

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: RENTSCHLER BIOPHARMA INC. 401(K) PROFIT SHARING PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2008
2a Plan sponsor's name (employer, if for a single-employer plan): RENTSCHLER BIOPHARMA INC.
2b Employer Identification Number (EIN): 20-8032144
2c Plan Sponsor's telephone number: 508-282-5751
2d Business code (see instructions): 337000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	300
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	223
	<b>6a(2)</b>	244
	<b>6b</b>	1
	<b>6c</b>	129
	<b>6d</b>	374
	<b>6e</b>	0
	<b>6f</b>	374
	<b>6g(1)</b>	290
	<b>6g(2)</b>	368
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2K 2T 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)  **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)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 1
- (4)  **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

---

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>RENTSCHLER BIOPHARMA INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RENTSCHLER BIOPHARMA INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-8032144</b>	

**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  
**VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

(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
<b>71-0294708</b>	<b>86509</b>	<b>862320</b>	<b>371</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

**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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	73768
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

**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 ▶ GROUP PENSION FUNDING

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	73768
--	-----------	-------

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	24457
	<b>7c(2)</b>	
	<b>7c(3)</b>	1273
	<b>7c(4)</b>	
	<b>7c(5)</b>	1619
▶ LOAN REPAYMENTS		

(6) Total additions .....	<b>7c(6)</b>	27349
---------------------------	--------------	-------

<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	101117
---	-----------	--------

<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account .....	<b>7e(1)</b>	
	<b>7e(2)</b>	91
	<b>7e(3)</b>	8015
	<b>7e(4)</b>	4484
▶ LOAN DISBURSEMENTS		

(5) Total deductions .....	<b>7e(5)</b>	12590
----------------------------	--------------	-------

<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	88527
--	-----------	-------

**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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>RENTSCHLER BIOPHARMA INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RENTSCHLER BIOPHARMA INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-8032144</b>	

**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

**VOYA RETIREMENT INS & ANNUITY CO**

**71-0294708**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

THE ANGELL PENSION GROUP, INC.

88 BOYD AVE  
EAST PROVIDENCE, RI 02914

04-2530412

(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?
49	TPA	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5825	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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
THE ANGELL PENSION GROUP, INC	49	5825
(d) Enter name and EIN (address) of source of indirect compensation VOYA RETIREMENT INS AND ANNUITY CO 71-0294708	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. OTHER SERVICES	
(a) Enter service provider name as it appears on line 2 MORNINGSTAR	(b) Service Codes (see instructions) 27	(c) Enter amount of indirect compensation 2040
(d) Enter name and EIN (address) of source of indirect compensation VOYA RETIREMENT INS AND ANNUITY CO 71-0294708	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. INVESTMENT ADVISORY (PLAN)	
(a) Enter service provider name as it appears on line 2 VOYA RETIREMENT INS AND ANNUITY CO	(b) Service Codes (see instructions) 64	(c) Enter amount of indirect compensation 4
(d) Enter name and EIN (address) of source of indirect compensation VOYA RETIREMENT INS AND ANNUITY CO 71-0294708	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RECORD-KEEPING FEES	

**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.

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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
-----------------	---

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>RENTSCHLER BIOPHARMA INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RENTSCHLER BIOPHARMA INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-8032144</u>

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ANNUITY SEPARATE ACCOUNT D</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE &amp; ANNUITY CO</u>		
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4616362</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND MODERATE 2035 FD F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
<b>c</b> EIN-PN <u>38-4097333-479</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2121049</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND MODERATE 2045 FD R</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
<b>c</b> EIN-PN <u>38-4097334-480</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2604263</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND MODERATE 2055 FD R</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
<b>c</b> EIN-PN <u>38-4097335-481</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2194922</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND MODERATE 2065 FD R</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST FUNDS</u>		
<b>c</b> EIN-PN <u>38-7271385-766</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>589235</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND MODERATE RET FD R</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
<b>c</b> EIN-PN <u>38-4097331-477</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>839232</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYCOMPASS IND AGGRESSIVE 2025 FD R</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
<b>c</b> EIN-PN <u>38-4097327-473</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGGRESSIVE 2035 FD R		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
<b>c</b> EIN-PN 38-4097328-474	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 274117
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGGRESSIVE 2045 FD R		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
<b>c</b> EIN-PN 38-4097329-475	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 882148
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGGRESSIVE 2055 FD R		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
<b>c</b> EIN-PN 38-4097330-476	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 237473
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGGRESSIVE 2065 FD R		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST FUNDS		
<b>c</b> EIN-PN 38-7271384-765	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75328
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND AGGRESSIVE RET FD R		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
<b>c</b> EIN-PN 38-4097326-472	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59051
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CONSERVATIVE 2025 FDR		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
<b>c</b> EIN-PN 38-4097337-483	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CONSERVATIVE 2035 FDR		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
<b>c</b> EIN-PN 38-4097338-484	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 584452
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CONSERVATIVE 2045 FDR		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
<b>c</b> EIN-PN 38-4097339-485	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183102
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CONSERVATIVE 2055 FDR		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
<b>c</b> EIN-PN 38-4097340-486	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166509
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CONSERVATIVE 2065 FDR		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST FUNDS		
<b>c</b> EIN-PN 38-7271386-767	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26423

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND CONSERVATIVE RET FD R		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
<b>c</b> EIN-PN 38-4097336-482	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 463715
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS IND MODERATE 2025 FD R		
<b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.		
<b>c</b> EIN-PN 38-4097332-478	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>RENTSCHLER BIOPHARMA INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RENTSCHLER BIOPHARMA INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-8032144</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	143159	69767
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	7333	509
<b>(3)</b> Other .....	<b>1b(3)</b>	38373	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	205261	388000
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	9409146	11301019
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1417677	4616363
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	73768	88527
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	11294717	16464185
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	150760
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	150760
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	11294717	16313425

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1354000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2366418	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	555161	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		4275579
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	27332	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		27332
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	10731	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	236855	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		247586
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1104013
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		348778
<b>c</b> Other income .....	<b>2c</b>		1312
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		6004600

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	958033	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		958033
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		3636
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	22573	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1650	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		24223
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		985892

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5018708
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: LGA,LLP

(2) EIN: 04-2694095

**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
<b>a</b> 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.)	X		649409
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?		X	
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>RENTSCHLER BIOPHARMA INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>RENTSCHLER BIOPHARMA INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-8032144</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 71-0294708

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703953A.



# **Rentschler Inc 401k Profit Sharing Plan and Trust**

## Financial Statements and Supplemental Schedules

As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024

# Rentschler Inc 401k Profit Sharing Plan and Trust

Financial Statements and Supplemental Schedules

As of December 31, 2024 and 2023 and

for the Year Ended December 31, 2024

---

## Table of Contents

Independent Auditors' Report.....	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits.....	4
Statement of Changes in Net Assets Available for Benefits.....	5
Notes to Financial Statements.....	6-13
Supplemental Schedules:	
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions.....	14
Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	15-16

LGA, LLP

500 West Cummings Park #5650  
Woburn, MA 01801

781-569-4700

lga.cpa



## *Independent Auditors' Report*

To the Plan Administrator of  
Rentschler Inc 401k Profit Sharing Plan and Trust  
Milford, Massachusetts

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

We have performed audits of the accompanying financial statements of Rentschler Inc 401k Profit Sharing Plan and Trust, 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Rentschler Inc 401k Profit Sharing Plan and Trust'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 a 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 a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment and notes receivable from participants information, as described in Note 5 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Rentschler Inc 401k Profit Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Rentschler Inc 401k Profit Sharing Plan and Trust'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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Rentschler Inc 401k Profit Sharing Plan and Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Rentschler Inc 401k Profit Sharing Plan and Trust'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 – Supplemental Schedules Required by ERISA**

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Litmanbeckson Associates, LLP*

Woburn, Massachusetts  
September 11, 2025

# Rentschler Inc 401k Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments, at fair value	\$ 15,917,382	\$ 10,826,823
Fully benefit-responsive investment contract, at contract value	88,527	73,768
Receivables:		
Notes receivable from participants	388,000	205,261
Participant contributions	509	7,333
Employer contributions	69,767	143,159
Corrective contributions	-	38,373
Total receivables	<u>458,276</u>	<u>394,126</u>
Total assets	16,464,185	11,294,717
<b>Liabilities</b>		
Prefunded participant contributions	98,741	-
Prefunded employer contributions	52,019	-
Total liabilities	<u>150,760</u>	-
Net assets available for benefits	<u>\$ 16,313,425</u>	<u>\$ 11,294,717</u>

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

## Rentschler Inc 401k Profit Sharing Plan and Trust

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2024

---

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,452,791
Interest and dividends from investments	248,898
Total investment income	<u>1,701,689</u>

Interest on notes receivable from participants	<u>27,332</u>
--	---------------

Contributions:

Participant	2,366,418
Employer	1,354,000
Rollover	555,161
Total contributions	<u>4,275,579</u>

Total additions	<u>6,004,600</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	961,669
Administrative expenses	24,223
Total deductions	<u>985,892</u>

Net increase	5,018,708
--------------	-----------

Net assets available for benefits:

Beginning of year	<u>11,294,717</u>
End of year	<u>\$ 16,313,425</u>

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

# Rentschler Inc 401k Profit Sharing Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

---

## 1. Description of Plan

The following description of the Rentschler Inc 401k Profit Sharing Plan and Trust (the Plan) of Rentschler Inc. (the Plan Sponsor) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan covering substantially all employees of the Plan Sponsor who are 21 years of age or older, excluding nonresident aliens and residents of Puerto Rico. The Plan was originally established on January 1, 2008.

The Plan was most recently amended and restated on January 1, 2024. The restatement did not include any significant changes to the Plan's provisions, except as described below.

The Plan Administrator is responsible for oversight of the Plan, determining the appropriateness of the Plan's investment offerings, and monitoring investment performance.

The Plan is subject to the provisions of the Internal Revenue Code of 1986, as amended (the IRC) and the Employee Retirement Income Security Act of 1974 (ERISA).

### *Setting Every Community Up for Retirement Enhancement (SECURE) Act and SECURE 2.0 Act*

The SECURE Act and the SECURE 2.0 Act had various provisions in effect during the year ended December 31, 2024. The most significant change required including long-term part-time (LTPT) employees who attained 500 or more hours of service in three consecutive 12-month eligibility computation periods beginning in 2021 as eligible employees for participant contributions. The Plan is required to be formally amended on or before December 31, 2025 for the SECURE Act and on or before December 31, 2026 for the SECURE 2.0 Act.

### *Contributions*

Participants may contribute up to the maximum amount allowed by law, as defined by the IRC. Participants are immediately eligible to participate in the Plan and enter the Plan on the first day of the month coinciding with or next following the applicable participant's date of hire, provided he or she has met the Plan's eligibility requirements.

Participants may make pre-tax and Roth contributions to the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions to the Plan. 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.

Participants hired on or after June 1, 2023 are subject to a 3% pre-tax automatic enrollment into a predetermined investment option after a 30-day notification period to opt out of participating in the Plan beginning on the first day of the month coinciding with or next following the attainment of eligibility requirements.

The Plan provides for employer safe harbor matching contributions to the Plan equal to the first 5% of eligible compensation that a participant contributes to the Plan. All participants who are eligible to participate in the Plan are also eligible for employer safe harbor matching contributions. Employer safe harbor matching contributions totaled \$1,354,000 for the year ended December 31, 2024. The Plan provides for an annual true-up of employer safe harbor matching contributions. Employer contributions receivable related to the true-up for the years ended December 31, 2024 and 2023 totaled \$69,767 and \$143,159, respectively.

# Rentschler Inc 401k Profit Sharing Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

---

## 1. Description of Plan...continued

### *Contributions...continued*

The Plan also provides for discretionary employer nonelective profit-sharing contributions for eligible participants who were employed on the last day of the plan year. No discretionary employer nonelective profit-sharing contributions were made for the year ended December 31, 2024.

Subsequent to December 31, 2023, the Plan identified and funded various errors in the calculation of employee contributions and timely enrollment of participants for the year ended December 31, 2023, resulting in corrective contributions receivable as of December 31, 2023 totaling \$38,373.

All contributions and compensation are subject to certain Internal Revenue Service (IRS) limitations.

### *Participant Accounts*

Each participant's account is credited with the participant's contributions, the employer safe harbor matching and discretionary employer nonelective profit-sharing contributions, an allocation of the Plan's earnings or losses, and charged with an allocation of administrative expenses that are paid by the Plan. The allocation of earnings or losses is based on each participant's respective account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### *Notes Receivable from Participants*

The Plan permits its participants to obtain loans against their account balances. A participant may borrow from his or her vested account a minimum of \$1,000 (\$500 prior to July 3, 2023), up to a maximum amount equal to the lesser of \$50,000 reduced by the difference between the highest outstanding balance of loans in the past 12 months and the outstanding balance of loans from the Plan on the date the loan is made (effective January 1, 2024), or 50% of his or her vested account. Loan terms are limited to a maximum of five years, with the exception of loans used to purchase a primary residence, which are limited to 10 years (30 years prior to July 3, 2023). Notes receivable from participants are secured by the vested balance in the applicable participant's account and shall bear interest at the prevailing market rate at the date each loan application is processed. Prior to the January 1, 2024 restatement, notes receivable from participants bore interest at the Wall Street Journal prime rate plus 1% (2% prior to July 3, 2023). A participant may only have two loans outstanding at any given time (one prior to July 3, 2023). Principal and interest are paid ratably through regular payroll deductions. Full or partial prepayments are permitted, but loans may not be refinanced. A loan will become payable in full upon the applicable participant's termination of employment. The Plan Administrator shall consider a loan in default if any scheduled payment remains unpaid as of the last business day of the calendar quarter in which a loan is initially considered past due. Any unpaid balances at the time of default shall incur a 10% penalty if the participant is under the age of 59½. Certain other restrictions may apply to notes receivable from participants as defined in the plan document. As of December 31, 2024, the rates of interest on outstanding notes receivable from participants ranged from 5.25% to 10.25% with various maturity dates through December 2029.

### *Vesting*

Participants are immediately vested in all contribution sources plus actual earnings thereon.

# Rentschler Inc 401k Profit Sharing Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

---

## 1. Description of Plan...continued

### *Forfeitures*

Forfeitures represent amounts forfeited from participant accounts related to corrections of terminated participant account balances plus related earnings, which can be used to pay the Plan's expenses. As of December 31, 2024 and 2023, forfeitures held by the Plan totaled \$487 and \$304, respectively. Forfeited nonvested balances used to pay the Plan's expenses totaled \$501 for the year ended December 31, 2024.

### *Payment of Benefits*

The participant's vested account may be distributed to the participant (or the participant's beneficiary in the event of the participant's death) at retirement age (65 years of age), death, disability, or termination of employment. Withdrawals may be made in the form of lump sums, substantially equal payments, or partial withdrawals in excess of \$500. Only cash payments are allowed (excluding deemed distributions for delinquent notes receivable from participants); annuities are not allowed. If a participant terminates service, the entire vested amount in his or her vested account may be distributed or rolled over into another qualified plan, as directed by the participant. Participants who are eligible for a hardship withdrawal or have attained age 59½ while being employed by the Plan Sponsor may elect to withdraw all or a portion of their vested accounts, with a minimum of \$500. The Plan Administrator can elect to distribute funds out of the Plan when a participant terminates employment and has a vested balance in the Plan less than \$5,000. Distribution shall be made to an eligible participant from his or her vested account as soon as reasonably practicable following the date of the participant's application for distribution is received by the Plan Administrator, but in no event later than the participant's attainment of age 73.

All distributions are subject to the applicable provisions of the Plan.

### *Prefunded Contributions*

Prefunded contributions are contributions received in advance for the subsequent plan year. Prefunded participant and employer contributions as of December 31, 2024 were \$98,741 and \$52,019, respectively. There were no prefunded participant and employer contributions as of December 31, 2023.

### *Investment Elections*

Each participant shall direct the investment of his or her account and shall select among various mutual funds, collective investment trusts, and a fully benefit-responsive investment contract held with an insurance company. Each participant has the ability to change his or her investment allocations at any time.

## 2. Summary of Significant Accounting Policies

### *Basis of Accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting. The Plan's financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets generally accepted accounting principles in the United States of America (GAAP) to ensure net assets available for benefits and changes in net assets available for benefits are consistently reported. References to GAAP issued by the FASB in these notes are to the FASB Accounting Standards Codification (ASC).

# Rentschler Inc 401k Profit Sharing Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

---

## 2. Summary of Significant Accounting Policies...continued

### *Use of Estimates*

The preparation of financial statements in accordance with 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. Accordingly, actual results may differ from those estimates.

### *Investment Valuation and Income Recognition*

Mutual funds and collective investment trusts are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by investment advisers and the trustees. See Note 3 for discussion of fair value measurements.

A fully benefit-responsive investment contract (FBRIC) held by a defined contribution plan is reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to a FBRIC because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the contract value of the FBRIC. See Note 4 for discussion of the FBRIC.

Purchases and sales of securities are recorded on a trade-date basis. Interest 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.

### *Notes Receivable from Participants*

Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus any accrued, but unpaid interest. Interest from notes receivable from participants is recorded on an accrual basis. As of December 31, 2024 and 2023, accrued but unpaid interest has been deemed insignificant to the Plan. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the note receivable from the participant to be a distribution, notes receivable from participants are reduced and a benefit payment is recorded within the statement of changes in net assets available for benefits.

### *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 Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the applicable participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation in fair value of investments. For the year ended December 31, 2024, the Plan Sponsor paid certain other administrative expenses incurred by the Plan.

# Rentschler Inc 401k Profit Sharing Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

---

## 2. Summary of Significant Accounting Policies...continued

### *Reclassification*

Certain investments in the prior period financial statements have been reclassified to conform to the current year's presentation. Total assets and net assets available for benefits were unchanged due to these reclassifications.

## 3. Fair Value Measurements

The Plan discloses the fair value of investments in accordance with FASB ASC Topic No. 820, *Fair Value Measurements* (ASC 820). The framework under ASC 820 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 ASC 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.

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;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means; or
- 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.

A financial instrument's 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 as of December 31, 2024 and 2023.

*Mutual funds* – Mutual funds are valued at the daily closing price as reported by the applicable mutual fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission, which 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.

# Rentschler Inc 401k Profit Sharing Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

---

### 3. Fair Value Measurements...continued

*Collective Investment Trusts* – The collective investment trusts are valued at the NAV of units of the applicable collective investment trust. The NAV, as provided by Voya Retirement Insurance and Annuity Company (“Voya”, the trustee), is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the applicable trust less its liabilities. This practical expedient is not used when it is determined to be probable that the applicable trust will sell the investment for an amount different than the reported NAV. Transactions of investments or withdrawals may occur on a daily basis and there are no redemption restrictions on the trusts. There are no unfunded commitments as of December 31, 2024 and 2023.

The following table sets forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 4,616,363</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,616,363</u>
Investments measured at NAV				<u>11,301,019</u>
Total investments at fair value				<u>\$ 15,917,382</u>

The following table sets forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 2,839,769</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,839,769</u>
Investments measured at NAV				<u>7,987,054</u>
Total investments at fair value				<u>\$ 10,826,823</u>

### 4. Investment Contract with Insurance Company

The Plan invests in a FBRIC with Voya, who 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. Voya is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Voya, 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.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero. Such interest rates are reviewed on a quarterly basis.

# Rentschler Inc 401k Profit Sharing Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

---

## 4. Investment Contract with Insurance Company...continued

The following events limit the ability of the Plan to transact at contract value with the issuer: changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions. The Plan Administrator does not believe that the occurrence of these events, which would limit the Plan's ability to transact at contract value with participants, is probable.

## 5. Information Prepared and Certified by Plan's Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Voya has certified to the completeness and accuracy of all investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2024p and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and the related investment and notes receivable from participants activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2024.

## 6. Tax Status

The Plan formerly used and currently uses prototype non-standardized plan documents, sponsored by Voya and, effective January 1, 2024, the third-party administrator, The Angell Pension Group, Inc. (Angell). The IRS has determined by opinion letters each dated June 30, 2020 that both the Voya and Angell prototype plans were and are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letters, 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, and the related trust is tax-exempt.

GAAP requires 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 taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 7. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of the Plan's termination, participants will become fully vested in their accounts.

## 8. Party-in-Interest Transactions

Certain investments of the Plan are mutual funds and a FBRIC managed by Voya. These transactions qualify as party-in-interest transactions as that term is defined in Section 3(14) of ERISA. In addition, the Plan issues loans to participants, which are secured by the balances in participant accounts, and constitute party-in-interest transactions.

# Rentschler Inc 401k Profit Sharing Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

---

## 9. Risk and Uncertainties

The Plan invests in various investment securities that 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 participant account balances and the amounts reported in the statements of net assets available for benefits.

## 10. Subsequent Events

The Plan has evaluated subsequent events for potential disclosure or recognition through September 11, 2025, the date the financial statements were available to be issued.

Effective January 1, 2025, the Plan was amended to increase the initial automatic enrollment deferral and add automatic deferral increases for all employees whose Plan entry date is on or after January 1, 2025. Eligible employees will be automatically enrolled in the Plan with pre-tax elective deferral contributions set at 5% of eligible compensation. Additionally, an automatic deferral increase of 1% will be applied annually to pre-tax elective deferral contributions, beginning on the first day of June in the plan year following initial enrollment. This increase will continue annually on each subsequent June 1<sup>st</sup> until the deferral rate reaches a maximum of 10%, unless the employee elects otherwise.

Effective January 1, 2025, the SECURE 2.0 Act expanded LTPT provisions to include employees who attained 500 or more hours of service in two consecutive 12-month eligibility computation periods beginning in 2021 as eligible employees for participant contributions. Further, participants from ages 60 to 63 will be allowed to contribute catch-up contributions equal to 150% of the standard limit.

## Supplemental Schedules

# Rentschler Inc 401k Profit Sharing Plan and Trust

Employee Identification Number 20-8032144

Plan Number 001

## Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2024

Check here if Late Participant Loan Repayments are Included:	Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
<input checked="" type="checkbox"/> For the Year Ended December 31, 2023	\$ 648,767	\$ -	\$ -	\$ -	\$ 648,767
<input checked="" type="checkbox"/> For the Year Ended December 31, 2024	642	-	642	-	-
Total Delinquent Contributions	<u>\$ 649,409</u>	<u>\$ -</u>	<u>\$ 642</u>	<u>\$ -</u>	<u>\$ 648,767</u>

See independent auditors' report

# Rentschler Inc 401k Profit Sharing Plan and Trust

Employee Identification Number 20-8032144

Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2024

(a)	(b)	(c) Description of Asset					(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Type of Asset	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value	
Fidelity 500 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	\$ 1,276,605	
Vanguard LifeStrategy Moderate Growth Fund Investor Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	608,616	
JPMorgan U.S. GARP Equity Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	565,012	
American Funds American Balanced R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	417,850	
Nuveen Large Cap Responsible Equity Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	270,373	
Vanguard Equity-Income Fund Admiral Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	215,653	
Vanguard LifeStrategy Growth Fund Investor Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	209,731	
American Funds New Perspective R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	168,970	
Vanguard Selected Value Fund Investor Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	154,048	
Fidelity Mid Cap Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	152,779	
Fidelity Small Cap Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	110,808	
iShares MSCI EAFE International Index Fund K	Mutual fund	n/a	n/a	n/a	n/a	n/a	89,572	
* Voya Intermediate Bond Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	74,772	
DFA Inflation-Protection Securities Portfolio	Mutual fund	n/a	n/a	n/a	n/a	n/a	63,917	
Vanguard Explorer Fund Admiral Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	51,044	
Vanguard LifeStrategy Income Fund Investor Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	41,660	
PGIM High Yield Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	41,249	
American Funds New World Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	33,899	
Vanguard LifeStrategy Conservative Growth Fund Investor Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	21,194	
AB Global Bond Fund Z	Mutual fund	n/a	n/a	n/a	n/a	n/a	19,524	
DFA U.S. Targeted Value Portfolio Institutional	Mutual fund	n/a	n/a	n/a	n/a	n/a	13,348	
Neuberger Berman Mid Cap Growth Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	10,154	
DFA Real Estate Securities Portfolio Institutional Class	Mutual fund	n/a	n/a	n/a	n/a	n/a	5,098	
* Voya Government Money Market Fund A	Mutual fund	n/a	n/a	n/a	n/a	n/a	487	
							4,616,363	
MyCompass Index Moderate 2045 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	2,604,263	
MyCompass Index Moderate 2055 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	2,194,922	
MyCompass Index Moderate 2035 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	2,121,049	
MyCompass Index Aggressive 2045 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	882,148	
MyCompass Index Moderate Retirement Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	839,232	
MyCompass Index Moderate 2065 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	589,235	
MyCompass Index Conservative 2035 Fund	Collective investment trust	n/a	n/a	n/a	n/a	n/a	584,452	
MyCompass Index Conservative Retirement Fund	Collective investment trust	n/a	n/a	n/a	n/a	n/a	463,715	
MyCompass Index Aggressive 2035 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	274,117	
MyCompass Index Aggressive 2055 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	237,473	

See independent auditors' report

# Rentschler Inc 401k Profit Sharing Plan and Trust

Employee Identification Number 20-8032144

Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)...continued  
December 31, 2024

(a)	(b)	(c) Description of Asset				(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Type of Asset	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
MyCompass Index Conservative 2045 Fund	Collective investment trust	n/a	n/a	n/a	n/a	n/a	183,102
MyCompass Index Conservative 2055 Fund	Collective investment trust	n/a	n/a	n/a	n/a	n/a	166,509
MyCompass Index Aggressive 2065 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	75,328
MyCompass Index Aggressive Retirement Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	59,051
MyCompass Index Conservative 2065 Fund	Collective investment trust	n/a	n/a	n/a	n/a	n/a	26,423
							<u>11,301,019</u>
* Voya Fixed Account	Guaranteed investment contract	n/a	1.50%	n/a	n/a	n/a	88,527
* Participant loans	Notes receivable from participants	various	5.25%-10.25%	n/a	varies	-	388,000
							<u>\$ 16,393,909</u>

\* Represent parties-in-interest to the Plan.

See independent auditors' report

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here: .....	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here: .....	<input type="checkbox"/>

<b>Part II Basic Plan Information—enter all requested information</b>					
<b>1a</b> Name of plan Rentschler Biopharma Inc. 401(k) Profit Sharing Plan and Trust	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 01/01/2008</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	001	<b>1c</b> Effective date of plan 01/01/2008	
<b>1b</b> Three-digit plan number (PN) ▶	001				
<b>1c</b> Effective date of plan 01/01/2008					
<b>2a</b> 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)  Rentschler Biopharma Inc.  27 Maple Street  Milford MA 01757	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>2b</b> Employer Identification Number (EIN) 20-8032144</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number 508-282-5751</td> </tr> <tr> <td><b>2d</b> Business code (see instructions) 337000</td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) 20-8032144	<b>2c</b> Plan Sponsor's telephone number 508-282-5751	<b>2d</b> Business code (see instructions) 337000	
<b>2b</b> Employer Identification Number (EIN) 20-8032144					
<b>2c</b> Plan Sponsor's telephone number 508-282-5751					
<b>2d</b> Business code (see instructions) 337000					

**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.

<b>SIGN HERE</b>		<u>8-12-2025</u>	ROBERT DONOVAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>8-12-2025</u>	ROBERT DONOVAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>5</b></td> <td style="text-align: right;">300</td> </tr> </table>	<b>5</b>	300																		
<b>5</b>	300																				
<b>6</b> 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).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6a(1)</b></td> <td style="text-align: right;">223</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">244</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">1</td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;">129</td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">374</td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;">374</td> </tr> <tr> <td><b>6g(1)</b></td> <td style="text-align: right;">290</td> </tr> <tr> <td><b>6g(2)</b></td> <td style="text-align: right;">368</td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6a(1)</b>	223	<b>6a(2)</b>	244	<b>6b</b>	1	<b>6c</b>	129	<b>6d</b>	374	<b>6e</b>	0	<b>6f</b>	374	<b>6g(1)</b>	290	<b>6g(2)</b>	368	<b>6h</b>	0
<b>6a(1)</b>	223																				
<b>6a(2)</b>	244																				
<b>6b</b>	1																				
<b>6c</b>	129																				
<b>6d</b>	374																				
<b>6e</b>	0																				
<b>6f</b>	374																				
<b>6g(1)</b>	290																				
<b>6g(2)</b>	368																				
<b>6h</b>	0																				
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>7</b></td> <td style="text-align: right;">7</td> </tr> </table>	<b>7</b>	7																		
<b>7</b>	7																				

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

---

# Rentschler Inc 401k Profit Sharing Plan and Trust

Employee Identification Number 20-8032144  
Plan Number 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions  
For the Year Ended December 31, 2024

	Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included: <input checked="" type="checkbox"/>					
For the Year Ended December 31, 2023 <input checked="" type="checkbox"/>	\$ 648,767	\$ -	\$ -	\$ -	\$ 648,767
For the Year Ended December 31, 2024 <input checked="" type="checkbox"/>	642	-	642	-	-
Total Delinquent Contributions	\$ 649,409	\$ -	\$ 642	\$ -	\$ 648,767

# Rentschler Inc 401k Profit Sharing Plan and Trust

Employee Identification Number 20-8032144  
Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of Asset					
Identity of Issue, Borrower, Lessor or Similar Party	Type of Asset	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
Fidelity 500 Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	\$ 1,276,605
Vanguard LifeStrategy Moderate Growth Fund Investor Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	608,616
JPMorgan U.S. GARP Equity Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	565,012
American Funds American Balanced R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	417,850
Nuveen Large Cap Responsible Equity Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	270,373
Vanguard Equity-Income Fund Admiral Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	215,653
Vanguard LifeStrategy Growth Fund Investor Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	209,731
American Funds New Perspective R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	168,970
Vanguard Selected Value Fund Investor Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	154,048
Fidelity Mid Cap Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	152,779
Fidelity Small Cap Index Fund	Mutual fund	n/a	n/a	n/a	n/a	n/a	110,808
iShares MSCI EAFE International Index Fund K	Mutual fund	n/a	n/a	n/a	n/a	n/a	89,572
* Voya Intermediate Bond Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	74,772
DFA Inflation-Protection Securities Portfolio	Mutual fund	n/a	n/a	n/a	n/a	n/a	63,917
Vanguard Explorer Fund Admiral Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	51,044
Vanguard LifeStrategy Income Fund Investor Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	41,660
PGIM High Yield Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	41,249
American Funds New World Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	33,899
Vanguard LifeStrategy Conservative Growth Fund Investor Shares	Mutual fund	n/a	n/a	n/a	n/a	n/a	21,194
AB Global Bond Fund Z	Mutual fund	n/a	n/a	n/a	n/a	n/a	19,524
DFA U.S. Targeted Value Portfolio Institutional	Mutual fund	n/a	n/a	n/a	n/a	n/a	13,348
Neuberger Berman Mid Cap Growth Fund R6	Mutual fund	n/a	n/a	n/a	n/a	n/a	10,154
DFA Real Estate Securities Portfolio Institutional Class	Mutual fund	n/a	n/a	n/a	n/a	n/a	5,098
* Voya Government Money Market Fund A	Mutual fund	n/a	n/a	n/a	n/a	n/a	487
							<u>4,616,363</u>
MyCompass Index Moderate 2045 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	2,604,263
MyCompass Index Moderate 2055 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	2,194,922
MyCompass Index Moderate 2035 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	2,121,049
MyCompass Index Aggressive 2045 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	882,148
MyCompass Index Moderate Retirement Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	839,232
MyCompass Index Moderate 2065 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	589,235
MyCompass Index Conservative 2035 Fund	Collective investment trust	n/a	n/a	n/a	n/a	n/a	584,452
MyCompass Index Conservative Retirement Fund	Collective investment trust	n/a	n/a	n/a	n/a	n/a	463,715
MyCompass Index Aggressive 2035 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	274,117
MyCompass Index Aggressive 2055 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	237,473

See independent auditors' report

# Rentschler Inc 401k Profit Sharing Plan and Trust

Employee Identification Number 20-8032144

Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) ... continued  
December 31, 2024

(a)	(b)	(c)					(d)	(e)
		Description of Asset						
	Identity of Issue, Borrower, Lessor or Similar Party	Type of Asset	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Current Value
	MyCompass Index Conservative 2045 Fund	Collective investment trust	n/a	n/a	n/a	n/a	n/a	183,102
	MyCompass Index Conservative 2055 Fund	Collective investment trust	n/a	n/a	n/a	n/a	n/a	166,509
	MyCompass Index Aggressive 2065 Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	75,328
	MyCompass Index Aggressive Retirement Fund R	Collective investment trust	n/a	n/a	n/a	n/a	n/a	59,051
	MyCompass Index Conservative 2065 Fund	Collective investment trust	n/a	n/a	n/a	n/a	n/a	26,423
								<u>11,301,019</u>
	* Voya Fixed Account	Guaranteed investment contract	n/a	1.50%	n/a	n/a	n/a	88,527
	* Participant loans	Notes receivable from participants	various	5.25%-10.25%	n/a	varies	-	388,000
								<u>\$ 16,393,909</u>

\* Represent parties-in-interest to the Plan.