

<p>Form 5500</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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LIFE CYCLE ENGINEERING, INC.</u></p> <p><u>4360 CORPORATE ROAD</u> <u>SUITE 100</u> <u>NORTH CHARLESTON, SC 29405</u></p>	<p>1c Effective date of plan <u>01/01/1987</u></p> <p>2b Employer Identification Number (EIN) <u>57-0649372</u></p> <p>2c Plan Sponsor's telephone number <u>843-744-7110</u></p> <p>2d Business code (see instructions) <u>541330</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	MARTIN BAKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	MARTIN BAKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	531
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	373
	6a(2)	344
	6b	127
	6c	37
	6d	508
	6e	10
	6f	518
	6g(1)	475
6g(2)	496	
6h	23	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2I 2P 3H 3I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 0
- (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 _____
- (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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 LIFE CYCLE ENGINEERING, INC.	D Employer Identification Number (EIN) 57-0649372	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PRINCIPAL

42-0127290

(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?
15 64	RECORDKEEPER /BOOKKEEPER	6663	Yes <input type="checkbox"/> No <input checked="" 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"/>

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 LIFE CYCLE ENGINEERING, INC.	D Employer Identification Number (EIN) 57-0649372

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1032313	1579864
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	60138	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	91303	180
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		100
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	12669072	23532105
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13852826	25112249
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		19649618
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	19649618
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13852826	5462631

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2500000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1948	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1948
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-9208990	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-6707042

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1598835	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1598835
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		77594
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	6724	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6724
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1683153

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8390195
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: JONES, POUNDER & ASSOCIATES, PC

(2) EIN: 57-0725618

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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.)

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFE CYCLE ENGINEERING, INC.</u>	D Employer Identification Number (EIN) <u>57-0649372</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION**

**LIFE CYCLE ENGINEERING, INC.
EMPLOYEE STOCK OWNERSHIP PLAN
CHARLESTON, SOUTH CAROLINA**

YEARS ENDED DECEMBER 31, 2024 and 2023

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Independent Auditors' Report

Trustees
Life Cycle Engineering, Inc. Employee Stock Ownership Plan
Charleston, South Carolina

Opinion

We have audited the accompanying financial statements of Life Cycle Engineering, Inc. Employee Stock Ownership Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Life Cycle Engineering, Inc. Employee Stock Ownership Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Life Cycle Engineering, Inc. Employee Stock Ownership Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Life Cycle Engineering, Inc. Employee Stock Ownership Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Jones, Pounder & Associates, P.C.

Charleston, South Carolina
October 3, 2025

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN
DECEMBER 31, 2024 AND 2023

	2024		2023	
	Allocated	Unallocated	Total	Allocated
ASSETS				
Investments, at fair value:				
Common stock	\$ 11,911,877	\$ 11,620,228	\$ 23,532,105	\$ 12,669,072
	<u>11,911,877</u>	<u>11,620,228</u>	<u>23,532,105</u>	<u>12,669,072</u>
Receivables:				
Employer contribution	1,586,937	- 0 -	1,586,937	1,032,313
Dividend receivable	- 0 -	- 0 -	- 0 -	60,138
Other receivable	- 0 -	- 0 -	- 0 -	- 0 -
	<u>1,586,937</u>	<u>- 0 -</u>	<u>1,586,937</u>	<u>1,092,451</u>
Cash and cash investments	<u>280</u>	<u>- 0 -</u>	<u>280</u>	<u>98,376</u>
TOTAL ASSETS	13,499,094	11,620,228	25,119,322	13,859,899
LIABILITIES				
Loan payable	<u>- 0 -</u>	<u>19,649,618</u>	<u>19,649,618</u>	<u>- 0 -</u>
TOTAL LIABILITIES	<u>- 0 -</u>	<u>19,649,618</u>	<u>19,649,618</u>	<u>- 0 -</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,499,094</u>	<u>\$ (8,029,390)</u>	<u>\$ 5,469,704</u>	<u>\$ 13,859,899</u>

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024			2023
	Allocated	Unallocated	Total	Allocated
ADDITIONS TO NET ASSETS				
Investment income:				
Interest and dividends	\$ 1,948	\$ - 0 -	\$ 1,948	\$ 4,266
Dividends Life Cycle Engineering, Inc. common stock	- 0 -	- 0 -	- 0 -	60,138
Net (depreciation) appreciation in investments	<u>(927,326)</u>	<u>(8,281,664)</u>	<u>(9,208,990)</u>	<u>1,949,241</u>
	<u>(925,378)</u>	<u>(8,281,664)</u>	<u>(9,207,042)</u>	<u>2,013,645</u>
Employer contributions	2,000,000	500,000	2,500,000	1,032,313
Allocation of 581 shares of common stock of Life Cycle Engineering, Inc. at estimated fair value	<u>170,132</u>	<u>(170,132)</u>	<u>- 0 -</u>	<u>- 0 -</u>
TOTAL (DEDUCTIONS) ADDITIONS TO NET ASSETS	1,244,754	(7,951,796)	(6,707,042)	3,045,958
DEDUCTIONS FROM NET ASSETS				
Benefits paid to participants	1,605,559	- 0 -	1,605,559	1,680,385
Interest expense	- 0 -	77,594	77,594	- 0 -
Administrative expenses	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>1,605,559</u>	<u>77,594</u>	<u>1,683,153</u>	<u>1,680,385</u>
NET (DECREASE) INCREASE	(360,805)	(8,029,390)	(8,390,195)	1,365,573
NET ASSETS AVAILABLE FOR BENEFITS				
Beginning of year	<u>13,859,899</u>	<u>- 0 -</u>	<u>13,859,899</u>	<u>12,494,326</u>
END OF YEAR	<u>\$ 13,499,094</u>	<u>\$ (8,029,390)</u>	<u>\$ 5,469,704</u>	<u>\$ 13,859,899</u>

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

DESCRIPTION OF PLAN

The following brief description of the Life Cycle Engineering, Inc. Employee Stock Ownership Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

- A. "General". The Plan is a defined contribution plan covering all eligible employees of Life Cycle Engineering, Inc., including its subsidiaries (hereinafter referred to as the "Company"). The Plan operates as an employee stock ownership plan ("ESOP"), and is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986, as amended and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). On November 27, 2024, the ESOP completed an internally leveraged buyout, acquiring 40,258 shares of the Company's common stock. To finance this transaction, the ESOP entered into a loan agreement with the Company (see also "ESOP LOAN" note). Participation in the Plan begins on January 1 or July 1 provided an employee has completed twelve consecutive months of employment during which the employee was credited with 1,000 hours of service. The Plan's assets, which consist primarily of shares in the Company's common stock, are held by the trustees of the Plan. Company contributions are managed by the trustees, which invest cash received, interest, and dividend income and make distributions to participants. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.
- B. "Contributions". Employer contributions are made to the Plan in such amounts as may be determined by the Company's Board of Directors, provided that such contributions do not exceed the maximum amounts deductible under the Internal Revenue Code. No participant is required or permitted to make contributions to the Plan.
- C. "Participant Accounts". A separate individual account is established for each participant. Each participant's account is credited with an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participant's non-vested account balances, and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit provided from the participant's vested account.
- D. "Vesting". Vesting of participants is based on years of credited service. A participant earns a year of service when credited with 1,000 hours of service during a Plan year. A participant begins vesting at 20% per year of credited service after the completion of 2 years of credited service and becomes 100% vested after six years of credited service. Additionally, a participant becomes fully vested at the participant's normal retirement date or early retirement date, as defined, at death, and if the participant becomes permanently disabled.
- E. "Distribution of Benefits". Participants may receive distribution of benefit payments on account of retirement, death, disability, termination, financial hardship and pre-retirement in-service distributions subject to the provisions of the Plan. A participant's distribution commences within a reasonable time as defined by the Plan. Distribution of a participant's Plan benefit that exceeds \$5,000 requires the written consent of the participant.
- F. "Floor Price Protection". Participants of the plan may receive a Floor Price Protection distribution adjustment for valuation dates from November 27, 2024 through the earlier of December 31, 2028 or the date on which the stock price is determined to have surpassed the stock price as of December 31, 2023 (the "Protection Period"). These adjustments are for participants eligible due to normal retirement or who have become eligible for in-service diversification distributions. The Floor Price Protection amount is the greater of the valuation price as of December 31, 2023 or subsequent evaluations during the Protection Period that exceed the valuation as of December 31, 2023.
- G. "Voting Rights". Each participant is entitled to exercise voting rights attributable to allocated shares and is notified by the Trustee prior to the time that such rights are to be exercised. If the Trustee does not timely receive voting directions from a participant or beneficiary with respect to any Company stock allocated to same, the Trustee shall vote such Company stock.

NOTES TO FINANCIAL STATEMENTS
LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

DESCRIPTION OF PLAN – Continued

- H. “Diversification”. Diversification is offered to participants near retirement to provide the opportunity to move part of their investment in Company stock into diversified investments. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to eligible participants over a six-year period. In the first five years, a participant may diversify up to 25% of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%.
- I. “Put Option”. Under Federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.
- J. “Plan Termination”. Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan’s termination, the accounts of all participants would become non-forfeitable.
- K. “Forfeitures”. Plan forfeitures are allocated to each participant’s account based upon the relation of the participant’s compensation to total compensation for the Plan year. Forfeitures of terminated nonvested account balances allocated to remaining participants at December 31, 2024 and 2023, totaled \$56,561 and \$113,048, respectively.

SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements are prepared using the accrual method of accounting.

Receivables - The plan administrator evaluates the collectability of receivables based on an assessment of the respective accounts. All receivables at December 31, 2024 and 2023 involve the Company and were deemed to be collectible. Accordingly, no allowance for uncollectible accounts is provided in the accompanying financial statements.

Fair Value Measurements

The Plan’s investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

NOTES TO FINANCIAL STATEMENTS
LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

Fair Value Measurements – Continued

Level 1 Fair Value Measurements – The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements – No assets of the Plan were valued using Level 2 measurements.

Level 3 Fair Value Measurements – The estimated fair value of Life Cycle Engineering, Inc. is calculated using an independent appraisal. This appraisal was based upon a combination of the market and income valuation approaches consistent with prior years. The appraiser took into account historical and projected cash flow and net earnings, weighted average cost of capital, market comparables, and applicable discounts and premiums.

Income Recognition – Realized gains and losses from securities transactions are reported on the average cost basis method. Net appreciation in investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividends declared by the Company but unpaid at year end are accrued by the Plan and recorded as the other receivable in the accompanying statements of net assets available for benefits.

Benefit Payments – Benefits are recorded when paid.

Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Share Release and Allocation – The method for releasing shares from suspense is based upon the principal and interest method, in accordance with Treasury Regulation Section 54.4975-7(b)(8)(i). Shares are allocated to eligible participants, in the proportion that each eligible participant's total compensation bears to the total compensation of all eligible participants.

Subsequent Events

Management has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS
LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

INVESTMENTS AT FAIR VALUE

The following table presents fair value measurement information for certain financial instruments. The carrying values of receivables, cash and cash equivalents, and accounts payable included in the accompanying statements of net assets available for benefits approximated fair value and are not included in the following table:

Fair Value Measurements at Assets 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	\$ - 0 -	\$ - 0 -	\$ - 0 -	\$ - 0 -
Common stock Life Cycle Engineering, Inc.	<u>- 0 -</u>	<u>- 0 -</u>	<u>23,532,105</u>	<u>23,532,105</u>
	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>	<u>\$ 23,532,105</u>	<u>\$ 23,532,105</u>

Fair Value Measurements at Assets 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	\$ - 0 -	\$ - 0 -	\$ - 0 -	\$ - 0 -
Common stock Life Cycle Engineering, Inc.	<u>- 0 -</u>	<u>- 0 -</u>	<u>12,669,072</u>	<u>12,669,072</u>
	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>	<u>\$ 12,669,072</u>	<u>\$ 12,669,072</u>

The following table reconciles the beginning and ending balances for Level 3 fair value measurements.

<u>Life Cycle Engineering Common Stock</u>	<u>2024</u>	<u>2023</u>
Beginning balance	\$ 12,669,072	\$ 10,720,200
Loan payable	20,072,023	- 0 -
Total unrealized gains included in changes in net assets available for benefits	<u>(9,208,990)</u>	<u>1,948,872</u>
Ending balance	<u>\$ 23,532,105</u>	<u>\$ 12,669,072</u>

The total unrealized gains for 2024 and 2023 are included with the net (depreciation) appreciation in investments in the accompanying statements of changes in net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS
LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

During 2024 and 2023, the Plan's investments (including investments bought, sold, and held during the year) depreciated in value by \$(9,208,990) and appreciated \$1,949,241, respectively, detailed as follows:

	<u>2024</u>	<u>2023</u>
Investments in mutual funds	\$ - 0 -	\$ 369
Investment in common stock: Life Cycle Engineering, Inc.	<u>(9,208,990)</u>	<u>1,948,872</u>
Net (depreciation) appreciation	<u>\$ (9,208,990)</u>	<u>\$ 1,949,241</u>

ESOP SHARES

Contributions to the ESOP are determined annually by the Board of Directors and are used to repay the ESOP's loan, which was used to purchase shares of the Company's common stock. Shares purchased with the loan are held in a suspense account and are released and allocated to participants' accounts as the loan is repaid.

At December 31, 2024 and 2023, the ESOP shares were as follows:

	<u>2024</u>		<u>2023</u>
	<u>Allocated</u>	<u>Unallocated</u>	<u>Allocated</u>
Number of Shares	<u>40,673</u>	<u>39,677</u>	<u>40,092</u>
Fair value of shares	<u>\$ 11,911,877</u>	<u>\$ 11,620,228</u>	<u>\$ 12,669,072</u>

EMPLOYER CONTRIBUTION

The Board of Directors ("Board") of the Plan's sponsor declared a contribution of \$2,000,000 and a \$500,000 loan repayment for 2024; and a \$1,032,313 contribution in 2023. Additionally, at the discretion of the Plan sponsor, the plan receives reimbursements for certain Plan administration costs. Employer Contributions receivable totaled \$1,586,937 at December 31, 2024 and \$1,032,313 at December 31, 2023, respectively.

RISKS AND UNCERTAINTIES

The Plan maintains a cash balance with a financial institution that periodically exceeds the insured limit of \$250,000. The Plan's trustees believe such risk is managed by maintaining its deposits in a high quality financial institution. At December 31, 2024 and 2023, the Plan's cash balance was fully insured.

TAX STATUS

The IRS has determined and informed the Plan sponsor by a letter dated September 26, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

NOTES TO FINANCIAL STATEMENTS
LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

PARTY IN INTEREST AND RELATED PARTY TRANSACTIONS

The Plan has a number of service providers. Such parties are parties-in-interest under ERISA. At December 31, 2024 and 2023 accounts payable to service providers totaled \$-0- and \$-0-, respectively. In 2024, the Company paid approximately \$51,000 in administrative expenses and \$21,000 for certain valuation services on behalf of the Plan.

Additionally, a portion of the Plan's assets are in Life Cycle Engineering common stock. As the Company is the Plan sponsor, transactions involving Life Cycle Engineering common stock qualify as party-in-interest transactions. At December 31, 2024 and 2023, the Plan held 80,350 and 40,092 shares of Life Cycle Engineering common stock. The Plan's dividend receivable was \$-0- and \$60,138 in 2024 and 2023, respectively.

On November 27, 2024, the Company loaned \$20,072,024 to the ESOP to finance the purchase of 40,258 shares of the Company's common stock. See also "ESOP LOAN" note below.

All of these party-in-interest transactions are exempt from prohibited transaction rules of ERISA.

RECLASSIFICATIONS

Administrative expense in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

ESOP LOAN

Effective November 27, 2024, the Company loaned \$20,072,024 to the ESOP to finance the purchase of 40,258 shares of the Company's common stock. The loan is payable in annual installments over 30 years, with interest at a fixed rate of 4.15% per annum. The loan is secured by the shares purchased, which are held in a suspense account until released as the loan is repaid. The Company's Board of Directors determines the amount of annual contributions to the ESOP, which are used by the ESOP to make loan payments. The loan is classified as an uncollateralized, interest-bearing, related party note. No guarantees by third parties exist. The debt service payment in 2024 was \$500,000 (principal and interest). Debt service payments for each of the next twenty nine years are as follows: \$1,177,602 per year (principal and interest). The outstanding balance of the loan at December 31, 2024, was \$19,649,618.

Principal payments are due as follows:

2025	362,142
2026	377,171
2027	392,824
2028	409,126
2029	426,105
Thereafter	<u>17,682,250</u>
Total	<u><u>19,649,618</u></u>

NOTES TO FINANCIAL STATEMENTS
LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H (FORM 5500)

The financial statements are presented on the accrual basis of accounting. Form 5500 is presented on the modified cash basis of accounting. Accordingly, the accrual of certain revenue and expense items on the financial statement, "Statement of Net Assets Available for Benefits" and the recognition of same on the financial statement, "Statement of Changes in Net Assets Available for Benefits", have certain timing differences from those items reported on "Schedule H Form 5500".

The "Statement of Net Assets Available for Benefits", for the year ended December 31, 2024 agreed to Schedule H (Form 5500).

The following is a reconciliation of net assets available for benefits per the financial statement, "Statement of Net Assets Available for Benefits", for the year ended December 31, 2024 to Schedule H (Form 5500):

Net Assets Available for Benefit per financial statement at December 31, 2024	\$ 5,469,704
Less:	
Distribution fees paid by the Company at December 31, 2024 per financial statement	<u>(7,073)</u>
Net Assets Available for Benefit per Schedule H (Form 5500) at December 31, 2024	<u>\$ 5,462,631</u>
Net Assets Available for Benefit per financial statement at December 31, 2023	\$ 13,859,899
Less:	
Accrued distributions at December 31, 2023 per form 5500	<u>(7,073)</u>
Net Assets Available for Benefit per Schedule H (Form 5500) at December 31, 2023	<u>\$ 13,852,826</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statement, "Statement of Changes in Net Assets Available for Benefits", for the year ended December 31, 2023 to Net income, Schedule H (Form 5500):

Changes in Net Assets Available for Benefits per financial statement at December 31, 2023	\$ 1,365,573
Less:	
Distribution fees paid by the Company at December 31, 2023 per financial statement	<u>(7,073)</u>
Net Income (loss) per Schedule H (Form 5500)	<u>\$ 1,358,500</u>

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 LIFE CYCLE ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN
 DECEMBER 31, 2024

Employer Identification Number: 57-0649372
 Plan Number: 003

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
* Life Cycle Engineering, Inc. South State Cash Account	Common Stock Interest Bearing Checking	\$ 23,034,134 \$ 280	\$ 23,532,105 \$ 280

* Denotes party-in-interest