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
STEP UP ON SECOND, INC. 403(B) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2015

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)
STEP UP ON SECOND STREET, INC.

1328 2ND ST
SANTA MONICA, CA 90401

2b Employer Identification Number (EIN)
95-4109386

2c Plan Sponsor's telephone number
310-576-1308

2d Business code (see instructions)
624200

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	APRYLL THOMAS
	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**	574
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)**	465
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	524
b	Retired or separated participants receiving benefits	**6b**	8
c	Other retired or separated participants entitled to future benefits	**6c**	99
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	631
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	631
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)**	223
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)**	231
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	5
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 2L 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)** [ ] **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
STEP UP ON SECOND, INC. 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STEP UP ON SECOND STREET, INC.

D Employer Identification Number (EIN)
95-4109386

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
VARIABLE ANNUITY 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
74-1625348	70238	71348	209	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
14411	0

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

ALEMU, BELETE
2929 ALLEN PARKWAY
NA
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13560	0	NA	3

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

CATHERINE E. ST. DIZIER
2929 ALLEN PARKWAY
NA
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
565	0	NA	3

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

COUGHLIN, ANDREW

NA
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
120	0	NA	3

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

TEAM, CLIENT SUPPORT

2929 ALLEN PARKWAY
NA
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
54	0	NA	3

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

BAROMA, RACHEL E

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
43	0	NA	3

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

PEREZ, NAIN J

2929 ALLEN PARKWAY
NA
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
39	0	NA	3

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

TEPER, ANA

2929 ALLEN PARKWAY
NA
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
30	0	NA	3

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	4768336
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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	863468
c	Additions: (1) Contributions deposited during the year	7c(1)	109132		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	16853		
	(4) Transferred from separate account	7c(4)	75196		
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	201181
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1064649
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1064649

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 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
STEP UP ON SECOND, INC. 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STEP UP ON SECOND STREET, INC.

D Employer Identification Number (EIN)
95-4109386

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)

VALIC

2929 ALLEN PARKWAY L6-20
HOUSTON, TN 77019

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 29 49 58 63 26 33 50 59 64 28 37 52 60 66	RECORDKEEPER FINANCIAL	4664	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
STEP UP ON SECOND, INC. 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STEP UP ON SECOND STREET, INC.

D Employer Identification Number (EIN)
95-4109386

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
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)	0	0
(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)	5819046	3540363
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1092189	4768336
(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	6911235	8308699
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	0
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	6911235	8308699

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)	251476	
(B) Participants	2a(1)(B)	850897	
(C) Others (including rollovers)	2a(1)(C)	45672	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1148045
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)	2806	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2806
(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)	-96283	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-96283

		(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)		1019654
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2074222
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	644495	
(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)		644495
f Corrective distributions (see instructions)	2f		15953
g Certain deemed distributions of participant loans (see instructions)	2g		11646
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	4664	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4664
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		676758
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1397464
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: WINDES **(2)** EIN: 95-3001179

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [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
STEP UP ON SECOND, INC. 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STEP UP ON SECOND STREET, INC.

D Employer Identification Number (EIN)
95-4109386

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): 74-1625348

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500813A .

Step Up on Second Street, Inc. 403(b) Retirement Plan

Financial Statements

December 31, 2025

WINDES®
AUDIT | TAX | ADVISORY

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Step Up On Second 403(b) Retirement Plan:

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

We have performed audits of the accompanying financial statements of Step Up On Second 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 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 Auditors' 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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 the 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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 - Supplementary Information Required by ERISA

The supplementary information listed in the table of contents as of and for the year ended December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary information, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplementary information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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



Irvine, California
October 14, 2026

STEP UP ON SECOND 403(b) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	**2024**
ASSETS		
Investments, at fair value	$ 7,101,575	$ 5,819,046
Investments, at contract value	1,308,003	1,092,189
	8,409,578	6,911,235
Receivables:		
Participant contributions	70,998	30,994
Employer contributions	18,906	8,931
Other employer contributions	178,744	178,744
Notes receivable from participants	11,114	-
	279,762	218,669
TOTAL ASSETS	8,689,340	7,129,904
LIABILITIES		
Excess contributions payable	19,709	19,709
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,669,631	$ 7,110,195

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

STEP UP ON SECOND 403(b) RETIREMENT PLAN

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

ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	956,842
Dividends and interest income		70,073
		1,026,915
Interest income on notes receivable from participants		276
Contributions:		
Participant		890,901
Employer		261,451
Rollover		45,672
		1,198,024
Total Additions		2,225,215
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants		644,495
Administrative expenses		21,284
Total Deductions		665,779
NET INCREASE		1,559,436
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR		7,110,195
END OF YEAR	$	8,669,631

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

STEP UP ON SECOND 403(b) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 1 – Description of the Plan

The following description of the Step Up On Second 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan which covers substantially all employees of Step Up On Second, Inc. (the Organization). Employees are eligible to participate in the Plan immediately upon hire. Employees acquired under a merger or acquisition, leased employees and employees who normally work less than 20 hours per week are excluded from the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Administrative Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan. Effective June 1, 2025, the Plan was amended to allow for after-tax (Roth) contributions to the Plan of up to 100% of eligible compensation. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Discretionary matching contribution amounts may be contributed at the option of the Organization's board of directors. To be eligible for the Organization's discretionary matching contributions, participants must be 18 years or older and have worked at least 1,000 hours during the year. Effective June 1, 2025, eligibility requirements for the discretionary matching contributions were amended to require participants to complete one year of service. During the year ended December 31, 2025, the Organization made a discretionary matching contribution of 50% of the first 6% of eligible compensation that a participant contributes to the Plan. The Organization's contributions are invested as directed by the participant. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

NOTE 1 – Description of the Plan (Continued)

Other Employer Contributions Receivable

During the years 2016 through 2024, there was an error in the calculation of eligible compensation, whereby certain elements of compensation were improperly excluded from plan-eligible wages. As a result, both participant and employer contributions were underfunded.

The Plan's Administrative Committee has initiated corrective measures to address these missed contributions in accordance with applicable regulatory guidance. Accordingly, the Plan has recorded corrective contributions as other employer contributions receivable of $178,744 as of December 31, 2025 and 2024 representing the estimated amount due to the Plan for the impacted years.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Organization's discretionary matching contributions, as well as allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, 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 vested immediately in their contributions plus actual earnings thereon. Vesting in the Organization's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after four years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan shall bear a reasonable rate of interest as determined by the plan administrator based on the prevailing interest rates charged by lending companies made under similar circumstances. Principal and interest are paid through periodic ACH payments made by the participants directly to the Plan.

NOTE 1 – Description of the Plan (Continued)

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the vested interest in the participant's account.

Forfeited Accounts

At December 31, 2025, and 2024, forfeited nonvested accounts totaled $26,261 and $18,380, respectively. These accounts may be used at the Organization's discretion to either pay plan expenses, allocate as additional employer contributions, or to reduce employer contributions. During the year ended December 31, 2025, no forfeitures were used to pay plan expenses or to reduce employer contributions.

NOTE 2 – Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

NOTE 2 – Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

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.

Contributions

Contributions from plan participants and from the Organization's matching contributions are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Policy Loans

Plan loans are available to participants through The Variable Annuity Life Insurance Company (Variable Annuity), subject to certain limitations. Policy loans are issued directly from the funds owned by Variable Annuity and loan proceeds are not removed from a participant's account balance; however, a portion of a participant's account balance is reserved, or held in collateral, to cover the outstanding loan amount for the period of time the loan is outstanding. Policy loans will be repaid through periodic payments made by the participants directly to the Plan's loan administrator. Loan terms shall not exceed five years, with the exception of loans used to purchase a primary residence which may have a term of ten years. Variable Annuity policy loans are not a part of the Plan's assets and are therefore excluded from the Plan's financial statements. (See Note 6.)

NOTE 2 – Summary of Accounting Policies (Continued)

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Organization is in the process of making the necessary corrections related to the 2024 and 2023 excess contributions.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value investments.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued.

NOTE 3 – Certified Investments

The plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Variable Annuity and VALIC Trust Company, Inc. (collectively, VALIC), the custodians of the Plan, have certified that the following data included in the accompanying financial statements and supplementary information is complete and accurate with respect to investments and notes receivable from participants:

- Investments at fair value and contract value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Dividends and interest income
- Schedule of assets held at end of year

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplementary information.

NOTE 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

NOTE 4 – Fair Value Measurements (Continued)

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Interest in sub-accounts of variable annuity accounts (VAC): Fair values of accumulation units held by the Plan in the interest in sub-accounts of VAC are based on each account's daily NAV, which is considered by plan management to be the best approximation of fair value. The accounts are not exchange traded.

NOTE 4 – Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value measurements at December 31, 2025 and 2024.

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 2,555,675	$ -	$ -	$ 2,555,675
Interest in sub-accounts of VAC	-	4,545,900	-	4,545,900
Investments at fair value	$ 2,555,675	$ 4,545,900	$ -	$ 7,101,575

	Assets at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest in sub-accounts of VAC	$ -	$ 5,819,046	$ -	$ 5,819,046
Investments at fair value	$ -	$ 5,819,046	$ -	$ 5,819,046

NOTE 5 – Annuity Contract with Variable Annuity

The Plan invests in a benefit-responsive fixed-interest annuity contract with Variable Annuity totaling $1,308,003 and $1,092,189 as of December 31, 2025 and 2024, respectively. Variable Annuity maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on an annual basis for resetting. Variable Annuity may terminate the contract by providing a 60 days written notice of termination and pay the Accumulated Value in accordance with one of the surrender options as specified in the contract agreement.

NOTE 5 – Annuity Contract with Variable Annuity (Continued)

This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Variable Annuity, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

NOTE 6 – Policy Loans

Participants may borrow directly from funds owned by Variable Annuity (policy loans). Policy loans are collateralized by the principal amount of the loan plus the first quarter interest due and potential surrender charges. Policy loans are held in the Loan Collateral Fund and Loan Escrow Fund and are invested in a fixed option. Variable Annuity pays interest to the collateral accounts regardless of when (or whether) loan payments are made, at a stated rate, which is never less than the minimum guaranteed rate under the contract. With each loan payment, the participant pays interest to Variable Annuity at the loan interest rate. The difference between the two rates (generally 3%) is the charge for administering the loans. Interest rates are determined at the end of each quarter, and the interest rate for the following quarter is based on Moody's Average Corporate Yield for the first month of the current quarter. The percentage is rounded down to the next lower 0.5%. At December 31, 2025 and 2024, outstanding policy loans totaled $222,438 and $210,342, respectively. The loans bear a stated guaranteed interest at rates that range from 2.75% to 5.75%. Defaulted policy loans totaled $5,377 for the year ended December 31, 2025.

NOTE 7 – Related-Party and Party-in-Interest Transactions

Certain plan investments are managed by VALIC. VALIC is the custodian and recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to the custodian and recordkeeper of $21,284 during the year ended December 31, 2025, which was not covered by revenue sharing. The plan sponsor pays directly any other fees related to the Plan's operations.

NOTE 8 – Plan Termination

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

NOTE 9 – Tax Status

The Organization has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service dated April 5, 2018, stating that the form of the pre-approved plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 – Risks and Uncertainties

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

NOTE 11 – Reconciliation of the Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to the Form 5500:

	December 31,	
	2025	**2024**
Net assets available for benefits per the financial statements	$ 8,669,631	$ 7,110,195
Less participant contributions receivable	(70,998)	(30,994)
Less employer contribution receivable	(18,906)	(8,931)
Less other employer contribution receivable	(178,744)	(178,744)
Add excess contributions payable	19,709	19,709
Net assets available for benefits per the Form 5500	$ 8,420,692	$ 6,911,235

The following is a reconciliation of net increase per the financial statements for the year ended December 31, 2025 to the net income per the Form 5500:

Net increase per the financial statements	$ 1,559,436
Add participant contributions receivable as of December 31, 2024	30,994
Add employer contributions receivable as of December 31, 2024	8,931
Add other employer contributions receivable as of December 31, 2024	178,744
Less excess contributions payable as of December 31, 2024	(19,709)
Less participant contributions receivable as of December 31, 2025	(70,998)
Less employer contributions receivable as of December 31, 2025	(18,906)
Less other employer contributions receivable as of December 31, 2025	(178,744)
Add excess contributions payable as of December 31, 2025	19,709
Net income per the Form 5500	$ 1,509,457

STEP UP ON SECOND 403(b) RETIREMENT PLAN

SCHEDULE H, PART IV, ITEM 4a -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025
EIN: 95-4109386
PLAN 002

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE** 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
(1)	$ 135,320	$ 135,320	$ -	$ -	$ -
(2)	53,084	53,084	-	-	-
(3)	139,684	139,684	-	-	-
(4)	532,790	532,790	-	-	-
(5)	578,239	578,239	-	-	-
(6)	1,100	1,100	-	-	-
	$ 1,440,217	$ 1,440,217	$ -	$ -	$ -

* Voluntary Fiduciary Correction Program
** Prohibited Transaction Exemption

(1) Contributions transferred late during the 2018 Plan year. Lost earnings will be restored to the Plan in 2026.

(2) Contributions transferred late during the 2022 Plan year. Lost earnings will be restored to the Plan in 2026.

(3) Contributions transferred late during the 2023 Plan year. Lost earnings will be restored to the Plan in 2026.

(4) Contributions transferred late during the 2024 Plan year. Lost earnings will be restored to the Plan in 2026.

(5) Contributions transferred late during the 2025 Plan year. $238 remains unremitted and will be transferred in 2026. Lost earnings will be restored to the Plan in 2026.

(6) Contributions transferred late during the 2025 Plan year. Lost earnings were restored to the Plan in 2026.

STEP UP ON SECOND 403(b) RETIREMENT PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2025
EIN: 95-4109386
PLAN 002

Identity of Issuer	Description of Investment	Current Value
FIDELITY CONTRAFUND K	Mutual Fund	$ 264,050
AMCENT SHORT DUR INF PRBD R6	Mutual Fund	594
VC I NASDAQ 100 INDEX	Mutual Fund	503,712
VANGUARD EXPLORER ADM	Mutual Fund	152,825
VANGUARD 500 IDX ADM	Mutual Fund	816,879
VANGRD MORNST MCAP INDX ADMIRA	Mutual Fund	44,047
VANGRD MORNST SCAP IND ADM	Mutual Fund	23,798
VANGUARD TGT RTMT INC	Mutual Fund	287
VANGUARD TGT RTMT 2045	Mutual Fund	11,229
VANGUARD TGT RTMT 2035	Mutual Fund	60,626
VANGUARD TGT RTMT 2025	Mutual Fund	43,491
VANGRD WINDSOR II ADMIRAL	Mutual Fund	9,529
VANGUARD TGT RTMT 2050	Mutual Fund	3,160
VANGUARD TGT RTMT 2040	Mutual Fund	126,113
VANGUARD TGT RTMT 2030	Mutual Fund	2,002
VC I SYSTEMATIC CORE	Mutual Fund	359
VC I MID CAP STRATEGIC GROWTH	Mutual Fund	171,790
VANGUARD TGT RTMT 2055	Mutual Fund	1,206
VANGUARD TGT RTMT 2060	Mutual Fund	6,526
DFA US TARGETED VALUE I	Mutual Fund	9,492
VANGUARD DEVELOPED MKTS ID ADM	Mutual Fund	154,736
VANGUARD EMRG MKT STK IDX ADM	Mutual Fund	33,172
VANGUARD INTRM-TRM BND IDX ADM	Mutual Fund	1,849
DFA US VECTOR EQUITY I	Mutual Fund	64,563
ALLSPRING CORE PLUS BD FUND R6	Mutual Fund	48,923
VC I HIGH YIELD BOND	Mutual Fund	717
		2,555,675

STEP UP ON SECOND 403(b) RETIREMENT PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2025
EIN: 95-4109386
PLAN 002
(Continued)

Identity of Issuer	Description of Investment	Current Value
MID CAP INDEX FUND	Interest in sub-accounts of VAC	150,216
ASSET ALLOCATION FUND	Interest in sub-accounts of VAC	103,306
GOVERNMENT SECURITIES FUND	Interest in sub-accounts of VAC	1,360
STOCK INDEX FUND	Interest in sub-accounts of VAC	654,981
INTERNATL EQUITIES INDEX FUND	Interest in sub-accounts of VAC	27,563
INTL SOCIALLY RESPONSIBLE FUND	Interest in sub-accounts of VAC	177,337
SMALL CAP INDEX FUND	Interest in sub-accounts of VAC	91,009
SYSTEMATIC CORE FUND	Interest in sub-accounts of VAC	14,573
SCIENCE & TECHNOLOGY FUND	Interest in sub-accounts of VAC	947,903
INTERNATIONAL GROWTH FUND	Interest in sub-accounts of VAC	78,162
DIVIDEND VALUE	Interest in sub-accounts of VAC	33,125
VANGUARD LONG-TERM TREASURY	Interest in sub-accounts of VAC	2,204
VANGUARD WINDSOR II	Interest in sub-accounts of VAC	23,571
VANGUARD WELLINGTON FUND INC	Interest in sub-accounts of VAC	3,014
NASDAQ-100(R) INDEX FUND	Interest in sub-accounts of VAC	696,821
ARIEL FUND	Interest in sub-accounts of VAC	59,800
ARIEL APPRECIATION FUND	Interest in sub-accounts of VAC	9,664
SYSTEMATIC GROWTH FUND	Interest in sub-accounts of VAC	315,161
SYSTEMATIC VALUE	Interest in sub-accounts of VAC	998
INFLATION PROTECTED FUND	Interest in sub-accounts of VAC	3,786
GROWTH FUND	Interest in sub-accounts of VAC	17,321
LARGE CAP CORE FUND	Interest in sub-accounts of VAC	65,003
MID CAP STRATEGIC GWTH	Interest in sub-accounts of VAC	247,213
SMALL CAP CORE FUND	Interest in sub-accounts of VAC	10,916
EMERGING ECONOMIES	Interest in sub-accounts of VAC	50,447
GLOBAL STRATEGY	Interest in sub-accounts of VAC	3,630
INTERNATIONAL VALUE FUND	Interest in sub-accounts of VAC	578
AMER BEA MAN LRG CP GR INV CL	Interest in sub-accounts of VAC	10,489
GLOBAL REAL ESTATE FUND	Interest in sub-accounts of VAC	5,221
INVESCO BAL RISK COMMOD STR R5	Interest in sub-accounts of VAC	4,283
T ROWE PRICE RETIRMNT 2025 ADV	Interest in sub-accounts of VAC	20,877

STEP UP ON SECOND 403(b) RETIREMENT PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2025
EIN: 95-4109386
PLAN 002
(Continued)

Identity of Issuer	Description of Investment	Current Value
T ROWE PRICE RETIRMNT 2030 ADV	Interest in sub-accounts of VAC	16,847
T ROWE PRICE RETIRMNT 2040 ADV	Interest in sub-accounts of VAC	42,347
T ROWE PRICE RETIRMNT 2045 ADV	Interest in sub-accounts of VAC	33,980
T ROWE PRICE RETIRMNT 2050 ADV	Interest in sub-accounts of VAC	32,180
T ROWE PRICE RETIRMNT 2055 ADV	Interest in sub-accounts of VAC	31,934
T ROWE PRICE RETIRMNT 2060 ADV	Interest in sub-accounts of VAC	39,608
INTL OPPORTUNITIES	Interest in sub-accounts of VAC	10,828
SMALL CAP GROWTH FUND	Interest in sub-accounts of VAC	176,343
SMALL CAP VALUE FUND	Interest in sub-accounts of VAC	9,578
MID CAP VALUE FUND	Interest in sub-accounts of VAC	29,910
VC I CAPITAL APPRECIATION	Interest in sub-accounts of VAC	25,429
US SOCIALLY RESPONSIBLE FUND	Interest in sub-accounts of VAC	95,819
AGGRESSIVE ALLOC LIFESTYLE FND	Interest in sub-accounts of VAC	34,921
MODERATE ALLOC LIFESTYLE FUND	Interest in sub-accounts of VAC	17,375
CONSERVATIVE ALLOC LIFESTYLE	Interest in sub-accounts of VAC	1,725
CORE BOND FUND	Interest in sub-accounts of VAC	87,877
HIGH YIELD BOND FUND	Interest in sub-accounts of VAC	2,377
GS VIT GOV MONEY MKT FD INST	Interest in sub-accounts of VAC	26,290
		4,545,900
* FIXED ACCOUNT	Annuity contract	300,776
* FIXED ACCOUNT PLUS	Annuity contract	526,873
* SHORT TERM FIXED ACCOUNT	Annuity contract	257,916
* LOAN COLLATERAL FUND	Annuity contract	221,300
* LOAN ESCROW FUND	Annuity contract	1,138
		1,308,003
* Notes receivable from participants	8.50%	11,114
		$ 8,420,692

* Party-in-interest

STEP UP ON SECOND 403(b) RETIREMENT PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2025
EIN: 95-4109386
PLAN 002

Identity of Issuer	Description of Investment	Current Value
FIDELITY CONTRAFUND K	Mutual Fund	$ 264,050
AMCENT SHORT DUR INF PRBD R6	Mutual Fund	594
VC I NASDAQ 100 INDEX	Mutual Fund	503,712
VANGUARD EXPLORER ADM	Mutual Fund	152,825
VANGUARD 500 IDX ADM	Mutual Fund	816,879
VANGRD MORNST MCAP INDX ADMIRA	Mutual Fund	44,047
VANGRD MORNST SCAP IND ADM	Mutual Fund	23,798
VANGUARD TGT RTMT INC	Mutual Fund	287
VANGUARD TGT RTMT 2045	Mutual Fund	11,229
VANGUARD TGT RTMT 2035	Mutual Fund	60,626
VANGUARD TGT RTMT 2025	Mutual Fund	43,491
VANGRD WINDSOR II ADMIRAL	Mutual Fund	9,529
VANGUARD TGT RTMT 2050	Mutual Fund	3,160
VANGUARD TGT RTMT 2040	Mutual Fund	126,113
VANGUARD TGT RTMT 2030	Mutual Fund	2,002
VC I SYSTEMATIC CORE	Mutual Fund	359
VC I MID CAP STRATEGIC GROWTH	Mutual Fund	171,790
VANGUARD TGT RTMT 2055	Mutual Fund	1,206
VANGUARD TGT RTMT 2060	Mutual Fund	6,526
DFA US TARGETED VALUE I	Mutual Fund	9,492
VANGUARD DEVELOPED MKTS ID ADM	Mutual Fund	154,736
VANGUARD EMRG MKT STK IDX ADM	Mutual Fund	33,172
VANGUARD INTRM-TRM BND IDX ADM	Mutual Fund	1,849
DFA US VECTOR EQUITY I	Mutual Fund	64,563
ALLSPRING CORE PLUS BD FUND R6	Mutual Fund	48,923
VC I HIGH YIELD BOND	Mutual Fund	717
		2,555,675

STEP UP ON SECOND 403(b) RETIREMENT PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2025
EIN: 95-4109386
PLAN 002
(Continued)

Identity of Issuer	Description of Investment	Current Value
MID CAP INDEX FUND	Interest in sub-accounts of VAC	150,216
ASSET ALLOCATION FUND	Interest in sub-accounts of VAC	103,306
GOVERNMENT SECURITIES FUND	Interest in sub-accounts of VAC	1,360
STOCK INDEX FUND	Interest in sub-accounts of VAC	654,981
INTERNATL EQUITIES INDEX FUND	Interest in sub-accounts of VAC	27,563
INTL SOCIALLY RESPONSIBLE FUND	Interest in sub-accounts of VAC	177,337
SMALL CAP INDEX FUND	Interest in sub-accounts of VAC	91,009
SYSTEMATIC CORE FUND	Interest in sub-accounts of VAC	14,573
SCIENCE & TECHNOLOGY FUND	Interest in sub-accounts of VAC	947,903
INTERNATIONAL GROWTH FUND	Interest in sub-accounts of VAC	78,162
DIVIDEND VALUE	Interest in sub-accounts of VAC	33,125
VANGUARD LONG-TERM TREASURY	Interest in sub-accounts of VAC	2,204
VANGUARD WINDSOR II	Interest in sub-accounts of VAC	23,571
VANGUARD WELLINGTON FUND INC	Interest in sub-accounts of VAC	3,014
NASDAQ-100(R) INDEX FUND	Interest in sub-accounts of VAC	696,821
ARIEL FUND	Interest in sub-accounts of VAC	59,800
ARIEL APPRECIATION FUND	Interest in sub-accounts of VAC	9,664
SYSTEMATIC GROWTH FUND	Interest in sub-accounts of VAC	315,161
SYSTEMATIC VALUE	Interest in sub-accounts of VAC	998
INFLATION PROTECTED FUND	Interest in sub-accounts of VAC	3,786
GROWTH FUND	Interest in sub-accounts of VAC	17,321
LARGE CAP CORE FUND	Interest in sub-accounts of VAC	65,003
MID CAP STRATEGIC GWTH	Interest in sub-accounts of VAC	247,213
SMALL CAP CORE FUND	Interest in sub-accounts of VAC	10,916
EMERGING ECONOMIES	Interest in sub-accounts of VAC	50,447
GLOBAL STRATEGY	Interest in sub-accounts of VAC	3,630
INTERNATIONAL VALUE FUND	Interest in sub-accounts of VAC	578
AMER BEA MAN LRG CP GR INV CL	Interest in sub-accounts of VAC	10,489
GLOBAL REAL ESTATE FUND	Interest in sub-accounts of VAC	5,221
INVESCO BAL RISK COMMOD STR R5	Interest in sub-accounts of VAC	4,283
T ROWE PRICE RETIRMNT 2025 ADV	Interest in sub-accounts of VAC	20,877

STEP UP ON SECOND 403(b) RETIREMENT PLAN

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2025
EIN: 95-4109386
PLAN 002
(Continued)

Identity of Issuer	Description of Investment	Current Value
T ROWE PRICE RETIRMNT 2030 ADV	Interest in sub-accounts of VAC	16,847
T ROWE PRICE RETIRMNT 2040 ADV	Interest in sub-accounts of VAC	42,347
T ROWE PRICE RETIRMNT 2045 ADV	Interest in sub-accounts of VAC	33,980
T ROWE PRICE RETIRMNT 2050 ADV	Interest in sub-accounts of VAC	32,180
T ROWE PRICE RETIRMNT 2055 ADV	Interest in sub-accounts of VAC	31,934
T ROWE PRICE RETIRMNT 2060 ADV	Interest in sub-accounts of VAC	39,608
INTL OPPORTUNITIES	Interest in sub-accounts of VAC	10,828
SMALL CAP GROWTH FUND	Interest in sub-accounts of VAC	176,343
SMALL CAP VALUE FUND	Interest in sub-accounts of VAC	9,578
MID CAP VALUE FUND	Interest in sub-accounts of VAC	29,910
VC I CAPITAL APPRECIATION	Interest in sub-accounts of VAC	25,429
US SOCIALLY RESPONSIBLE FUND	Interest in sub-accounts of VAC	95,819
AGGRESSIVE ALLOC LIFESTYLE FND	Interest in sub-accounts of VAC	34,921
MODERATE ALLOC LIFESTYLE FUND	Interest in sub-accounts of VAC	17,375
CONSERVATIVE ALLOC LIFESTYLE	Interest in sub-accounts of VAC	1,725
CORE BOND FUND	Interest in sub-accounts of VAC	87,877
HIGH YIELD BOND FUND	Interest in sub-accounts of VAC	2,377
GS VIT GOV MONEY MKT FD INST	Interest in sub-accounts of VAC	26,290
		4,545,900
* FIXED ACCOUNT	Annuity contract	300,776
* FIXED ACCOUNT PLUS	Annuity contract	526,873
* SHORT TERM FIXED ACCOUNT	Annuity contract	257,916
* LOAN COLLATERAL FUND	Annuity contract	221,300
* LOAN ESCROW FUND	Annuity contract	1,138
		1,308,003
* Notes receivable from participants	8.50%	11,114
		$ 8,420,692

* Party-in-interest