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
LUHR CROSBY, LLC EMPLOYEES PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/28/1961

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)
LUHR CROSBY, LLC

P.O. BOX 50
COLUMBIA, IL 62236

2b Employer Identification Number (EIN) 87-1392081

2c Plan Sponsor's telephone number 618-281-4106

2d Business code (see instructions) 237990

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	LAURANCE HOWE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	LAURANCE HOWE
	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**	206
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)**	194
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	190
b	Retired or separated participants receiving benefits	**6b**	14
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	204
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	204
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)**	204
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)**	204
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 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
LUHR CROSBY, LLC EMPLOYEES PROFIT SHARING PLAN AND TRUST		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
LUHR CROSBY, LLC	87-1392081	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FORVIS PRIVATE CLIENT

910 E. ST. LOUIS STREET
SPRINGFIELD, MO 65806

(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?
26 27 28 51	NONE	85968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHANDLER ASSET MANAGEMENT

6225 LUSK BLVD.
SAN DIEGO, CA 92121-2796

(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?
26 27 28 51	NONE	25873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIBC

181 WEST MADISON STREET
36TH FLOOR
CHICAGO, IL 60602

(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?
26 27 28 51	NONE	19559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ADELANTE CAPITAL MANAGEMENT

1101 MARINA VILLAGE PARKWAY
SUITE 201
ALAMEDA, CA 94501

(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?
26 27 28 51	NONE	8467	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBIA MANAGEMENT INVESTMENT ADVISORS
225 FRANKLIN STREET
BOSTON, MA 02110-0506

(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?
26 27 28 51	NONE	5434	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APPLIED FINANCE GROUP / APPLIED FINANCE CAPITAL MANAGEMENT
222 SOUTH RIVERSIDE PLAZA STE 1050
CHICAGO, IL 60606

(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?
26 27 28 51	NONE	5237	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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
LUHR CROSBY, LLC EMPLOYEES PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LUHR CROSBY, LLC

D Employer Identification Number (EIN)
87-1392081

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)	2342871	2150051
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		4192
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1250818	1403273
(2) U.S. Government securities	1c(2)	6126843	6778598
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6417963	7480601
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8964511	4457025
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13928518	21388422
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1379659	1245197

		(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	40411183	44907359
Liabilities			
1g Benefit claims payable	1g	10252	
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	10252	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	40400931	44907359

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)	3150051	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3150051
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17983	
(B) U.S. Government securities	2b(1)(B)	186621	
(C) Corporate debt instruments	2b(1)(C)	266434	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		471038
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	95074	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	305091	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		400165
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	13435292	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13143004	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		292288
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1295263	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1295263

		(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)		2599661
c Other income	2c		42847
d Total income. Add all **income** amounts in column (b) and enter total	2d		8251313
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3590434	
(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)		3590434
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	150538	
(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)	3913	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		154451
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3744885
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4506428
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SFW PARTNERS **(2)** EIN: 43-1764273

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		3000000
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
LUHR CROSBY, LLC EMPLOYEES PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LUHR CROSBY, LLC

D Employer Identification Number (EIN)
87-1392081

Part I Distributions

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

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

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

EIN(s): 87-1392081

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 Q702624A .

LUHR CROSBY, LLC EMPLOYEES PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

PLAN NUMBER 001

SFW PARTNERS
CPAs + ADVISORS

SFW Partners, LLC
721 Emerson Rd, Suite 200, St. Louis, MO 63141

T. (314) 569-3333 F. (314) 698-5799 E. sfw@sfw.cpa

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Luhr Crosby, LLC Employees Profit Sharing Plan and Trust

Opinion

We have audited the financial statements of Luhr Crosby, LLC Employees Profit Sharing Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Luhr Crosby, LLC Employees Profit Sharing Plan and Trust as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years ended December 31, 2025 and 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). 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 Luhr Crosby, LLC Employees Profit Sharing Plan and Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

SFW Partners, LLC

October 13, 2026

SFW Partners, LLC
St. Louis, Missouri

LUHR CROSBY, LLC EMPLOYEES PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2025 and 2024

ASSETS

	2025	2024
Investments, at fair value:		
Cash/money market funds	$ 1,403,273	$ 1,250,818
U.S. government securities	6,778,598	6,126,843
Common stocks	4,457,025	8,964,511
Corporate debt instruments	7,480,601	6,417,963
REITs and real estate funds	1,245,197	1,379,659
Mutual funds	7,452,148	5,049,774
Exchange traded funds	13,936,274	8,878,744
Total investments, at fair value	42,753,116	38,068,312
Receivables:		
Employer contributions	2,150,051	2,342,871
Interest receivable	4,192	-
Total receivables	2,154,243	2,342,871
Total assets	44,907,359	40,411,183

LIABILITIES

Distributions payable	-	10,252
Net assets available for benefits, at fair value	$ 44,907,359	$ 40,400,931

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

LUHR CROSBY, LLC EMPLOYEES PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Investment income:		
Interest and dividend income from investments	$ 763,192	$ 669,853
Net appreciation in fair value of investments	4,183,619	3,042,683
Total investment income	4,946,811	3,712,536
Contributions:		
Employer	3,150,051	2,842,871
Deductions from net assets attributed to:		
Benefits paid to participants	(3,590,434)	(1,854,733)
Net increase in net assets	4,506,428	4,700,674
Net assets available for benefits, at fair value, beginning of the year	40,400,931	35,700,257
Net assets available for benefits, at fair value, end of the year	$ 44,907,359	$ 40,400,931

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

LUHR CROSBY, LLC EMPLOYEES PROFIT SHARING PLAN AND TRUST

NOTES TO THE FINANCIAL STATEMENTS

(1) Plan Description

The following description of Luhr Crosby, LLC Employees Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General Information

The Plan, which was established May 1, 1960 and subsequently amended, is a defined contribution plan sponsored by Luhr Crosby, LLC (the "Company") for the benefit of full-time employees not covered under collective-bargaining agreements who have met certain requirements as to length of service, age, and job classification. The Plan is subject to the provisions of ERISA.

Contributions

Each year, the Company may make contributions at the discretion of its Board of Directors. These amounts are invested in a portfolio of investments as directed by the Plan Administrator. Contributions are subject to certain limitations.

Eligible Participants

Employees are eligible to participate in the Plan if they have completed 2 years of service and are at least 21 years of age.

Participant Accounts

Each participant's account is credited with (a) the Company's contributions and (b) Plan earnings and appreciation. Each participant's account is charged with (a) any withdrawals or distributions, (b) Plan losses and depreciation, and (c) an allocation of administrative expenses. 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.

Vesting

Participants are immediately vested in employer contributions and rollovers and transfer contributions, plus or minus actual earnings or losses thereon.

Retirement and Terminations

In the case of normal retirement at age 62 or permanent disability, participants will receive the value of their vested benefits, in accordance with the provisions of the Plan in a lump-sum distribution. At December 31, 2025 and 2024, there were no material amounts allocated to accounts of terminated or retired participants who have elected to withdraw from the Plan but have not yet been paid.

In the event that a participant dies before retirement, the beneficiary will receive the value of the participant's vested benefits in a lump-sum distribution.

In the case of termination of an employee, the participant may request early payment of the vested benefit by submitting a written request to the trustee.

(Continued)

(1) Plan Description (Continued)

In-Service Distributions

The Plan allows for in-service distributions upon the attainment of age 70.

Administration

All assets of the Plan are held by Charles Schwab as custodian.

(2) Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The fair value of the Plan's other financial instruments approximate their carrying amounts, either because the expected collection or payment period is relatively short or because the terms are similar to market trends. 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.

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

Investment Risk

Participants in the Plan assume all adverse investment risk connected with any decrease in value of plan assets, and such assets are the sole source of payments under the Plan.

Concentration of Credit Risk

The Plan, on occasion, maintains cash deposits with a bank that include funds greater than the Federal Deposit Insurance Corporation ("FDIC") limits. The Plan has not experienced any losses in such accounts. The plan administrator believes the Plan is not exposed to any significant credit risk related to cash. Amounts on deposit at December 31, 2025 and 2024 exceeded FDIC limits by $808,756 and $526,265, respectively.

(Continued)

(2) Summary of Significant Accounting Policies (Continued)

The Plan, on occasion, maintains money market funds that include amounts greater than the Securities Insurance Protection Corporation ("SIPC") limits. The Plan has not experienced any losses in such accounts. The plan administrator believes the Plan is not exposed to any significant credit risk related to money market funds. Amounts on deposit at December 31, 2025 and 2024 did not exceed SIPC limits.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses of the Plan are paid by the Company, except for certain investment-related expenses that are reflected in net appreciation in fair value of investments.

Subsequent Events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

(3) Transactions with Parties-In-Interest

The Plan is administered by the Company. Employees of the Company serve as the Plan's administrators and participate in the Plan. The Company pays the administrative expenses of the Plan, except for investment-related expenses charged by the investment funds, which are reflected in net appreciation in fair value of investments. All investment funds are held by Charles Schwab as custodian.

(4) Fair Value Measurements

Under the Fair Value Measurements and Disclosures topic of the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC"), a guideline is provided for measuring fair value under generally accepted accounting principles. The topic 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 include quoted prices in active markets for similar assets, quoted prices in inactive markets for similar assets, or inputs that are observable or can be corroborated by observable market data or other means for substantially the full term of the asset; and Level 3 inputs have the lowest priority and are based on prices or valuation techniques that are unobservable and not corroborated by market data. 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 generally provide the most reliable evidence of fair value. The Plan uses Level 2 inputs when an active market comparable is not available and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

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

(Continued)

(4) Fair Value Measurements (Continued)

Level 1 Fair Value Measurements

The fair values of the cash/money market funds and mutual funds are based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, real estate investment trusts ("REITS") and real estate funds, and exchange traded funds are based on quoted market prices.

Level 2 Fair Value Measurements

The fair value of the U.S. government securities and corporate debt instruments are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings.

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits as follows:

		Fair Value Measurements Using:		
	Fair Value	Quoted Prices In Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2025				
Cash/money market funds	$ 1,403,273	$ 1,403,273	$ -	$ -
U.S. government securities	6,778,598	-	6,778,598	-
Common stocks	4,457,025	4,457,025	-	-
Corporate debt instruments	7,480,601	-	7,480,601	-
REITs and real estate funds	1,245,197	1,245,197	-	-
Mutual funds	7,452,148	7,452,148	-	-
Exchange traded funds	13,936,274	13,936,274	-	-
	$ 42,753,116	$ 28,493,917	$ 14,259,199	$ -
December 31, 2024				
Cash/money market funds	$ 1,250,818	$ 1,250,818	$ -	$ -
U.S. government securities	6,126,843	-	6,126,843	-
Common stocks	8,964,511	8,964,511	-	-
Corporate debt instruments	6,417,963	-	6,417,963	-
REITs and real estate funds	1,379,659	1,379,659	-	-
Mutual funds	5,049,774	5,049,774	-	-
Exchange traded funds	8,878,744	8,878,744	-	-
	$ 38,068,312	$ 25,523,506	$ 12,544,806	$ -

(5) Plan Termination Policies

Although it has not expressed intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions set forth in ERISA. The amount of the account balance due each participant would be distributed in accordance with the payment provisions of the Plan.

(6) Internal Revenue Service Status

The Internal Revenue Service has determined and informed the plan administrator by a letter dated June 30, 2020 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan was amended subsequent to this date; however, the plan administrator and management believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan accounts for any uncertain tax positions in accordance with the Income Taxes topic of the FASB ASC. The topic prescribes a recognition threshold and measurement process for financial statement recognition of uncertain tax positions taken or expected to be taken in an annual return/report of an employee benefit plan. In evaluating the Plan's tax position, interpretations and tax planning strategies are considered. The Plan believes its tax exempt status is appropriate based on current facts and circumstances.

(7) Risks and Uncertainties

The Plan invests in various securities. The underlying investments may include corporate debt instruments and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

Schedule H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025

Name of Plan Sponsor: Luhr Crosby, LLC

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	iShares S&P 500 Growth Index	Exchange Traded Fund	$ 1,774,432	$ 6,463,508
	Vanguard Total Stock Market ETF	Exchange Traded Fund	$ 2,871,140	$ 3,488,149
	iShares Core S&P Mid-Cap	Exchange Traded Fund	$ 1,343,608	$ 2,718,870
	Parametric Volatil Risk Prm-Defensv Insl	Mutual Fund	$ 1,786,981	$ 2,251,269
	GQG Partners US Select Quality Eq Instl	Mutual Fund	$ 2,091,484	$ 1,890,608
	Vanguard Global Minimum Volatility Admr	Mutual Fund	$ 1,605,986	$ 1,673,220
	Vanguard FTSE All-World ex-US ETF	Exchange Traded Fund	$ 953,094	$ 1,265,747
	Charles Schwab	Cash	$ 1,109,557	$ 1,109,557
	Regions Bank	Cash	$ 293,716	$ 293,716
	US Treasury	U.S. Government Security 05/15/32 2.875%	$ 283,613	$ 284,151
	American Honda	Corporate Debt Instrument 01/10/34 4.900%	$ 240,938	$ 256,502
	Tennessee Valley Auth	U.S. Government Security 02/01/27 2.875%	$ 259,190	$ 256,148
	Federal Home Loan Banks	U.S. Government Security 03/12/27 2.875%	$ 243,930	$ 250,573
	Elevance Health	Corporate Debt Instrument 12/01/27 3.650%	$ 259,248	$ 249,449
	Federal Home Loan Banks	U.S. Government Security 09/10/27 2.625%	$ 248,755	$ 248,238
	Federal Home Loan Banks	U.S. Government Security 03/09/29 2.875%	$ 249,293	$ 246,616
	BofAML	Corporate Debt Instrument 07/22/33 5.015%	$ 229,270	$ 244,895
	Realty Income	Corporate Debt Instrument 07/15/33 4.900%	$ 226,608	$ 243,910
	GM	Corporate Debt Instrument 10/15/32 5.600%	$ 216,797	$ 237,262
	John Deere	Corporate Debt Instrument 06/07/32 3.900%	$ 219,957	$ 230,458
	Comcast	Corporate Debt Instrument 01/15/31 1.950%	$ 225,990	$ 224,992
	T-Mobile USA	Corporate Debt Instrument 07/15/33 5.050%	$ 197,132	$ 209,227
	Morgan Stanley	Corporate Debt Instrument 07/20/33 4.889%	$ 192,223	$ 207,157
	Kroger Co	Corporate Debt Instrument 01/15/29 4.500%	$ 204,754	$ 206,549
	US Treasury	U.S. Government Security 11/30/31 4.125%	$ 202,879	$ 203,866
	TD	Corporate Debt Instrument 09/10/31 2.000%	$ 223,929	$ 202,144
	Valero Energy Corp New	Corporate Debt Instrument 09/15/26 3.400%	$ 196,512	$ 200,939
	JPMorgan Chase & Co	Corporate Debt Instrument 04/23/29 4.005%	$ 196,178	$ 200,884
	U S Bancorp Mtns Bk Ent	Corporate Debt Instrument 04/27/27 3.150%	$ 189,242	$ 199,505
	Federal National Mortgage Association	U.S. Government Security 09/24/26 1.875%	$ 182,725	$ 198,427
	CVS Health	Corporate Debt Instrument 08/15/29 3.250%	$ 225,084	$ 194,974
	Citigroup Inc	Corporate Debt Instrument 03/17/33 3.785%	$ 180,324	$ 192,813
	Capital One Finl Corp	Corporate Debt Instrument 01/31/28 3.800%	$ 184,196	$ 192,062
	Oracle	Corporate Debt Instrument 03/25/28 2.300%	$ 205,322	$ 191,875
	Norfolk Southern	Corporate Debt Instrument 11/01/29 2.550%	$ 206,380	$ 189,640
	Wells Fargo & Co	Corporate Debt Instrument 03/02/33 3.350%	$ 175,956	$ 188,394

Schedule H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025

Name of Plan Sponsor: Luhr Crosby, LLC

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	US Treasury	U.S. Government Security 08/15/29 1.625%	$ 209,618	$ 187,978
	Crown Castle	Corporate Debt Instrument 07/15/26 1.050%	$ 180,900	$ 187,581
	American Tower	Corporate Debt Instrument 06/15/30 2.100%	$ 201,250	$ 181,589
	US Treasury	U.S. Government Security 05/15/30 0.625%	$ 194,781	$ 175,725
	US Treasury	U.S. Government Security 11/15/30 0.875%	$ 189,625	$ 175,102
	US Treasury	U.S. Government Security 02/15/29 2.625%	$ 190,545	$ 171,882
	Banco Santander SA	Common Stock	$ 41,303	$ 168,020
	US Treasury	U.S. Government Security 06/15/27 4.625%	$ 167,276	$ 167,993
	US Treasury	U.S. Government Security 12/15/27 4.000%	$ 165,155	$ 166,920
	Simon Property Group Inc	Corporate Debt Instrument 07/15/30 2.650%	$ 155,985	$ 165,898
	US Treasury	U.S. Government Security 07/31/28 1.000%	$ 170,160	$ 164,938
	US Treasury	U.S. Government Security 11/15/28 3.125%	$ 160,160	$ 163,826
	Fannie Mae	U.S. Government Security 08/05/30 0.875%	$ 183,609	$ 163,542
	Welltower Inc Com	REIT	$ 58,362	$ 162,966
	US Treasury	U.S. Government Security 11/15/32 4.125%	$ 157,770	$ 162,807
	US Treasury	U.S. Government Security 02/15/33 3.500%	$ 156,970	$ 162,650
	Royal Bank of Canada	Corporate Debt Instrument 02/01/33 5.000%	$ 149,129	$ 157,534
	US Treasury	U.S. Government Security 04/30/31 4.625%	$ 150,911	$ 157,411
	US Treasury	U.S. Government Security 11/15/33 4.500%	$ 158,379	$ 155,895
	Marsh McLennan	Corporate Debt Instrument 03/15/30 4.650%	$ 149,785	$ 155,082
	Federal Home Loan Banks	U.S. Government Security 09/08/28 4.375%	$ 148,036	$ 155,011
	Prologis Inc	REIT	$ 105,048	$ 154,596
	US Treasury	U.S. Government Security 05/15/34 4.375%	$ 150,881	$ 154,321
	US Treasury	U.S. Government Security 05/15/27 4.500%	$ 152,393	$ 152,857
	Morgan Stanley	Corporate Debt Instrument 01/20/27 3.625%	$ 147,800	$ 152,051
	US Treasury	U.S. Government Security 02/15/34 4.000%	$ 147,747	$ 151,973
	Taiwan Semiconductor Manufacturing Co Ltd	Common Stock	$ 26,779	$ 151,942
	American Express Company	Corporate Debt Instrument 08/03/33 4.420%	$ 145,061	$ 151,536
	US Treasury	U.S. Government Security 08/15/33 3.875%	$ 142,403	$ 151,106
	BMO	Corporate Debt Instrument 01/22/27 0.949%	$ 149,949	$ 150,334
	Unitedhealth Group Inc	Corporate Debt Instrument 5/15/29 4.000%	$ 145,535	$ 150,269
	US Treasury	U.S. Government Security 05/15/33 3.375%	$ 136,708	$ 144,997
	AT&T	Corporate Debt Instrument 02/01/28 1.650%	$ 151,380	$ 143,913
	Federal Home Loan Banks K-099	Corporate Debt Instrument	$ 140,282	$ 143,339
	US Treasury	U.S. Government Security 02/15/32 1.875%	$ 128,835	$ 139,435
	US Treasury	U.S. Government Security 02/15/28 2.750%	$ 136,292	$ 139,343

Schedule H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025

Name of Plan Sponsor: Luhr Crosby, LLC

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Qualcomm	Corporate Debt Instrument 05/20/30 2.150%	$ 148,487	$ 138,643
	Humana Inc	Corporate Debt Instrument 03/15/27 3.950%	$ 136,612	$ 136,216
	Roper Tech	Corporate Debt Instrument 09/15/27 1.400%	$ 139,804	$ 134,646
	BlackRock	Corporate Debt Instrument 05/25/33 4.750%	$ 124,854	$ 133,416
	US Treasury	U.S. Government Security 10/31/30 4.875%	$ 127,657	$ 132,411
	US Treasury	U.S. Government Security 03/31/32 4.125%	$ 125,093	$ 128,124
	Tennessee Valley Authority	Corporate Debt Instrument 08/01/34 4.375%	$ 126,405	$ 127,558
	DBS Group Holdings Ltd	Common Stock	$ 47,436	$ 126,966
	US Treasury	U.S. Government Security 05/15/31 1.625%	$ 119,760	$ 125,770
	Lloyds Banking Group PLC	Common Stock	$ 42,994	$ 120,999
	US Treasury	U.S. Government Security 02/15/31 1.625%	$ 117,793	$ 120,311
	Tencent Holdings Ltd	Common Stock	$ 78,744	$ 119,112
	Freddie Mac	U.S. Government Security 06/23/26 0.750%	$ 105,450	$ 118,355
	HDFC Bank Ltd	Common Stock	$ 84,859	$ 110,205
	Federal Farm	U.S. Government Security 12/09/31 1.625%	$ 100,691	$ 110,050
	US Treasury	U.S. Government Security 01/20/26 0.000%	$ 109,794	$ 109,805
	Fannie Mae	U.S. Government Security 10/08/27 0.750%	$ 114,836	$ 109,740
	US Treasury	U.S. Government Security 02/12/26 0.000%	$ 109,541	$ 109,550
	ASML Holding NV	Common Stock	$ 38,576	$ 109,126
	Shell ADR Each Rep 2 Ord	Common Stock	$ 66,448	$ 105,885
	Federal Home Loan Banks	U.S. Government Security 03/10/28 4.500%	$ 102,557	$ 103,335
	Siemens AG	Common Stock	$ 37,698	$ 103,003
	Federal Farm	U.S. Government Security 05/09/28 3.600%	$ 100,055	$ 100,617
	Applied Materials Inc	Common Stock	$ 76,228	$ 100,226
	Federal Home Loan Banks K-077	Corporate Debt Instrument	$ 98,840	$ 100,070
	Federal Home Loan Banks	U.S. Government Security 04/24/26 2.125%	$ 98,094	$ 99,911
	Comcast	Corporate Debt Instrument 02/15/28 3.150%	$ 111,251	$ 99,669
	Federal Home Loan Banks K-065	Corporate Debt Instrument	$ 98,219	$ 99,275
	Tennessee Valley Auth	U.S. Government Security 03/15/28 3.875%	$ 94,583	$ 96,654
	Kawasaki Heavy Industries	Common Stock	$ 35,970	$ 95,665
	US Treasury	U.S. Government Security 04/30/28 1.250%	$ 93,348	$ 95,210
	BAE Systems PLC	Common Stock	$ 29,977	$ 94,552
	Equinix Inc	REIT	$ 74,634	$ 94,238
	Mizuho Financial Group Inc	Common Stock	$ 63,602	$ 93,389
	Goldman Sachs	Corporate Debt Instrument 02/24/33 3.102%	$ 99,556	$ 92,901
	AstraZeneca PLC	Common Stock	$ 54,237	$ 92,665

Schedule H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025

Name of Plan Sponsor: Luhr Crosby, LLC

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Fiserv	Corporate Debt Instrument 06/01/30 2.650%	$ 105,981	$ 92,509
	Federal Home Loan Mortgage	Corporate Debt Instrument 08/25/31 4.456%	$ 91,817	$ 91,294
	AIA Group Ltd	Common Stock	$ 82,189	$ 90,840
	Alphabet Inc Cap Stkcl A	Common Stock	$ 43,172	$ 90,770
	Fanuc Corp	Common Stock	$ 74,618	$ 90,419
	Trip.com Group	Common Stock	$ 62,121	$ 90,031
	Florida P & L	U.S. Government Security 04/01/33 5.100%	$ 85,641	$ 89,132
	London Stock Exchange Group PLC	Common Stock	$ 69,657	$ 87,828
	Novartis AG	Common Stock	$ 50,030	$ 86,582
	Apple Inc	Mutual Fund	$ 68,380	$ 85,092
	Alibaba Group Hldg Ltd Sponsored Ads	Common Stock	$ 76,895	$ 84,870
	Suzuki Motor Corp	Common Stock	$ 64,906	$ 84,615
	Brookfield Corp	Common Stock	$ 38,721	$ 84,392
	KLA-Tencor Corp	Mutual Fund	$ 48,484	$ 83,841
	Cisco Systems Inc	Common Stock	$ 50,201	$ 79,649
	Check Point Software Technologies Ltd	Common Stock	$ 59,885	$ 79,605
	BofAML	Corporate Debt Instrument 09/15/29 5.819%	$ 77,337	$ 79,413
	Simon Property Group Inc	REIT	$ 48,131	$ 77,561
	US Treasury	U.S. Government Security 01/31/28 0.750%	$ 75,850	$ 75,892
	Intercontinental Hotels GRP CO	Common Stock	$ 30,085	$ 75,767
	European Aeronautic Defence and Space NV	Common Stock	$ 43,688	$ 75,412
	Assa Abloy AB	Common Stock	$ 43,054	$ 74,749
	BHP Billiton Ltd	Common Stock	$ 58,834	$ 73,772
	Sony Group Corp	Common Stock	$ 36,398	$ 72,832
	International Business Machines Corp	Mutual Fund	$ 49,765	$ 72,571
	Chubb Limited	Common Stock	$ 36,037	$ 70,851
	Microsoft Corporation	Common Stock	$ 69,111	$ 68,190
	Roper Industries Inc	Mutual Fund	$ 81,930	$ 67,660
	CBRE Group Inc	Mutual Fund	$ 55,223	$ 67,210
	Heidelberg Metals	Common Stock	$ 14,541	$ 67,144
	Enrgy Carolina	Corporate Debt Instrument 12/01/31 2.300%	$ 74,954	$ 67,023
	Compass Group PLC	Common Stock	$ 41,464	$ 66,795
	Alcon Inc Ord Shs	Common Stock	$ 52,909	$ 64,861
	Adobe Systems Inc	Mutual Fund	$ 94,874	$ 64,748
	Experian PLC	Common Stock	$ 75,714	$ 64,412
	Public Storage	REIT	$ 70,351	$ 62,799

Schedule H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025

Name of Plan Sponsor: Luhr Crosby, LLC

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Air Liquide SA	Common Stock	$ 37,382	$ 62,688
	Digital Realty Trust Inc	REIT	$ 48,515	$ 61,575
	Realty Income	REIT	$ 57,881	$ 60,485
	Mercadolibre Inc	Common Stock	$ 23,265	$ 60,428
	SAP AG	Common Stock	$ 67,517	$ 60,242
	HP Inc	Mutual Fund	$ 85,664	$ 60,223
	Tokio Marine Holdings Inc	Common Stock	$ 28,338	$ 59,871
	ADR Amadeus IT Holdings	Common Stock	$ 50,367	$ 57,968
	Walt Disney Co	Mutual Fund	$ 44,118	$ 56,999
	Verizon Communications	Common Stock	$ 60,279	$ 56,941
	Virginia E&P Co	Corporate Debt Instrument 11/15/31 2.300%	$ 59,867	$ 53,570
	Oracle Corporation	Mutual Fund	$ 42,080	$ 53,210
	Meta Platforms Inc Class A	Mutual Fund	$ 40,158	$ 52,807
	AvalonBay Communities Inc	REIT	$ 47,924	$ 51,492
	Bank of America Corporation	Common Stock	$ 35,673	$ 51,095
	Fomento Economico Mexicano SAB de CV	Common Stock	$ 42,706	$ 50,737
	Ferrari NV	Common Stock	$ 24,812	$ 50,260
	Cummins Inc	Mutual Fund	$ 28,728	$ 49,514
	JPMorgan Chase & Co	Common Stock	$ 30,839	$ 49,300
	LKQ Corporation	Mutual Fund	$ 57,121	$ 47,686
	Travelers Companies Inc.	Mutual Fund	$ 39,199	$ 47,570
	Aptiv PLC	Mutual Fund	$ 39,554	$ 46,643
	Hermes International SA	Common Stock	$ 48,971	$ 45,632
	Atlas Copco AB	Common Stock	$ 42,082	$ 45,509
	ICON PLC	Common Stock	$ 39,162	$ 45,373
	Ventas Inc	REIT	$ 35,560	$ 45,267
	Equity Residential	REIT	$ 52,329	$ 45,137
	MasterCard Incorporated	Mutual Fund	$ 38,191	$ 45,100
	Diageo PLC	Common Stock	$ 73,596	$ 43,998
	Darden Restaurants Inc	Mutual Fund	$ 36,724	$ 43,429
	Lowe's Companies Inc.	Common Stock	$ 44,388	$ 43,409
	Kerry Group	Common Stock	$ 46,033	$ 43,364
	WABTEC Corn	Mutual Fund	$ 32,660	$ 42,690
	Quanta Services Inc	Mutual Fund	$ 24,525	$ 41,784
	Ameriprise Financial Inc	Mutual Fund	$ 36,636	$ 41,679
	MetLife Inc	Common Stock	$ 38,840	$ 41,444

Schedule H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025

Name of Plan Sponsor: Luhr Crosby, LLC

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Vici Properties Inc	REIT	$ 42,227	$ 41,308
	DR Horton Inc	Mutual Fund	$ 52,838	$ 40,760
	Valero Energy Corp	Mutual Fund	$ 31,456	$ 37,442
	Canadian National Railway Co	Common Stock	$ 32,049	$ 37,266
	Symrise Ag	Common Stock	$ 44,913	$ 37,262
	American Tower	REIT	$ 34,406	$ 36,883
	Keurig Dr Pepper Inc	Mutual Fund	$ 40,860	$ 35,321
	Equinor Asa Sponsored Adr	Common Stock	$ 29,188	$ 34,665
	Kimco Realty Corp	REIT	$ 27,807	$ 34,439
	Incyte Corp Ltd	Mutual Fund	$ 21,180	$ 33,977
	Regeneron Pharmaceuticals Inc.	Mutual Fund	$ 41,002	$ 33,962
	United Rentals Inc	Mutual Fund	$ 28,566	$ 33,182
	ConocoPhillips	Mutual Fund	$ 34,706	$ 32,483
	Agree Realty Corporation	REIT	$ 31,392	$ 32,414
	Union Pacific Corp	Mutual Fund	$ 34,659	$ 31,922
	Duke Energy Fl	Corporate Debt Instrument 12/15/31 2.400%	$ 34,947	$ 31,623
	Tyson Foods Inc	Mutual Fund	$ 33,922	$ 30,834
	Target Corp	Mutual Fund	$ 42,066	$ 30,694
	Vornado Realty Trust	REIT	$ 29,342	$ 30,318
	Iron Mountain Inc	REIT	$ 39,655	$ 29,198
	CVS Caremark Corp	Common Stock	$ 20,613	$ 28,966
	Equity Lifestyle Properties Inc	REIT	$ 30,058	$ 28,911
	McKesson Inc.	Mutual Fund	$ 17,786	$ 28,710
	Thermo Fisher Scientific Inc	Mutual Fund	$ 30,372	$ 28,393
	Stryker Corporation	Mutual Fund	$ 29,174	$ 28,118
	Brixmor Property Group Inc	REIT	$ 29,215	$ 27,662
	Novo Nordisk A/S	Common Stock	$ 46,476	$ 26,916
	Extra Space Storage Inc	REIT	$ 22,394	$ 26,825
	First Industrial Realty Trust Inc	REIT	$ 24,731	$ 26,802
	Constellation Brands Inc.	Mutual Fund	$ 40,325	$ 24,971
	Danaher Corporation	Mutual Fund	$ 29,670	$ 24,952
	Steel Dynamics Inc	Common Stock	$ 19,437	$ 24,740
	Fiserv Inc	Common Stock	$ 55,829	$ 24,383
	Merck & Co Inc	Mutual Fund	$ 26,459	$ 24,210
	DTE Energy Holding Company	Mutual Fund	$ 23,029	$ 23,603
	Public Service Enterprise Group Inc	Mutual Fund	$ 22,421	$ 22,323

Schedule H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025

Name of Plan Sponsor: Luhr Crosby, LLC

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Alexandria Real Estate Equities Inc	REIT	$ 19,902	$ 21,142
	Sherwin-Williams Company	Mutual Fund	$ 23,618	$ 20,738
	Hilton Worldwide Holdings Inc	Common Stock	$ 16,519	$ 18,384
	Essential Properties Realty Trust Inc	REIT	$ 17,948	$ 17,381
	Mid-America Apartment Communities	REIT	$ 16,927	$ 16,252
	Brookdale Senior Living Inc	Common Stock	$ 8,581	$ 15,171
	Veris Residential Inc	REIT	$ 17,352	$ 15,014
	Ryman Hospitality Properties Inc	REIT	$ 15,647	$ 14,666
	CareTrust	REIT	$ 12,598	$ 13,126
	InvenTrust Properties Corp	Common Stock	$ 11,765	$ 13,118
	Americold Rlty Tr	Common Stock	$ 17,500	$ 11,754
	Millrose Properties Inc	REIT	$ 11,277	$ 10,574
	Kilroy Realty Corporation	REIT	$ 6,832	$ 6,166
	Fnma Pass-Thru Adj Single	Corporate Debt Instrument 06/01/32 5.020%	$ (240)	$ 18

Schedule H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2025

Name of Plan Sponsor: Luhr Crosby, LLC

Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of Transactions					
Sales					
Schwab Government Money Fund	$ 27,432,688	$ 27,432,688	$ -	$ 27,432,688	$ -
Purchases					
Schwab Government Money Fund	$ 14,127,161	$ -	$ -	$ 14,127,161	$ -
Vanguard Total Stock Market ETF	$ 2,898,736	$ -	$ -	$ 2,898,736	$ -