPAs & ADVISORS

110 Office Park Drive, Suite 100
Birmingham, AL 35223

P: (205) 323-5440
F: (205) 328-8523

pearcebevill.com

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and Participants of
Carr, Allison, Oliver & Sisson, P.C. Cash Balance Plan
Birmingham, Alabama

Opinion

We have audited the accompanying financial statements of Carr, Allison, Oliver & Sisson, P.C. Cash Balance Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of Carr, Allison, Oliver & Sisson, P.C. Cash Balance Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its accumulated benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Carr, Allison, Oliver & Sisson P.C. Cash Balance 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 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal controls relevant to the preparation

and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Carr, Allison, Oliver & Sisson, P.C. Cash Balance Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Carr, Allison, Oliver & Sisson, P.C. Cash Balance 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 Carr, Allison, Oliver & Sisson, P.C. Cash Balance Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Pearce Bevill CPAs & Advisors, PC

Birmingham, Alabama
October 13, 2026

CARR, ALLISON, OLIVER & SISSON, P.C.
CASH BALANCE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments at fair value	$ 13,478,586	$ 12,721,442
Receivables:		
Contribution receivable	1,127,218	942,990
Accrued interest receivable	27,415	25,741
Net assets available for benefits	$ 14,633,219	$ 13,690,173

See independent auditors' report and notes to financial statements.

CARR, ALLISON, OLIVER & SISSON, P.C.
CASH BALANCE PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

Additions		
Dividends and interest	$	508,754
Net appreciation in fair value of investments		925,820
Employer contributions		1,127,218
Total additions		2,561,792
Deductions		
Participant benefit payments		1,591,903
Administrative expenses		26,843
Total deductions		1,618,746
Change in net assets		943,046
Net assets available for benefits		
Beginning of year		13,690,173
End of year	$	14,633,219

See independent auditors' report and notes to financial statements.

CARR, ALLISON, OLIVER & SISSON, P.C.
CASH BALANCE PLAN

STATEMENTS OF ACCUMULATED BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Actuarial present value of accumulated benefits		
Vested benefits		
Active participants	$ 11,881,886	$ 11,807,845
Terminated participants	314,671	367,956
Total actuarial present value of accumulated benefits	$ 12,196,557	$ 12,175,801

See independent auditors' report and notes to financial statements.

CARR, ALLISON, OLIVER & SISSON, P.C.
CASH BALANCE PLAN

STATEMENT OF CHANGES IN ACCUMULATED BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

Actuarial present value of accumulated benefits at beginning of year	$ 12,175,801
Increase during the year attributable to:	
Benefits accumulated	1,130,610
Interest credit	482,049
Benefits paid	(1,591,903)
Actuarial present value of accumulated benefits at end of year	$ 12,196,557

See independent auditors ' report and notes to financial statements.

Note A - Plan Description

The following brief description of the Carr, Allison, Oliver & Sisson, P.C. (the Employer) Cash Balance Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General. The Plan is a cash balance defined benefit pension plan covering eligible employee of Carr, Allison, Oliver & Sisson, P.C. Employees are eligible to participate in the Plan once they have completed one year of service and have attained the age of twenty-one. Participants enter the Plan on the January 1 or July 1 following satisfaction of requirements. Vesting is immediate in their Normal Retirement Benefit upon entering the Plan. Contributions from the Employer are deposited with Fidelity Investments (the Custodian) in such amounts in cash as the plan administrator and employer shall determine to be necessary to provide benefits under the Plan as determined by the application of accepted actuarial methods and assumptions. The amount of the contribution complies with the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees do not contribute to the Plan. The Plan is subject to the provisions of ERISA.

Participant's Accounts. Under Plan provisions, amounts are credited to the participant's hypothetical accounts. The accounts are allocated compensation credits and investment credits at the end of each year. Compensation credits are allocated based on a percentage of compensation as defined in the Plan document. Participant's hypothetical accounts also receive investment credits at the end of each year. The amount of the investment credit is defined in the Plan document. The investment credit rate was 4% for the years ended December 31, 2025 and 2024.

Pension Benefits. Participants may begin receiving their Normal Retirement Benefit upon retirement on or after the Normal Retirement Date. The amount they are entitled to receive is equal to the actuarial value of the participant's Cash Balance account at their Annuity Starting Date. If the participant is terminated prior to their Normal Retirement Date, they may elect to receive a lump sum distribution of their Normal Retirement Benefit.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting m accordance with accounting principles generally accepted in the United States of America.

Note B - Summary of Significant Accounting Policies - Continued

Date of Management's Review

Management evaluated subsequent events through October 13, 2026, which is the date the financial statements were available to be issued. No events were noted that would require recognition or disclosure in these financial statements.

Financial Statement Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and the changes therein, and the actuarial present value of accumulated plan benefits and the changes therein. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

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

Actuarial Present Value of Accumulated Benefits

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuaries and represents those future periodic payments that are attributable under the Plan's provisions, to the service that all existing plan participants have rendered, taking into account their compensation and length of service with the Employer.

These calculations are made without regard to any assumptions for expected changes in social security or future service accruals and were calculated by the consulting actuaries as of December 31, 2025 and 2024. The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 were (a) life expectancy of participants (RP 2000 Combined Table, IRC 417(e) Lump Sum Table for 2025 and 2024 used for post-retirement for those assumed to elect a lump sum) (b) retirement age assumptions (later of age sixty-five (65) or attained age), and (c) interest rates assuming minimum and maximum funding and present value of accrued benefits: cash balance crediting rate of 4.0% for 2025 and 2024. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note B - Summary of Significant Accounting Policies - Continued

Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Payment of Benefits

Benefit payments to participants are reported upon distribution.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in the net assets available for plan benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note C - Termination Priorities

The Employer expects to continue the Plan indefinitely. However, should the Plan be terminated, the distribution of the net assets available for benefits would be allocated in the following order to the extent of the sufficiency of such assets, basing such allocation on the Accrued Benefit for each such participant at the date of termination of the Plan:

(1) To provide benefits to retired Participants who have retired under the Plan prior to its termination without reference to the order of retirement.

(2) To provide Normal Retirement Benefits to Participants who have reached their Normal Retirement Dates but have not retired on the date of termination without reference to the order in which they shall have reached their Normal Retirement Date.

(3) To provide Normal Retirement Benefits to Participants who have not yet reached their Normal Retirement Date on the date of termination, without reference to the order in which they will reach their Normal Retirement Date. Such benefits will be based upon accrued benefits as of the date of termination. The balance, if any, of the assets due to erroneous actuarial computation held by the Plan after such allocation shall be returned to the Employer, but only after the satisfaction of all liabilities with respect to Participants and pensions under the Plan.

The amount paid to participants depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at the time of termination. Some benefits may be fully or partially provided for by the existing assets and the PBGC 's benefit guarantee, while other benefits may not be provided for at all. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Note D - Fair Value Measurements

FASB *ASC Section 820 - Fair Value Measurements and Disclosures* establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The hierarchy consists of three broad levels, described as follows:

Level 1 - Inputs consist of unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.

Level 2 - Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, level 2 input must be observable for substantially the full term.

Level 3 - Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

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

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

Mutual Funds - Valued at the closing price reported on the active market on which the individual securities are traded.

Fixed Income Securities - Valued primarily by third party pricing services. The fair values of these services are determined on a recurring basis by obtaining quoted prices from nationally recognized pricing vendors or by using pricing models that utilize significant observable inputs such as matrix pricing, which are level 2 inputs.

Money Market Funds - Valued at the daily closing price as reported by the fund.

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

The Plan's investments are reported at fair value as follows:

		Fair Value Measurements Using:		
December 31, 2025	Fair Value	Level 1	Level 2	Level 3
Money Market Funds	$ 271,168	$ 271,168	$ -	$ -
Fixed Income Securities	2,552,769	-	2,552,769	
Mutual Funds	10,654,649	10,654,649		-
	$ 13,478,586	$ 10,925,817	$ 2,552,769	$ -

		Fair Value Measurements Using:		
December 31, 2024	Fair Value	Level 1	Level 2	Level 3
Money Market Funds	$ 3,808	$ 3,808	$ -	$ -
Fixed Income Securities	1,447,971		1,447,971	
Mutual Funds	11,269,663	11,269,663	-	-
	$ 12,721,442	$ 11,273,471	$ 1,447,971	$ -

Note E - Funding Policy

The Employer contributes such amounts as deemed necessary on an actuarial basis to provide the Plan with assets sufficient to pay benefits to Plan participants. The Employer contributed $1,127,218 for the year ended December 31, 2025. The minimum funding requirements of ERISA have been met.

Note F - Tax Status

The Plan was amended and restated as of January 1, 2025, in compliance with the IRS prescribed restatement cycle. A favorable determination letter was received dated March 3, 2016, as to the tax-exempt qualified status of the Plan. The Plan does not have a current IRS determination letter. Pursuant to IRS Revenue Procedure 2016-37, the IRS no longer issues determination letters for individually designed plans, except in limited circumstances. The Plan administrator considers the Plan is currently designed and operated in compliance with the applicable requirements of the Code and, therefore, the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan administrator has analyzed the tax positions taken by the Plan and concluded that as of December 31, 2025, there are no uncertain positions that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no IRS audits in progress, and the Plan is no longer subject to U.S. federal tax examinations for years before 2022. Net assets available for benefits reported on these financial statements agree to net assets reported on Form 5500, Annual Return/Report of Employee Benefit Plan, for 2025 and 2024.

Note G - Related Party and Party-in-Interest Transactions

Certain Plan investments are mutual funds managed by Fidelity Investments. These transactions qualify as party-in-interest transactions.

SUPPLEMENTAL SCHEDULE

CARR, ALLISON, OLIVER & SISSON, P.C.
CASH BALANCE PLAN
FEIN#: 72-1351859 / PLAN#: 003

SCHEDULE H, LINE4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity Government Cash Reserves	Money market fund	-	$ 271,167
	Artisan International Value	Mutual fund	712,001	980,615
	Manteio Multi Alternative Strategy	Mutual fund	746,314	671,586
	JP Morgan Ultra Short	Mutual fund	631,055	636,288
	I Shares S & P 500	Mutual fund	1,030,542	2,579,067
	I Shares S & P Mid Cap 400	Mutual fund	465,586	801,469
	I Shares Core S & P Small Cap	Mutual fund	239,613	395,902
	I Shares Core MSCI	Mutual fund	404,491	670,522
	I Shares International Aggregate Bond	Mutual fund	753,809	753,855
	I Shares Core 1-5 Year Bond	Mutual fund	770,533	758,369
	Victory Portfolios II	Mutual fund	2,391,461	2,406,976
	Federal Home Loan Mortgage Pools	3.5% to 6% mature 2026-2046	49,812	39,725
	Uniform MBS Pool	3.0% to 6% mature 2027-2046	25,884	21,433
	American Tower	3.8% 08/15/29 $30,000	29,540	29,538
	AON Corp	2.8% 05-15-30 $40,000	37,220	37,768
	Duke Energy Florida	6.3% 09-15-37 $25,000	28,421	27,746
	Citigroup	6.8% 03-05-38 $50,000	59,242	57,498
	HP Inc	4.0% 04-15-29 $30,000	29,934	29,682
	Elevance Health Inc	6.375% 06-15-37 $35,000	39,118	38,050
	Dow Chemical Co	5.15% 02-15-34 $20,000	20,396	19,852
	Phillips 66 Co	5.3% 06-30-33 $55,000	57,403	56,719
	Allstate Corp	5.35% 06-01-33 $25,000	26,535	25,962
	Paramount Global	4.0% 01-15-26 $30,000	30,008	29,992
	Gilead Sciences	3.65% 03-01-26 $22,000	22,027	21,990
	Stryker	3.5% 03-15-26 $25,000	25,031	24,976
	Goldman Sachs	3.85% 01-26-27 $25,000	25,115	24,978
	American Express	3.3% 05-03-27 $25,000	25,108	24,858
	Lowes	6.5% 03-15-29 $20,000	22,068	21,450
	Simon Property Group	2.45% 09-13-29 $30,000	24,702	28,359
	Oracle	4.9% 02-06-33 $30,000	30,682	28,872
	Oracle	3.25% 05-15-30 $20,000	20,262	18,618
	Boeing	3.25% 03-01-28 $60,000	55,413	58,888
	RTX Corporation	7.50% 09-15-29 $15,000	17,172	16,673
	TMobileUSA	2.40% 03-15-29 $30,000	27,998	28,415
	Metlife	6.37% 06-15-34 $25,000	26,545	27,969
	Kroger	6.90% 04-15-38 $50,000	59,205	57,419
	Pfizer Inc	3.9% 03-15-39 $55,000	49,163	48,572
	Alabama Power	6.12% 05-15-38 $50,000	56,545	54,364
	Pacificorp	7.7% 11-15 -31 $20,000	24,566	22,753
	General Electric	6.75% 03-15-32 $15,000	17,900	16,991
	Valero	7.5% 04-15-32 $20,000	23,612	22,894

CARR, ALLISON, OLIVER & SISSON, P.C.
CASH BALANCE PLAN
FEIN#: 72-1351859 / PLAN#: 003

SCHEDULE H, LINE4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 - CONTINUED

(a)	(b) Identity of Issue, 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
	MetLife	6.5% 12-15-32 $20,000	23,429	22,435
	Canadian National	6.25% 08-01-34 $18,000	21,472	19,836
	Marriot Intl Inc.	3.5% 10-15-32 $30,000	28,328	28,010
	United Health	4.625% 07-15-35 $20,000	21,955	19,716
	Milwaukee Taxable GO Bonds	2.35% 04-01-36 $15,000	12,158	12,158
	North Texas TWY Authority	2.22% 01-01-32 $15,000	12,553	13,465
	American Municipal Power Ohio	7.30% 02-15-30 $20,000	22,484	22,280
	Valdosta Hospital Authority	2.87% 10-01-26 $40,000	37,497	39,699
	Huntington Beach Pension Obligation	1.68% 06-15-27 $75,000	66,244	72,899
	Connecticut Housing Finance	2.00% 06-15-28 $25,000	21,224	24,048
	East Valley Water District	1.73% 10-01-28 $60,000	51,635	56,731
	Colorado State University	2.39% 03-01-29 $20,000	17,735	19,179
	New York Taxable GO Bonds	3.7% 08-01-29 $20,000	18,849	19,865
	Florida State Board	2.15% 07-01-30 $100,000	84,795	92,011
	Maine Health & Higher Education	2.28% 07-01-31 $75,000	62,267	67,907
	Bexar County Texas	2.13% 08-15-31 $20,000	16,703	17,962
	Miami Dade Aviation	2.52% 10-01-30 $15,000	13,785	13,969
	Oregon Education	2.03% 06-30-32 $50,000	40,119	43,845
	Missouri Highways	5.44% 05-01-33 $70,000	72,338	71,802
	Maine Governmental	2.18% 10-01-33 $25,000	19,475	21,159
	Los Angeles Wastewater	4.16% 06-01-34 $15,000	14,069	14,627
	San Diego School District	2.41% 06-01-34 $25,000	20,022	21,614
	Centinela Valley Unified High School	2.30% 08-01-34 $25,000	19,529	21,108
	Loudon VA Economic Development	4.88% 12-01-32 $50,000	51,832	51,879
	New York City Housing Development	3.31% 11-01-34 $25,000	21,713	22,858
	Philadelphia General Obligation	2.31% 07-15-35 $95,000	72,742	78,910
	Great Lakes Water Authority	2.61% 07-01-36 $100,000	78,715	83,814
	Great Lakes Water Authority	2.61% 07-01-36 $75,000	62,926	63,538
	Lexington Fayette Urban County	3.00% 08-01-36 $25,000	20,431	21,953
	Los Angeles Water & Power	4.41% 07-01-37 $70,000	67,286	65,430
	Waterbury Conn GO	2.49% 09-01-31 $75,000	68,045	68,570
	California State Taxable	5.15% 09-01-34 $50,000	52,574	52,407
	Jobs Ohio Beverage	4.53% 01-01-35 $20,000	19,504	20,127
	New York State Urban Development	2.59% 03-15-35 $110,000	93,011	94,376
	New York NY General Obligation	4.61% 09-01-37 $30,000	30,415	29,297
	Oregon State Administrative	5.19% 04-01-35 $50,000	52,940	52,336
	Pennsylvania State University	4.35% 09-01-37 $50,000	50,672	49,132
	Texas Water Development	4.60% 10-15-38 $50,000	50,571	49,295
	United States Treasury Series E	2.87% 08-15-28 $30,000	29,558	29,519
			$ 10,673,632	$ 13,478,586

*Party in interest

See independent auditors' report and notes to financial statements.

Carr Allison
Cash Balance Plan
Actuarial Valuation Date: January 1, 2025
EIN: 72-1351859; Plan Number: 003

Appendix C
Schedule SB, Part V - Summary of Principal Plan Provisions

Employer and Plan Data

Initial Effective Date	January 1, 2003
Plan Year Begins	January 1, 2025
Plan Year Ends	December 31, 2025
Valuation Date	January 1, 2025

Eligibility Requirements

Service	One Year
Entry Dates	Dual
Age	21
Excluded Groups	Leased Employees; Attorneys who are not Equity Shareholders; §410(b)(6)(C) Employees; Reclassified Independent Contractors

Normal Retirement Age

First of the month coincident with or next following age 65.

Retirement Benefits

Actuarial Equivalent of the Participant's Hypothetical Account Balance.

Hypothetical Account

A theoretical account that is maintained for each participant. Each account is credited annually with (a) interest at 4%, plus (b) an allocation following the terms of the Plan Document.

Vesting

100% immediate vesting upon Plan entry.

Death

100% of the Participant's Hypothetical Account.

Disability

100% of the Participant's Hypothetical Account.

Plan Amendments

Effective 1/1/2025, the Plan was amended and restated.

CARR, ALLISON, OLIVER & SISSON, P.C.
CASH BALANCE PLAN
FEIN#: 72-1351859 / PLAN#: 003

SCHEDULE H, LINE4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity Government Cash Reserves	Money market fund	-	$ 271,167
	Artisan International Value	Mutual fund	712,001	980,615
	Manteio Multi Alternative Strategy	Mutual fund	746,314	671,586
	JP Morgan Ultra Short	Mutual fund	631,055	636,288
	I Shares S & P 500	Mutual fund	1,030,542	2,579,067
	I Shares S & P Mid Cap 400	Mutual fund	465,586	801,469
	I Shares Core S & P Small Cap	Mutual fund	239,613	395,902
	I Shares Core MSCI	Mutual fund	404,491	670,522
	I Shares International Aggregate Bond	Mutual fund	753,809	753,855
	I Shares Core 1-5 Year Bond	Mutual fund	770,533	758,369
	Victory Portfolios II	Mutual fund	2,391,461	2,406,976
	Federal Home Loan Mortgage Pools	3.5% to 6% mature 2026-2046	49,812	39,725
	Uniform MBS Pool	3.0% to 6% mature 2027-2046	25,884	21,433
	American Tower	3.8% 08/15/29 $30,000	29,540	29,538
	AON Corp	2.8% 05-15-30 $40,000	37,220	37,768
	Duke Energy Florida	6.3% 09-15-37 $25,000	28,421	27,746
	Citigroup	6.8% 03-05-38 $50,000	59,242	57,498
	HP Inc	4.0% 04-15-29 $30,000	29,934	29,682
	Elevance Health Inc	6.375% 06-15-37 $35,000	39,118	38,050
	Dow Chemical Co	5.15% 02-15-34 $20,000	20,396	19,852
	Phillips 66 Co	5.3% 06-30-33 $55,000	57,403	56,719
	Allstate Corp	5.35% 06-01-33 $25,000	26,535	25,962
	Paramount Global	4.0% 01-15-26 $30,000	30,008	29,992
	Gilead Sciences	3.65% 03-01-26 $22,000	22,027	21,990
	Stryker	3.5% 03-15-26 $25,000	25,031	24,976
	Goldman Sachs	3.85% 01-26-27 $25,000	25,115	24,978
	American Express	3.3% 05-03-27 $25,000	25,108	24,858
	Lowes	6.5% 03-15-29 $20,000	22,068	21,450
	Simon Property Group	2.45% 09-13-29 $30,000	24,702	28,359
	Oracle	4.9% 02-06-33 $30,000	30,682	28,872
	Oracle	3.25% 05-15-30 $20,000	20,262	18,618
	Boeing	3.25% 03-01-28 $60,000	55,413	58,888
	RTX Corporation	7.50% 09-15-29 $15,000	17,172	16,673
	TMobileUSA	2.40% 03-15-29 $30,000	27,998	28,415
	Metlife	6.37% 06-15-34 $25,000	26,545	27,969
	Kroger	6.90% 04-15-38 $50,000	59,205	57,419
	Pfizer Inc	3.9% 03-15-39 $55,000	49,163	48,572
	Alabama Power	6.12% 05-15-38 $50,000	56,545	54,364
	Pacificorp	7.7% 11-15 -31 $20,000	24,566	22,753
	General Electric	6.75% 03-15-32 $15,000	17,900	16,991
	Valero	7.5% 04-15-32 $20,000	23,612	22,894

CARR, ALLISON, OLIVER & SISSON, P.C.
CASH BALANCE PLAN
FEIN#: 72-1351859 / PLAN#: 003

SCHEDULE H, LINE4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 - CONTINUED

(a)	(b) Identity of Issue, 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
	MetLife	6.5% 12-15-32 $20,000	23,429	22,435
	Canadian National	6.25% 08-01-34 $18,000	21,472	19,836
	Marriot Intl Inc.	3.5% 10-15-32 $30,000	28,328	28,010
	United Health	4.625% 07-15-35 $20,000	21,955	19,716
	Milwaukee Taxable GO Bonds	2.35% 04-01-36 $15,000	12,158	12,158
	North Texas TWY Authority	2.22% 01-01-32 $15,000	12,553	13,465
	American Municipal Power Ohio	7.30% 02-15-30 $20,000	22,484	22,280
	Valdosta Hospital Authority	2.87% 10-01-26 $40,000	37,497	39,699
	Huntington Beach Pension Obligation	1.68% 06-15-27 $75,000	66,244	72,899
	Connecticut Housing Finance	2.00% 06-15-28 $25,000	21,224	24,048
	East Valley Water District	1.73% 10-01-28 $60,000	51,635	56,731
	Colorado State University	2.39% 03-01-29 $20,000	17,735	19,179
	New York Taxable GO Bonds	3.7% 08-01-29 $20,000	18,849	19,865
	Florida State Board	2.15% 07-01-30 $100,000	84,795	92,011
	Maine Health & Higher Education	2.28% 07-01-31 $75,000	62,267	67,907
	Bexar County Texas	2.13% 08-15-31 $20,000	16,703	17,962
	Miami Dade Aviation	2.52% 10-01-30 $15,000	13,785	13,969
	Oregon Education	2.03% 06-30-32 $50,000	40,119	43,845
	Missouri Highways	5.44% 05-01-33 $70,000	72,338	71,802
	Maine Governmental	2.18% 10-01-33 $25,000	19,475	21,159
	Los Angeles Wastewater	4.16% 06-01-34 $15,000	14,069	14,627
	San Diego School District	2.41% 06-01-34 $25,000	20,022	21,614
	Centinela Valley Unified High School	2.30% 08-01-34 $25,000	19,529	21,108
	Loudon VA Economic Development	4.88% 12-01-32 $50,000	51,832	51,879
	New York City Housing Development	3.31% 11-01-34 $25,000	21,713	22,858
	Philadelphia General Obligation	2.31% 07-15-35 $95,000	72,742	78,910
	Great Lakes Water Authority	2.61% 07-01-36 $100,000	78,715	83,814
	Great Lakes Water Authority	2.61% 07-01-36 $75,000	62,926	63,538
	Lexington Fayette Urban County	3.00% 08-01-36 $25,000	20,431	21,953
	Los Angeles Water & Power	4.41% 07-01-37 $70,000	67,286	65,430
	Waterbury Conn GO	2.49% 09-01-31 $75,000	68,045	68,570
	California State Taxable	5.15% 09-01-34 $50,000	52,574	52,407
	Jobs Ohio Beverage	4.53% 01-01-35 $20,000	19,504	20,127
	New York State Urban Development	2.59% 03-15-35 $110,000	93,011	94,376
	New York NY General Obligation	4.61% 09-01-37 $30,000	30,415	29,297
	Oregon State Administrative	5.19% 04-01-35 $50,000	52,940	52,336
	Pennsylvania State University	4.35% 09-01-37 $50,000	50,672	49,132
	Texas Water Development	4.60% 10-15-38 $50,000	50,571	49,295
	United States Treasury Series E	2.87% 08-15-28 $30,000	29,558	29,519
			$ 10,673,632	$ 13,478,586

*Party in interest

See independent auditors' report and notes to financial statements.

Carr Allison
Cash Balance Plan
Actuarial Valuation Date: January 1, 2025
EIN: 72-1351859; Plan Number: 003

Schedule SB, Line 26 - Schedule of Active Participant Data

EXHIBIT 9

I. ACTIVE PARTICIPANTS

Service/ Age Group	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	3									3
25-29	16									16
30-34	12	2								14
35-39	6	5								11
40-44	10		1	2						13
45-49	8	5								13
50-54	8	5	2	3	2					20
55-59	5	1	1	3	5					15
60-64	9	3	3	2	6					23
65 & Over	4	8	6	1	3					22
Totals	81	29	13	11	16	0	0	0	0	150

II. RECONCILIATION OF PARTICIPANT DATA

	Category	Actives	Retirees	Disability Retirees	Beneficiaries	Terminated Vested	Total
a.	Prior Valuation Date	131	0	0	0	47	178
b.	New Entrants	32					32
c.	Terminated	(12)				12	0
d.	Retired						0
e.	Disability						0
f.	Died						0
g.	Rehired	2				(2)	0
h.	Lump Sum Paid Out	(1)				(16)	(17)
i.	Terminated No Benefit	(3)					(3)
j.	Adjustment	1					1
k.	Current Valuation Date	150	0	0	0	41	191

Carr Allison
Cash Balance Plan
Actuarial Valuation Date: January 1, 2025
EIN: 72-1351859; Plan Number: 003

Appendix B
Schedule SB, Part V - Summary of Actuarial Assumptions and Methods

Investment Return

Funding Yield Curve Segment Rates	Unadjusted Rates*	Adjusted Rates*
1st Segment	5.07%	5.07%
2nd Segment	5.33%	5.31%
3rd Segment	5.36%	5.50%

Other Valuation Rates	
Project Hypothetical Accounts	4.00%
Salary Scale	0.00%
Effective Interest Rate	5.27%

Explicit Provision for Expenses

Equal to prior year administrative expenses of $0.

Assumed Form of Distribution

Probability of Lump Sum	100.00%
Probability of Annuity	0.00%

Mortality Rates

	Pre-Retirement	Post-Retirement
Funding	2025 Applicable	2025 Applicable*
Actuarial Equivalence	2025 Applicable	2025 Applicable

Disability Rates

None.

Withdrawal Rates

None.

Retirement Age

Participants are assumed to retire on the later of (1) the Valuation Date nearest Normal Retirement Date, or (2) the end of the current Plan Year.

Actuarial Value of Assets

Market Value as reported by the sponsor.

Marriage Rates

None.

Changes in Methods or Assumptions

No assumptions or methods were changed other than those required by IRC section 430.

* These assumptions are prescribed by law under IRC Section 430 and are not set at our discretion.

Carr Allison
Cash Balance Plan
Actuarial Valuation Date: January 1, 2025
EIN: 72-1351859; Plan Number: 003

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

All employees are assumed to retire at their Normal Retirement Age or, if later, one year from the valuation date.

The weighted average retirement age is 66.

Assumed Retirement Age	Participant Count	Weighted Ages
65	128	55.5
66	6	2.6
67	6	2.7
68	4	1.8
72	2	1.0
74	1	0.5
75	1	0.5
76	1	0.5
79	1	0.5
Active Participant Count:		150
Weighted Average Retirement Age:		66

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Carr Allison Cash Balance Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Carr, Allison, Oliver & Sisson, PC

D Employer Identification Number (EIN)
72-1351859

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	13,664,501
b Actuarial value	**2b**	13,664,501

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	41	319,660	319,660
c For active participants	150	10,882,488	10,882,488
d Total	191	11,202,148	11,202,148

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.27 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	824,113
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	824,113

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE



Signature of actuary

09/21/2026
Date

Cedric T. Rohwedder
Type or print name of actuary

2604962
Most recent enrollment number

Cash Balance Actuaries, LLC
Firm name

952-500-8696
Telephone number (including area code)

970 Iris Cir.

Excelsior MN 55331
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 8.39 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		858,995
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.90 %		42,091
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		901,086
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	121.98 %
15	Adjusted funding target attainment percentage	15	121.98 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.73 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/20/2026	1,127,218	0			
		Totals ► 18(b)	1,127,218	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,036,543

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	824,113
b Excess assets, if applicable, but not greater than line 31a	**31b**	824,113

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,036,543

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1,036,543
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021