# 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
JMA SOLUTIONS, LLC 401(K) PLAN

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

**1c** Effective date of plan 01/01/2012

**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)
JMA SOLUTIONS, LLC

600 MARYLAND AVENUE SW SUITE 800E
WASHINGTON, DC 20024

**2b** Employer Identification Number (EIN)
47-2815850

**2c** Plan Sponsor's telephone number
202-465-8205

**2d** Business code (see instructions)
541519

**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 | SERGIO PRADO |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 142 |
| **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)** | 98 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 100 |
| **b** | Retired or separated participants receiving benefits | **6b** | 33 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 133 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 133 |
| **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)** | 115 |
| **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)** | 99 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
JMA SOLUTIONS, LLC 401(K) PLAN

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

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

**D** Employer Identification Number (EIN)
47-2815850

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 35-0472300 | 65676 | H1S3 | 106 | 01/01/2025 | 12/31/2025 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 0 | 4318 |

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

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

DWC ERISA CONSULTANTS LLC
PO BOX 241267
ST. PAUL, MN 55124

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | 4318 | TPA FEES & COMPENSATION | 5 |

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 9463 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 8634672 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☒ other (specify) ▶ GROUP VAR ANNUITY W/ GUAR FUND

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 195709 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 13968 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 2569 | | |
| | (4) Transferred from separate account | 7c(4) | 0 | | |
| | (5) Other (specify below) | 7c(5) | 7491 | | |
| | ▶ LOAN REPAYMENTS, FORFEITURES, TAKEOVER, ADJUSTMENTS, PEA | | | | |
| | (6)Total additions | | | 7c(6) | 24028 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 219737 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 170535 | | |
| | (2) Administration charge made by carrier | 7e(2) | 193 | | |
| | (3) Transferred to separate account | 7e(3) | 36856 | | |
| | (4) Other (specify below) | 7e(4) | 2690 | | |
| | ▶ LOAN ISSUES, FORFEITURES, FEES, CORRECTIVES, AJUSTMENTS, INS. PREMIUMS, PEA | | | | |
| | (5) Total deductions | | | 7e(5) | 210274 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 9463 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

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

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

**A** Name of plan
JMA SOLUTIONS, LLC 401(K) PLAN

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

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

**D** Employer Identification Number (EIN)
47-2815850

## Part I Service Provider Information (see instructions)

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

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

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

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

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

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

WEALTHCARE ADVISORY PARTNERS LLC

1021 E CARY ST STE 1120
RICHMOND, VA 23219-4082

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | SERVICE PROVIDER | 43259 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LINCOLN NATIONAL CORPORATION

35-1140070

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 15 | SERVICE PROVIDER | 23332 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2025**

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

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

**A** Name of plan
JMA SOLUTIONS, LLC 401(K) PLAN

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

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

**D** Employer Identification Number (EIN)
47-2815850

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LINCOLN LIFE SEPARATE ACCOUNT 4K

**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 35-0472300-402 | P | 8634672 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
JMA SOLUTIONS, LLC 401(K) PLAN

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

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

**D** Employer Identification Number (EIN)
47-2815850

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 265799 | 228289 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 8833189 | 8634672 |
| **(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) | 195707 | 18414 |
| **(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 | 9294695 | 8881375 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 9294695 | 8881375 |

## 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) | 250754 | |
| **(B)** Participants | 2a(1)(B) | 696054 | |
| **(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) | | 946808 |
| **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) | 19066 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 19066 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1209411 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2175285 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2522015 | |
| (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) | | 2522015 |
| 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) | 43258 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 23332 | |
| (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) | | 66590 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2588605 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -413320 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

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

**(1)** Name: PENAN & SCOTT, PC **(2)** EIN: 52-1706780

**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 | | 86249 |
| **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 | | 600000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

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

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2025**

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

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

**A** Name of plan
JMA SOLUTIONS, LLC 401(K) PLAN

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

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

**D** Employer Identification Number (EIN)
47-2815850

## Part I Distributions

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

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

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

EIN(s): 35-1140070

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702589A .

# INDEPENDENT AUDITOR'S REPORT

# AND FINANCIAL STATEMENTS

# JMA SOLUTIONS, LLC 401(K) PLAN

# DECEMBER 31, 2025 AND 2024

Platform
CPAs, LLP

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Platform
CPAs, LLP

# INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
JMA Solutions, LLC 401(k) Plan
Washington, DC

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

We have performed an audit of the accompanying financial statements of JMA Solutions, LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of JMA Solutions, LLC 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

## Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Platform CPAs, LLP
6510 Millrock Drive #415
Holladay, UT 84121

## 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 JMA Solutions, LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about JMA Solutions, LLC 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of JMA Solutions, LLC 401(k) 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 JMA Solutions, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**Other Matter – Supplemental Schedules Required by ERISA**

The supplemental schedule of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

**Other Matter – Supplemental Schedules Required by ERISA - Continued**

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Platform CPAs, LLP

Holladay, Utah
October 14, 2026

## JMA SOLUTIONS, LLC 401(K) PLAN
## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## DECEMBER 31, 2025 AND 2024

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value | $ 8,634,672 | $ 8,833,189 |
| Investments, at contract value | 18,414 | 195,707 |
| Notes receivable from participants | 228,289 | 265,799 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 8,881,375 | $ 9,294,695 |

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

**JMA SOLUTIONS, LLC 401(K) PLAN**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**YEARS ENDED DECEMBER 31, 2025 AND 2024**

| | 2025 | 2024 |
|---|---|---|
| **Additions to net assets attributed to:** | | |
| Net appreciation in fair value of investments | $1,209,411 | $1,007,161 |
| Interest income | 19,066 | 18,985 |
| Total investment activity | 1,228,477 | 1,026,146 |
| Contributions: | | |
| Employer | 250,754 | 297,970 |
| Participants | 696,054 | 803,671 |
| Rollovers | - | 11,671 |
| Total contributions | 946,808 | 1,113,312 |
| Total additions | 2,175,285 | 2,139,458 |
| **Deductions from net assets attributed to:** | | |
| Benefits paid to participants | 2,522,015 | 1,545,819 |
| Administrative expenses | 66,590 | 66,297 |
| Total deductions | 2,588,605 | 1,612,116 |
| **Net Increase (Decrease)** | (413,320) | 527,342 |
| **Balance - beginning of year** | 9,294,695 | 8,767,353 |
| **Balance - end of year** | $8,881,375 | $9,294,695 |

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

## NOTE A – DESCRIPTION OF PLAN

The following description of the JMA Solutions, LLC 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement and the amendments thereto for a more complete description of the Plan's provisions.

### General

Effective January 1, 2012, JMA Solutions, LLC ("the Company") established the Plan to provide deferred compensation benefits to its employees. The Plan is a defined contribution plan with 401(k) salary deferral provisions covering all employees of the Company. All employees employed as of the effective date are eligible to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan qualifies under the Internal Revenue Code ("IRC") as a 401(k) Plan.

### Eligibility

Generally, employees who have attained age 21 and completed two months of service are eligible to participate in the Plan for purposes of elective deferrals and matching contributions. Eligibility for discretionary nonelective contributions requires attainment of age 21 and completion of one Period of Service. Certain employees, as defined by the Plan document, are excluded from participation. Eligible employees enter the Plan on the first day of the month coinciding with or next following satisfaction of the applicable eligibility requirements.

### Contributions

Each year, participants may contribute up to 90% of eligible compensation, as defined by the Plan document, on a pre-tax basis or as Roth elective deferrals, subject to the IRS annual limit ($23,500 for 2025, plus $7,500 catch-up contributions for participants age 50 and older). Compensation for contribution purposes is W-2 wages and excludes certain items such as fringe benefits, as defined in the Plan document. Participants may also roll over amounts from other qualified retirement plans.

The Company makes a safe harbor matching contribution equal to 100% of the first 3% of compensation deferred, plus 50% of the next 2% of compensation deferred. Employer contributions for the years ended December 31, 2025 and 2024 totaled $250,754 and $297,970, respectively. In addition, the Company may, at its discretion, make profit-sharing or other nonelective contributions as determined by the Board of Directors. No discretionary contributions were made for the years ended December 31, 2025 and 2024.

## NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately and fully vested in their elective deferrals, rollover contributions, and safe harbor matching contributions, including related earnings. Discretionary nonelective and additional matching contributions are subject to a six-year graded vesting schedule, under which participants become 20% vested after two years of service, 40% after three years, 60% after four years, 80% after five years, and 100% after six years of service. Participants become fully vested upon attainment of normal retirement age, death, or disability.

Participant Accounts

Plan assets are held by The Lincoln National Life Insurance Company and administered by the Company. Each participant's account is credited with the participant's contribution, including amounts rolled over from other qualified plans, and allocations of the Company's discretionary matching and nonelective contributions, if any, and Plan earnings and losses, less any charges, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow from their vested account balance in the Plan. The maximum loan amount available is generally the lesser of $50,000, subject to applicable statutory limitations, or 50% of the participant's vested account balance. Participants may have up to two loans outstanding. Loans bear interest at USA Today Prime plus 1% and generally must be repaid within five years. Loans used to acquire a participant's principal residence may have a repayment term of up to 15 years.

Payment of Benefits

Upon termination of employment, participants are entitled to receive the vested portion of their accounts. For distributions before the later of age 62 or Normal Retirement Age, participants with vested account balances exceeding $7,000 may elect to receive their benefits as soon as administratively feasible following termination or postpone distribution until their required beginning date. Participants with vested account balances of $7,000 or less will receive a distribution without their consent as soon as administratively feasible in the Plan Year following termination. Rollover account balances are excluded in determining the $7,000 threshold for such distributions.

## NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits (Continued)

The Plan's Normal Retirement Age is age 65. Participants who are employed on or after attaining Normal Retirement Age become 100% vested in all of their accounts. For distributions on or after the later of age 62 or Normal Retirement Age, benefits are distributed without participant consent as soon as administratively feasible, but no later than 60 days after the end of the Plan Year in which employment terminates. Participants with vested account balances exceeding $7,000, including rollover contributions, may elect to postpone distribution until their required beginning date.

Forfeited Accounts

Forfeitures of non-vested employer contributions are first used to pay reasonable Plan administrative expenses and may then be used to reduce future employer contributions. During the year ended December 31, 2025, no forfeitures were used to pay Plan administrative expenses or reduce employer contributions. As of December 31, 2025, the Plan's forfeiture account totaled $2,615.

Investment Options

Contributions to the Plan are invested according to participant direction among the investment options available under the Plan. As of December 31, 2025, the Plan's investment options consisted primarily of pooled separate accounts offered through The Lincoln National Life Insurance Company and a Guaranteed Stable Value account. Participants receive information describing the available investment options and may transfer balances among investment options in accordance with Plan provisions.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, additions to net assets, and deductions from net assets, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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 H for further discussion of fair value measurements and Note I for further discussion of the investment contract with an insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

Party-in-Interest Transactions

Transactions with The Lincoln National Life Insurance Company, the Plan's custodian/recordkeeper and issuer of the group annuity contract, qualify as party-in-interest transactions under ERISA. See Note J – Related Parties for further disclosure.

ERISA Section 103(a)(3)(C) Audit Election

As permitted by ERISA Section 103(a)(3)(C), the Plan's financial statements are presented in conformity with an audit performed pursuant to this section. Accordingly, investments held and certified by The Lincoln National Life Insurance Company, a qualified institution and custodian, have not been audited by the Plan's independent auditor. The auditor's procedures were limited to information that is not so certified.

Risks and Uncertainties

Investment securities are exposed to various risks, including market, interest rate, and credit risk. Further information about investment risks and concentrations is presented in Note F – Risks and Uncertainties.

Prior-Year Reclassification

Certain 2024 amounts have been reclassified to conform to the 2025 presentation. These reclassifications had no effect on net assets available for benefits.

Notes Receivable from Participants

Participant loans are classified as notes receivable from participants and are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as deemed distributions based on the terms of the Plan document and the Internal Revenue Code.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants (Continued)

At December 31, 2025 and 2024, participant loans totaled $228,289 and $265,799, respectively. These balances exclude loans that have been deemed distributed but remain outstanding in the recordkeeping system. Deemed distributed loans are reported as taxable distributions to participants in the year of default and are not reflected as assets of the Plan. The Plan's trust report reflects both active loans and deemed distributed loans; however, for purposes of these financial statements, only active loans are included in notes receivable from participants.

Payment of Benefits

Benefits are recorded when paid.

Investment Management Services

Investment management services, excluding transaction fees and loan fees, are paid for by plan participants.

## NOTE C – INFORMATION PREPARED AND CERTIFIED BY QUALIFIED INSTITUTION

The following information included in the accompanying financial statements and supplemental schedules was obtained from data prepared and certified as complete and accurate by The Lincoln National Life Insurance Company, a qualified institution, as of December 31:

| | 2025 | 2024 |
|---|---|---|
| Investments at fair value: | | |
| Pooled Separate Accounts | $ 8,634,672 | $ 8,833,189 |
| Interest income | 19,066 | 18,985 |
| Net appreciation in fair value of investments | 1,209,411 | 1,007,161 |
| Investments at contract value - Insurance Company General Account | | |
| Insurance Company General Accounts | 18,414 | 195,707 |

## NOTE D – TAX STATUS

The Plan is maintained under a pre-approved plan document for which the Internal Revenue Service issued a favorable opinion letter dated June 30, 2020. The opinion letter states that the form of the plan is acceptable under Section 401 of the Internal Revenue Code. The Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, continues to qualify for tax-exempt status.

## NOTE E – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31:

| | 2025 | 2024 |
|---|---|---|
| Net assets available for plan benefits per the financial statements | $ 8,881,375 | $ 9,294,695 |
| Net assets available for plan benefits per the Form 5500 | $ 8,881,375 | $ 9,294,695 |

The following is a reconciliation of contributions per the financial statements to Form 5500 for the years ended December 31:

| | 2025 | 2024 |
|---|---|---|
| Contributions per the financial statements | $ 946,808 | $ 1,113,312 |
| Contributions per the Form 5500 | $ 946,808 | $ 1,113,312 |

The following is a reconciliation of expenses per the financial statements to Form 5500 for the years ended December 31:

| | 2025 | 2024 |
|---|---|---|
| Expenses per the financial statements | $ 66,590 | $ 66,297 |
| Expenses per the Form 5500 | $ 66,590 | $ 66,297 |

## NOTE F – RISKS AND UNCERTAINTIES

The Plan invests in a diversified portfolio of investment securities, primarily consisting of pooled separate accounts and an insurance company general account. These investments are exposed to various risks, such as interest rate, market, and credit risks.

Because of the level of risk and potential volatility associated with these securities, it is at least reasonably possible that changes in the fair value of investments will occur in the near term. Such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Although the Plan's investments are broadly diversified across multiple asset classes and fund managers, concentrations of market risk exist to the extent that participants allocate their account balances to specific funds or asset classes.

## NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to reduce or discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of plan termination, participants would become 100% vested in their entire account.

## NOTE H – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

## NOTE H – FAIR VALUE MEASUREMENTS (CONTINUED)

*Level 2 Fair Value Measurements*

The fair value of pooled separate accounts is based on the net asset value of the underlying investments held within each account. The underlying investments may include equities, fixed income securities, real estate investments, and other investment vehicles in accordance with the investment objectives of each pooled separate account.

*Level 2 Fair Value Measurements* (Continued)

The net asset value is based on the market value of its underlying investments, but the net asset value is not a publicly quoted price in an active market and can be obtained directly from the applicable asset manager or investment sponsor.

The following tables present, by level within the fair value hierarchy, the Plan's investments measured at fair value as of December 31:

| | Fair Value | Level 2 Inputs |
|---|---|---|
| **December 31, 2025** | | |
| Pooled separate accounts | $ 8,634,672 | $ 8,634,672 |
| **December 31, 2024** | | |
| Pooled separate accounts | $ 8,833,189 | $ 8,833,189 |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2025 and 2024, are reported in net appreciation in fair value of investments.

## NOTE I – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan holds a group annuity contract, the Guaranteed Stable Value account, with The Lincoln National Life Insurance Company (Lincoln). Amounts are held in Lincoln's general account, and Lincoln guarantees principal and interest credited to the account. The contract is fully benefit-responsive and is reported at contract value, which represents contributions plus interest credited, less withdrawals and expenses. Contract value was $18,414 and $195,707 at December 31, 2025 and 2024, respectively.

Certain events, such as plan termination, plan mergers, or significant withdrawals caused by Plan Sponsor events such as layoffs or bankruptcy, may limit the Plan's ability to transact at contract value. The Plan Administrator does not believe that any such events are probable.

## NOTE J – RELATED PARTIES

The Lincoln National Life Insurance Company (Lincoln) issues the group annuity contract under which the Plan's investments are held, including the pooled separate accounts and the Guaranteed Stable Value account. As a result, Lincoln qualifies as a party-in-interest to the Plan. Investments held with Lincoln totaled $8,653,086 and $9,028,896 as of December 31, 2025 and 2024, respectively, consisting of pooled separate accounts reported at fair value of $8,634,672 and $8,833,189, and the Guaranteed Stable Value account reported at contract value of $18,414 and $195,707, respectively.

For the years ended December 31, 2025 and 2024, the Plan incurred management and investment service fees of $66,590 and $66,297, respectively, which were paid directly from Plan assets and were participant borne.

All of the Plan's investments are participant-directed. Transactions with Lincoln qualify as exempt party-in-interest transactions under ERISA. A detailed listing of investments held by the Plan at December 31, 2025 and 2024 is included in the Schedule H, Line 4i – Schedule of Assets (Held at End of Year).

## NOTE K – CORRECTION OF DELINQUENT CONTRIBUTIONS AND LOST EARNINGS

During the plan year ended December 31, 2025, the Plan Sponsor identified instances in which participant contributions and participant loan repayments totaling $86,249 were remitted to the Plan's trust after the time frame prescribed by the Department of Labor. The delays ranged from 9 to 22 business days after the applicable payroll dates. All delinquent contributions and loan repayments were subsequently deposited to the Plan during 2025.

The Plan Sponsor calculated lost earnings on the late deposits using the Department of Labor's online VFCP calculator, as follows:

## NOTE K – CORRECTION OF DELINQUENT CONTRIBUTIONS AND LOST EARNINGS (CONTINUED)

The Plan Sponsor calculated lost earnings on the late deposits using the DOL's online VFCP calculator, as follows:

| Description | Period of Late Deposits | Principal Amount | Lost Earnings | Total |
|---|---|---|---|---|
| Employee Contributions and Loan Repayments | January 3, 2025 through July 25, 2025 | $ 86,248.93 | $ 259.86 | $ 86,508.79 |

The participant contributions and loan repayments were remitted to the Plan during 2025. As of the date the financial statements were available to be issued, lost earnings of $259.86 had not been remitted to the Plan. The Plan Sponsor expects to remit the lost earnings to the Plan on or before October 15, 2026.

## NOTE L – SUBSEQUENT EVENTS

Subsequent events were evaluated through October 14, 2026, which is the date the financial statements were available to be issued.

# SUPPLEMENTAL INFORMATION

**JMA SOLUTIONS, LLC 401(K) PLAN**
**EIN: 47-2815850**
**PLAN NUMBER: 001**
**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**
**DECEMBER 31, 2025**

**Total that Constitute Nonexempt Prohibited Transactions**

| Check here if late Participant Loan Repayments are included | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| X | $ 86,249 | | | |

The amount relates to 2025 participant contributions.

**JMA SOLUTIONS, LLC 401(K) PLAN**
**EIN: 47-2815850**
**PLAN NUMBER: 001**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | **Pooled Separate Accounts** | | |
| * | Lincoln Nat'l Life - Director | AmerFunds Int Grw&Inc SA6F | ** | $ 19,281 |
| * | Lincoln Nat'l Life - Director | AmerFunds InvestCo Amer SA6G | ** | 104,081 |
| * | Lincoln Nat'l Life - Director | AmerFunds Perspective SA6H | ** | 9,698 |
| * | Lincoln Nat'l Life - Director | AmerFunds Grw Of America SA6K | ** | 122,188 |
| * | Lincoln Nat'l Life - Director | Invesco Grw Inc Fund SA8A | ** | 4,549 |
| * | Lincoln Nat'l Life - Director | PIMCO Intl Bond Fnd Admin SAA1 | ** | 8,903 |
| * | Lincoln Nat'l Life - Director | SS Rsl Sml Cap Grw NL SAA9 | ** | 22,912 |
| * | Lincoln Nat'l Life - Director | VG Emgng Mkt Stk Admrl SAAS | ** | 59,436 |
| * | Lincoln Nat'l Life - Director | VG High Yld Corp Admrl SAAV | ** | 9,966 |
| * | Lincoln Nat'l Life - Director | VG Inflation Protectd Sec SAAW | ** | 11,022 |
| * | Lincoln Nat'l Life - Director | VG Int Grw Admrl Shares SAAX | ** | 251,955 |
| * | Lincoln Nat'l Life - Director | VG LifeStrat Cons Grw SAAZ | ** | 8,882 |
| * | Lincoln Nat'l Life - Director | VG LifeStrat Grw SAB1 | ** | 29,122 |
| * | Lincoln Nat'l Life - Director | VG LifeStrat Mod Grw SAB2 | ** | 17,748 |
| * | Lincoln Nat'l Life - Director | VG Mid Cap Grw Idx Admrl SAB3 | ** | 217,098 |
| * | Lincoln Nat'l Life - Director | VG Mid Cap Val Idx Admrl SAB4 | ** | 2,442 |
| * | Lincoln Nat'l Life - Director | Vanguard 500 Index SACG | ** | 333,920 |
| * | Lincoln Nat'l Life - Director | Baird Aggregate Bond Inst SAEJ | ** | 16,718 |
| * | Lincoln Nat'l Life - Director | Baird Core Plus Bond Inst SAEK | ** | 18,226 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2015 Mod SAGB | ** | 718,271 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2020 Mod SAGE | ** | 894,098 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2025 Mod SAGH | ** | 333,167 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2030 Mod SAGK | ** | 984,309 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2030 Agg SAGL | ** | 3,504 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2035 Mod SAGN | ** | 1,599,194 |

**JMA SOLUTIONS, LLC 401(K) PLAN**
**EIN: 47-2815850**
**PLAN NUMBER: 001**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | **Pooled Separate Accounts** | | |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2040 Mod SAGQ | ** | 917,377 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2045 Mod SAGT | ** | 623,250 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2050 Mod SAGW | ** | 787,626 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2055 Mod SAGZ | ** | 341,197 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2055 Agg SAH1 | ** | 16,045 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2060 Mod SAH3 | ** | 14,670 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2065 Mod SAH6 | ** | 33,158 |
| * | Lincoln Nat'l Life - Director | YourPath Passive Rinc Mod SAH9 | ** | 1,185 |
| * | Lincoln Nat'l Life - Director | DWS Enh Commodity Strat SAJR | ** | 76,118 |
| * | Lincoln Nat'l Life - Director | VG Ultra ShTrm Bnd Admrl SAKO | ** | 23,356 |
| | | Total Pooled Separate Accounts | | 8,634,672 |
| | | **Insurance Company General Account** | | |
| * | Lincoln Nat'l Life - Director | Guaranteed Stable Val | ** | 18,414 |
| | | **Notes receivable from participants:** | | |
| * | Participant Loans | Interest (ranging from 4.25% to 9.5%) | ** | 228,289 |
| | | Total | | $ 8,881,375 |

* Party-in-interest to the Plan.
** Not required, as all investments are participant directed.

**JMA SOLUTIONS, LLC 401(K) PLAN**
**EIN: 47-2815850**
**PLAN NUMBER: 001**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2024**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | | **Pooled Separate Accounts** | | |
| * | Lincoln Nat'l Life - Director | AmerFunds Int Grw&Inc SA6F | ** | $ 6,498 |
| * | Lincoln Nat'l Life - Director | AmerFunds InvestCo Amer SA6G | ** | 85,421 |
| * | Lincoln Nat'l Life - Director | AmerFunds Perspective SA6H | ** | 8,397 |
| * | Lincoln Nat'l Life - Director | AmerFunds Grw Of America SA6K | ** | 151,102 |
| * | Lincoln Nat'l Life - Director | Invesco Grw Inc Fund SA8A | ** | 3,906 |
| * | Lincoln Nat'l Life - Director | PIMCO Intl Bond Fnd Admin SAA1 | ** | 7,985 |
| * | Lincoln Nat'l Life - Director | SS Rsl Sml Cap Grw NL SAA9 | ** | 17,539 |
| * | Lincoln Nat'l Life - Director | VG Emgng Mkt Stk Admrl SAAS | ** | 48,570 |
| * | Lincoln Nat'l Life - Director | VG High Yld Corp Admrl SAAV | ** | 14,621 |
| * | Lincoln Nat'l Life - Director | VG Inflation Protectd Sec SAAW | ** | 11,669 |
| * | Lincoln Nat'l Life - Director | VG Int Grw Admrl Shares SAAX | ** | 184,159 |
| * | Lincoln Nat'l Life - Director | VG LifeStrat Cons Grw SAAZ | ** | 7,130 |
| * | Lincoln Nat'l Life - Director | VG LifeStrat Grw SAB1 | ** | 17,948 |
| * | Lincoln Nat'l Life - Director | VG LifeStrat Mod Grw SAB2 | ** | 14,221 |
| * | Lincoln Nat'l Life - Director | VG Mid Cap Grw Idx Admrl SAB3 | ** | 227,943 |
| * | Lincoln Nat'l Life - Director | VG Mid Cap Val Idx Admrl SAB4 | ** | 4,545 |
| * | Lincoln Nat'l Life - Director | Vanguard 500 Index SACG | ** | 707,934 |
| * | Lincoln Nat'l Life - Director | Baird Aggregate Bond Inst SAEJ | ** | 101,774 |
| * | Lincoln Nat'l Life - Director | Baird Core Plus Bond Inst SAEK | ** | 16,379 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2010 Mod SAG8 | ** | 756 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2015 Mod SAGB | ** | 581,360 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2020 Mod SAGE | ** | 728,988 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2025 Mod SAGH | ** | 992,597 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2025 Agg SAGI | ** | 1,635 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2030 Mod SAGK | ** | 787,385 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2030 Agg SAGL | ** | 71,163 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2035 Mod SAGN | ** | 1,384,981 |

**JMA SOLUTIONS, LLC 401(K) PLAN**
**EIN: 47-2815850**
**PLAN NUMBER: 001**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2024**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
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| | | **Pooled Separate Accounts** | | |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2040 Mod SAGQ | ** | 852,122 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2045 Mod SAGT | ** | 783,280 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2050 Mod SAGW | ** | 615,643 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2055 Mod SAGZ | ** | 248,991 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2055 Agg SAH1 | ** | 12,693 |
| | Lincoln Nat'l Life - Director | YourPath Passive 2060 Mod SAH3 | ** | 9,921 |
| | Lincoln Nat'l Life - Director | YourPath Passive 2065 Mod SAH6 | ** | 29,078 |
| * | Lincoln Nat'l Life - Director | DWS Enh Commodity Strat SAJR | ** | 74,324 |
| * | Lincoln Nat'l Life - Director | VG Ultra ShTrm Bnd Admrl SAKO | ** | 20,531 |
| | | Total Pooled Separate Accounts | | 8,833,189 |
| | | **Insurance Company General Account** | | |
| * | Lincoln Nat'l Life - Director | Guaranteed Stable Val | ** | 195,707 |
| | | **Notes receivable from participants:** | | |
| * | Participant Loans | Interest (ranging from 4.5% to 6.5%) | ** | 265,799 |
| | | Total | | $ 9,294,695 |

* Party-in-interest to the Plan.
** Not required, as all investments are participant directed.

**JMA SOLUTIONS, LLC 401(K) PLAN**
**EIN: 47-2815850**
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| * | Lincoln Nat'l Life - Director | VG Int Grw Admrl Shares SAAX | ** | 251,955 |
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| * | Lincoln Nat'l Life - Director | VG LifeStrat Mod Grw SAB2 | ** | 17,748 |
| * | Lincoln Nat'l Life - Director | VG Mid Cap Grw Idx Admrl SAB3 | ** | 217,098 |
| * | Lincoln Nat'l Life - Director | VG Mid Cap Val Idx Admrl SAB4 | ** | 2,442 |
| * | Lincoln Nat'l Life - Director | Vanguard 500 Index SACG | ** | 333,920 |
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| * | Lincoln Nat'l Life - Director | Baird Core Plus Bond Inst SAEK | ** | 18,226 |
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**JMA SOLUTIONS, LLC 401(K) PLAN**
**EIN: 47-2815850**
**PLAN NUMBER: 001**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2025**

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| * | Lincoln Nat'l Life - Director | YourPath Passive 2045 Mod SAGT | ** | 623,250 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2050 Mod SAGW | ** | 787,626 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2055 Mod SAGZ | ** | 341,197 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2055 Agg SAH1 | ** | 16,045 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2060 Mod SAH3 | ** | 14,670 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2065 Mod SAH6 | ** | 33,158 |
| * | Lincoln Nat'l Life - Director | YourPath Passive Rinc Mod SAH9 | ** | 1,185 |
| * | Lincoln Nat'l Life - Director | DWS Enh Commodity Strat SAJR | ** | 76,118 |
| * | Lincoln Nat'l Life - Director | VG Ultra ShTrm Bnd Admrl SAKO | ** | 23,356 |
| | | Total Pooled Separate Accounts | | 8,634,672 |
| | | **Insurance Company General Account** | | |
| * | Lincoln Nat'l Life - Director | Guaranteed Stable Val | ** | 18,414 |
| | | **Notes receivable from participants:** | | |
| * | Participant Loans | Interest (ranging from 4.25% to 9.5%) | ** | 228,289 |
| | | Total | | $ 8,881,375 |

* Party-in-interest to the Plan.
** Not required, as all investments are participant directed.

**JMA SOLUTIONS, LLC 401(K) PLAN**
**EIN: 47-2815850**
**PLAN NUMBER: 001**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2024**

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| * | Lincoln Nat'l Life - Director | VG Emgng Mkt Stk Admrl SAAS | ** | 48,570 |
| * | Lincoln Nat'l Life - Director | VG High Yld Corp Admrl SAAV | ** | 14,621 |
| * | Lincoln Nat'l Life - Director | VG Inflation Protectd Sec SAAW | ** | 11,669 |
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| * | Lincoln Nat'l Life - Director | VG LifeStrat Cons Grw SAAZ | ** | 7,130 |
| * | Lincoln Nat'l Life - Director | VG LifeStrat Grw SAB1 | ** | 17,948 |
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| * | Lincoln Nat'l Life - Director | VG Mid Cap Grw Idx Admrl SAB3 | ** | 227,943 |
| * | Lincoln Nat'l Life - Director | VG Mid Cap Val Idx Admrl SAB4 | ** | 4,545 |
| * | Lincoln Nat'l Life - Director | Vanguard 500 Index SACG | ** | 707,934 |
| * | Lincoln Nat'l Life - Director | Baird Aggregate Bond Inst SAEJ | ** | 101,774 |
| * | Lincoln Nat'l Life - Director | Baird Core Plus Bond Inst SAEK | ** | 16,379 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2010 Mod SAG8 | ** | 756 |
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**JMA SOLUTIONS, LLC 401(K) PLAN**
**EIN: 47-2815850**
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**DECEMBER 31, 2024**

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| | | **Pooled Separate Accounts** | | |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2040 Mod SAGQ | ** | 852,122 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2045 Mod SAGT | ** | 783,280 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2050 Mod SAGW | ** | 615,643 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2055 Mod SAGZ | ** | 248,991 |
| * | Lincoln Nat'l Life - Director | YourPath Passive 2055 Agg SAH1 | ** | 12,693 |
| | Lincoln Nat'l Life - Director | YourPath Passive 2060 Mod SAH3 | ** | 9,921 |
| | Lincoln Nat'l Life - Director | YourPath Passive 2065 Mod SAH6 | ** | 29,078 |
| * | Lincoln Nat'l Life - Director | DWS Enh Commodity Strat SAJR | ** | 74,324 |
| * | Lincoln Nat'l Life - Director | VG Ultra ShTrm Bnd Admrl SAKO | ** | 20,531 |
| | | Total Pooled Separate Accounts | | 8,833,189 |
| | | **Insurance Company General Account** | | |
| * | Lincoln Nat'l Life - Director | Guaranteed Stable Val | ** | 195,707 |
| | | **Notes receivable from participants:** | | |
| * | Participant Loans | Interest (ranging from 4.5% to 6.5%) | ** | 265,799 |
| | | Total | | $ 9,294,695 |

* Party-in-interest to the Plan.
** Not required, as all investments are participant directed.