

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                        |                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                          | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022             |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                    | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                        | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                    | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                 | <b>Basic Plan Information</b> —enter all requested information                                                                                                                            |
| <b>1a</b> Name of plan<br>VASA FITNESS LLC RETIREMENT SAVINGS PLAN                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ 002                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                | <b>1c</b> Effective date of plan<br>08/01/2019                                                                                                                                            |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>VASA FITNESS LLC<br><br>1259 SOUTH 800 EAST<br>OREM, UT 84097 | <b>2b</b> Employer Identification Number (EIN)<br>75-3139409<br><br><b>2c</b> Plan Sponsor's telephone number<br>614-419-7491<br><br><b>2d</b> Business code (see instructions)<br>713900 |

**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> | Filed with authorized/valid electronic signature. | 12/18/2025 | KELLEE JENTZ                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 12/18/2025 | KELLEE JENTZ                                                 |
|                  | 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 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4b</b> EIN<br><br><b>4d</b> PN          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 151                               |
| <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>6a(1)</b> 100                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6a(2)</b> 932                           |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6b</b> 0                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6c</b> 46                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6d</b> 978                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6e</b> 0                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6f</b> 978                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6g</b> 151                              |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6h</b> 7                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 3D 3H                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| <b>b</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)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |                                            |
| <b>10</b> 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><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1</b> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                        |     |
|--------------------------------------------------------------------------------------------|----------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                        |     |
| A Name of plan                                                                             | B Three-digit plan number (PN)         | 002 |
| VASA FITNESS LLC RETIREMENT SAVINGS PLAN                                                   |                                        |     |
| C Plan sponsor's name as shown on line 2a of Form 5500                                     | D Employer Identification Number (EIN) |     |
| VASA FITNESS LLC75-3139409                                                                 |                                        |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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     |
| 71-0294708 | 86509         | DH1756                                | 978                                                                         | 01/01/2022              | 12/31/2022 |

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

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

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

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

| (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 |                       |
|                                               |                                 |             |                       |

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end..... **4** 295698**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING**b** Balance at the end of the previous year ..... **7b** 113039**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 86513  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 2717  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)** 130044

▶ LOAN REPAYMENTS TRANSFERS FROM MUTUAL FUNDS/CCTS

(6) Total additions ..... **7c(6)** 219274**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 332313**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 9577  
(2) Administration charge made by carrier ..... **7e(2)** 2023  
(3) Transferred to separate account ..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)** 892

▶ NEW LOANS ISSUED

(5) Total deductions ..... **7e(5)** 12492**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 319821

**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>    |  |
| <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>    |  |
| (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> |  |
| (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. ....<br>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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>VASA FITNESS LLC RETIREMENT SAVINGS PLAN                                 | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>VASA FITNESS LLC                 | D Employer Identification Number (EIN)<br>75-3139409 |     |

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 INSURANCE & ANNUITY                                                                        |
| 71-0294708                                                                                                 |

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

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

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

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

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

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

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

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**(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | SERVICE PROVIDER                                                                                  | 21429                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ALLIANT INSURANCE SERVICES, INC.

33-0785439

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 99                     | SERVICE PROVIDER                                                                                  | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 14637                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| ALLIANT INSURANCE SERVICES, INC.                        | 99                                      | 14637                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VOYA RETIREMENT INSURANCE & ANNUITY<br><br>71-0294708               | OTHER FEES                                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                    |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                                                       |                     |              |
|--------------------|-------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | RSM US, LLP                                           | <b>b</b> EIN:       | 42-0714325   |
| <b>c</b> Position: | AUDITOR                                               |                     |              |
| <b>d</b> Address:  | 30 S. WACKER DRIVE<br>SUITE 3300<br>CHICAGO, IL 60606 | <b>e</b> Telephone: | 312-634-3400 |

Explanation: CHANGE IN SERVICE PROVIDERS

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning <span style="color: blue;">01/01/2022</span> and ending <span style="color: blue;">12/31/2022</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">VASA FITNESS LLC RETIREMENT SAVINGS PLAN</span>                                                            | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">002</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">VASA FITNESS LLC</span>                                     | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">75-3139409</span> |                                       |

|                                                                                                                      |                                                                                                                                                                                  |                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Part I                                                                                                               | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                                                              |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MYCOMPASS INDEX AGGRESSIVE 2055 FUN</span> |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">WILMINGTON TRUST, N.A.</span>           |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">38-4097330-476</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">1515</span>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MYCOMPASS INDEX AGGRESSIVE 2065 FUN</span> |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">WILMINGTON TRUST, N.A.</span>           |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">38-7271384-765</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">8967</span>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MYCOMPASS INDEX CONSERVATIVE 2035 F</span> |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">WILMINGTON TRUST, N.A.</span>           |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">38-4097338-484</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">107</span>    |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MYCOMPASS INDEX MODERATE 2025 FUND</span>  |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">WILMINGTON TRUST, N.A.</span>           |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">38-4097332-478</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">358502</span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MYCOMPASS INDEX MODERATE 2035 FUND</span>  |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">WILMINGTON TRUST, N.A.</span>           |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">38-4097333-479</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">379125</span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MYCOMPASS INDEX MODERATE 2045 FUND</span>  |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">WILMINGTON TRUST, N.A.</span>           |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">38-4097334-480</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">589823</span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MYCOMPASS INDEX MODERATE 2055 FUND</span>  |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">WILMINGTON TRUST, N.A.</span>           |                                                                                                                                                                                  |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">38-4097335-481</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                         | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">282214</span> |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS INDEX MODERATE 2065 FUND

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

|                                |                        |                                                                                                          |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-7271385-766 | <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) 2493 |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS INDEX MODERATE RETIREMENT

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-4097331-477 | <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) 48089 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MYCOMPASS INDEX MODERATE RETIREMENT

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-4097331-477 | <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) 48089 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

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

**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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

**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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

**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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

**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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

**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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

**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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

**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) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**Part II** **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>VASA FITNESS LLC RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>002</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>VASA FITNESS LLC</u>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>75-3139409</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <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>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <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>    | 9819                  | 4552            |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 1814818               | 1670836         |
| <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>   | 1070957               | 1023692         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 113039                | 319821          |
| <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>    | 3008633               | 3018901         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <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> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3008633 | 3018901 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 82315      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 542234     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (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>    |            | 624549    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <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> | 198        |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 2717       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2915      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 23765      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 23765     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <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> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <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> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -292709   |
| (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) |            | -246768   |
| c Other income .....                                                                            | 2c     |            | 784       |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 112536    |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 80839      |           |
| (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)  |            | 80839     |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  | 21429      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 21429     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 102268    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 10268     |
| 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: BROCK AND COMPANY CPAS P.C.

(2) EIN: 84-0930288

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 375151 |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <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.) |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | 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.)                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | 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.)                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <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>4f</b>                                                                                                                                                                                                                                                                                                  |     | 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?                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | 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?                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | 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>4i</b>                                                                                                                                                                                                                                                                                                  | 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.)                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | 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?                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | 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.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>VASA FITNESS LLC RETIREMENT SAVINGS PLAN                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>VASA FITNESS LLC                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>75-3139409                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>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                                                                                               |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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 \_\_\_\_\_

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(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

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(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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | 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> |
| <b>15</b> | 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> |
| <b>16</b> | 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> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

**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) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**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 \_\_\_\_\_



## **VASA Fitness LLC Retirement Savings Plan**

### **Independent Auditor's Report and Financial Statements**

December 31, 2023, 2022, and 2021

# VASA Fitness LLC Retirement Savings Plan

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**Independent Auditor's Report**

To the Plan Administrator of the  
VASA Fitness LLC Retirement Savings Plan:

***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2023 and 2022 Financial Statements***

We have performed audits of the financial statements of the VASA Fitness LLC Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022, and the related notes to the financial statements ("2023 and 2022 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 qualified institutions as of December 31, 2023 and 2022, and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

***Opinion on the 2023 and 2022 Financial Statements***

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2023 and 2022 Financial Statements section

- the amounts and disclosures in the accompanying 2023 and 2022 financial statements, 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 accompanying 2023 and 2022 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion on the 2023 and 2022 Financial Statements***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2023 and 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Responsibilities of Management for the 2023 and 2022 Financial Statements***

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

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

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

***Auditor's Responsibilities for the Audit of the 2023 and 2022 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2023 and 2022 Financial Statements 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2023 and 2022 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 Matters**

#### ***Supplemental Schedules Required by ERISA***

The supplemental schedules Schedule H, Line 4a: Schedule of Delinquent Participant Contributions and Schedule H, Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2023 and 2022 or for the years ended December 31, 2023 and 2022, are presented for the purpose 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 GAAS. 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

*Auditor's Report on the 2021 Financial Statements*

The 2021 financial statements of the Plan were audited by predecessor auditors whose report dated July 2, 2025, expressed an unmodified opinion on those financial statements.

*Breck and Company CPAs P.C.*  
Certified Public Accountants

Boulder, Colorado  
November 21, 2025

# VASA Fitness LLC Retirement Savings Plan

## Statements of Net Assets Available for Benefits

| December 31,                                                  | 2023                | 2022                | 2021                |
|---------------------------------------------------------------|---------------------|---------------------|---------------------|
| <b>ASSETS</b>                                                 |                     |                     |                     |
| <b>Investments (Notes 2, 3, and 4):</b>                       |                     |                     |                     |
| Registered investment companies, at fair value                | \$ 1,693,740        | \$ 1,023,692        | \$ 1,071,601        |
| Common collective trusts, at fair value                       | 1,958,399           | 1,670,836           | 1,814,818           |
| Investment contract with insurance company, at contract value | 175,198             | 319,821             | 113,039             |
| <b>Total investments</b>                                      | <b>3,827,337</b>    | <b>3,014,349</b>    | <b>2,999,458</b>    |
| <b>Receivables:</b>                                           |                     |                     |                     |
| Employer contributions                                        | -                   | -                   | 616                 |
| Other Employer contributions                                  | 219,938             | 49,997              | 49,997              |
| Participant contributions                                     | -                   | -                   | 57,928              |
| Notes receivable from participants                            | 3,771               | 4,552               | 9,819               |
| <b>Total receivables</b>                                      | <b>223,709</b>      | <b>54,549</b>       | <b>118,360</b>      |
| <b>Total assets</b>                                           | <b>4,051,046</b>    | <b>3,068,898</b>    | <b>3,117,818</b>    |
| <b>LIABILITIES</b>                                            |                     |                     |                     |
| <b>Excess contributions payable</b>                           | <b>183,769</b>      | <b>61,330</b>       | <b>49,997</b>       |
| <b>Net assets available for benefits</b>                      | <b>\$ 3,867,277</b> | <b>\$ 3,007,568</b> | <b>\$ 3,067,821</b> |

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

# VASA Fitness LLC Retirement Savings Plan

## Statements of Changes in Net Assets Available for Benefits

| Year ended December 31,                                             | 2023                | 2022                |
|---------------------------------------------------------------------|---------------------|---------------------|
| <b>Additions to (deductions from) net assets attributed to:</b>     |                     |                     |
| <b>Investment income (loss) (Note 2):</b>                           |                     |                     |
| Net appreciation (depreciation) in fair value of investments        | \$ 528,805          | \$ (539,477)        |
| Interest and dividends                                              | 40,765              | 26,482              |
| <b>Total investment income (loss)</b>                               | <b>569,570</b>      | <b>(512,995)</b>    |
| <b>Other income:</b>                                                |                     |                     |
| Interest income on notes receivable from participants               | 491                 | 198                 |
| Other income                                                        | 96                  | 140                 |
| <b>Total other income</b>                                           | <b>587</b>          | <b>338</b>          |
| <b>Contributions:</b>                                               |                     |                     |
| Employer                                                            | 108,356             | 81,699              |
| Other Employer                                                      | 169,941             | -                   |
| Participant                                                         | 504,469             | 484,306             |
| Rollover                                                            | 97,943              | -                   |
| <b>Total contributions</b>                                          | <b>880,709</b>      | <b>566,005</b>      |
| Less: excess contributions                                          | (169,941)           | (11,333)            |
| <b>Net contributions</b>                                            | <b>710,768</b>      | <b>554,672</b>      |
| <b>Payments:</b>                                                    |                     |                     |
| Distributions to participants                                       | (396,760)           | (80,839)            |
| Administrative fees                                                 | (24,456)            | (21,429)            |
| <b>Total payments</b>                                               | <b>(421,216)</b>    | <b>(102,268)</b>    |
| <b>Net increase (decrease) in net assets available for benefits</b> | <b>859,709</b>      | <b>(60,253)</b>     |
| <b>Net assets available for benefits, beginning of year</b>         | <b>3,007,568</b>    | <b>3,067,821</b>    |
| <b>Net assets available for benefits, end of year</b>               | <b>\$ 3,867,277</b> | <b>\$ 3,007,568</b> |

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

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

---

### Note 1 – Description of the Plan

The following description of the VASA Fitness LLC (the "Company," "Employer," "Plan Administrator," or "Plan Sponsor") Retirement Savings Plan (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

**General.** The Plan is a defined contribution plan, which went into effect August 1, 2019, that is generally available to all employees of the Company age 18 years or older who have completed three months of service in which 250 hours of service must be completed. If 250 hours of service isn't completed within the first 3 months, the service requirement will be satisfied when credited with a year of service. Employees may enter the Plan on the first day of the Plan year quarter coincident with or following the date they meet the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation.

**Contributions.** The following types of contributions are allowable under the Plan:

- **Salary Deferral Contributions** – Participants may contribute a percentage of their eligible pre-tax compensation, as defined in the Plan document, or a specified dollar amount each payroll period, subject to limitations. Participants may also elect to make an after-tax Roth contribution to the Plan. A participant's total contribution cannot exceed \$22,500 (\$30,000 if 50 or older) in calendar year 2023 and \$20,500 (\$27,000 if 50 or older) in calendar year 2022.
- **Employer Matching Contributions** – The Employer will make matching amounts to eligible participants each payroll period. For the year ended December 31, 2023 and 2022, the Employer matched 33% of a participant's salary deferral contributions up to 6% of the participant's eligible compensation.
- **Discretionary Employer Nonelective Contributions** – The Employer may make a discretionary Employer nonelective contribution to those eligible participants who are actively employed as of the last day of the Plan year, with certain exceptions for participants who die, become disabled, or terminate employment after the normal retirement age during the year. This contribution is allocated to each eligible participant's account in the ratio that each participant's compensation bears to the compensation of all eligible participants. For the years ended December 31, 2023 and 2022, the Employer did not make a discretionary Employer nonelective contribution.
- **Rollover Contributions** – Certain amounts distributed to participants from other qualified employee benefit plans may be rolled into the Plan.

All contributions are allocated to the Plan's investment funds at the direction of the participants.

**Participant Accounts.** Each participant's account is credited with the participant's contributions (salary deferral and rollovers, if any) and an allocation of (a) the Employer's contribution (matching and discretionary nonelective), if any, (b) fund earnings or losses, and (c) administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

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### Note 1 – Description of the Plan (continued)

**Vesting.** Participants are immediately vested in their salary deferral contributions, rollover contributions, and related earnings thereon. Vesting in Employer matching and discretionary Employer nonelective contributions is based on a six year graded vesting schedule, whereas a participant becomes 20% vested after two years of service and 20% vested for each additional year of service until becoming 100% vested after six years of service. Participants, while employed, also become 100% vested upon reaching normal retirement age of 65, death, becoming disabled, or upon Plan termination or partial Plan termination.

**Forfeitures.** When certain terminations of participation occur, the non-vested portion of a participant's account represents a forfeiture. Forfeitures can be used to reduce future Employer contributions, used to restore previously forfeited amounts to participant accounts, or can be used to pay administrative expenses of the Plan. During 2023 and 2022, forfeitures of \$433 and \$346, respectively, were used to pay administrative expenses. As of December 31, 2023, 2022, and 2021, the balance in the unutilized forfeitures account was \$85,513, \$56,149 and \$48,838, respectively.

**Investment Options.** Participants may currently direct their investments into various registered investment companies, an investment contract with insurance company, and common collective trusts.

**Notes Receivable from Participants.** Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of (i) \$50,000 or (ii) 50% of their vested account balance. Loan terms range from 1 month up to a maximum of 5 years (15 years if used for the purchase of a principal residence). The loans are secured by the balance in the participant's account and bear interest based on the prime rate plus 1% at the date the loan is granted as determined by the Plan administrator. Principal and interest payments are paid ratably through payroll deductions.

**Payment of Benefits.** Benefits to participants or beneficiaries generally are payable as a lump sum, or partial withdrawals equal to the value of their vested account balance upon retirement, disability, death or termination of the participant. A terminated employee with a balance of less than a certain dollar threshold, as defined, may be automatically paid out by the Plan upon termination. Additionally, participants may request in-service withdrawals of their rollover contributions account, for a deemed severance of employment, for a qualified reservist distribution, upon attainment of age 59½, or upon incurring a financial hardship, as defined in the Plan document, if certain criteria are met.

### Note 2 – Summary of Significant Accounting Policies

**Basis of Accounting and Use of Estimates.** The financial statements of the Plan are prepared using the accrual method of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

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### Note 2 – Summary of Significant Accounting Policies (continued)

**Investment Valuation and Income Recognition.** The Plan's investments are stated at fair value, except for the Plan's investment in an investment contract with an insurance company which is stated at contract value (see Note 4). 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor, custodians, and trustee. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments 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 their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

**Excess Contributions Payable.** Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Code ("IRC") are recorded as a liability with a corresponding reduction to contributions. The Plan distributes the excess contributions after the Plan's year end.

**Contributions.** Participant contributions and the related Employer matching contributions are recognized in the period in which participant contributions are withheld from compensation.

**Benefits Payments.** Benefits are recorded when paid.

**Expenses.** Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Also included in administrative expenses are recordkeeping charges, investment advisory, and other administrative expenses. Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

**Reclassifications.** Certain Employer contributions receivable in the 2021 financial statements have been reclassified as other Employer contributions in order to conform with the current year presentation.

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

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### Note 3 – Fair Value Measurements

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

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

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

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

There have been no changes in the methodologies used at December 31, 2023, 2022 and 2021. The following is a description of the valuation methodologies used for assets measured at fair value:

- Registered Investment Companies (“RICs”) are valued at the quoted net asset value (“NAV”) of shares held by the Plan at year end.
- The common collective trusts (“CCTs”) are valued at the NAV of units held by the Plan at year end. The NAV, as provided by 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 funds less their liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

### Note 3 – Fair Value Measurements (continued)

The following tables set forth by level, within the fair value ("FV") hierarchy, the Plan's assets at fair value as of December 31, 2023, 2022 and 2021:

| Fair Value Measurements at December 31, 2023 |                                                                          |                                                         |                                                  |
|----------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
|                                              | Quoted<br>Prices in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 |
|                                              |                                                                          |                                                         | Total                                            |
| RICs                                         | \$ 1,693,740                                                             | \$ -                                                    | \$ -                                             |
| Total Assets in<br>FV Hierarchy              | \$ 1,693,740                                                             | \$ -                                                    | \$ -                                             |
| Investments<br>Measured at NAV               |                                                                          |                                                         | 1,958,399                                        |
| Total Assets at Fair Value                   |                                                                          |                                                         | \$ 3,652,139                                     |

| Fair Value Measurements at December 31, 2022 |                                                                          |                                                         |                                                  |
|----------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
|                                              | Quoted<br>Prices in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 |
|                                              |                                                                          |                                                         | Total                                            |
| RICs                                         | \$ 1,023,692                                                             | \$ -                                                    | \$ -                                             |
| Total Assets in<br>FV Hierarchy              | \$ 1,023,692                                                             | \$ -                                                    | \$ -                                             |
| Investments<br>Measured at NAV               |                                                                          |                                                         | 1,670,836                                        |
| Total Assets at Fair Value                   |                                                                          |                                                         | \$ 2,694,528                                     |

| Fair Value Measurements at December 31, 2021 |                                                                          |                                                         |                                                  |
|----------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
|                                              | Quoted<br>Prices in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 |
|                                              |                                                                          |                                                         | Total                                            |
| RICs                                         | \$ 1,071,601                                                             | \$ -                                                    | \$ -                                             |
| Total Assets in<br>FV Hierarchy              | \$ 1,071,601                                                             | \$ -                                                    | \$ -                                             |
| Investments<br>Measured at NAV               |                                                                          |                                                         | 1,814,818                                        |
| Total Assets at Fair Value                   |                                                                          |                                                         | \$ 2,886,419                                     |

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

### Note 3 – Fair Value Measurements (continued)

**Investments in Certain Entities that Calculate NAV per Unit.** The following table at December 31, 2023, 2022 and 2021, sets forth a summary of certain of the Plan's investments with a reported NAV:

| Investment | Fair Value as of<br>December 31, |              | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Restrictions |
|------------|----------------------------------|--------------|-------------------------|-------------------------|----------------------------|
| CCTs (a)   | 2023                             | \$ 1,958,399 | None                    | Daily                   | None                       |
| CCTs (a)   | 2022                             | \$ 1,670,836 | None                    | Daily                   | None                       |
| CCTs (a)   | 2021                             | \$ 1,814,818 | None                    | Daily                   | None                       |

(a) Various conservative, moderate, and aggressive asset allocation strategies for those that have retired or expect to retire in years 2025 - 2065.

### Note 4 – Investment Contracts with Insurance Companies

During 2021, the Plan entered into a traditional benefit-responsive investment contract, the Voya Fixed Account ("Fixed Account"), with Voya Retirement Insurance and Annuity Company ("VRIAC"). VRIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 1%. Such interest rates are reviewed on a regular basis for resetting.

This contract meets the fully benefit-responsive criteria and, therefore, is reported at contract value. Contract value is the relevant measurement attribute for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VRIAC, 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, subject to certain restrictions.

There are certain restrictions on transfers from the investment contract when competing funds are involved. Direct transfers from the Fixed Account to a competing fund may not be made. Transfers from the Fixed Account will prevent transfers to a competing fund for 90 days.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2023, 2022 and 2021 was \$175,198, \$319,821 and \$113,039, respectively. The investment contract does not have a defined maturity specified in the contract.

Certain events, such as non-benefit Surrenders, limit the ability of the Plan to transact at contract value with the issuer. In the event of a non-benefit Surrender, a market value adjustment per the investment contract's formula will apply. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

### Note 5 – Certified Information

The following information disclosed in the accompanying financial statements and ERISA-required supplemental schedules was obtained by management and agreed to or derived from information certified as complete and accurate by VRIAC, the custodian of the Plan, and Voya Institutional Trust Company ("VITC"), the trustee of the Plan.

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022;
- Notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022;
- Investment amounts, as shown in Notes 3 and 4;
- Investment income (loss), as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2023 and 2022;
- Interest income on notes receivable from participants, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2023 and 2022; and
- The investment information presented in the Schedules of Assets (Held at End of Year) as of December 31, 2023 and 2022, as shown in the supplemental schedules.

### Note 6 – Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2023, 2022, and 2021:

|                                                                 | 2023                | 2022                | 2021                |
|-----------------------------------------------------------------|---------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements  | \$ 3,867,277        | \$ 3,007,568        | \$ 3,067,821        |
| Less: contributions receivable                                  | (219,938)           | (49,997)            | (108,541)           |
| Add: excess contributions payable                               | 183,769             | 61,330              | 49,997              |
| Less: Registered investment companies                           |                     |                     | (644)               |
| Net assets available for benefits per the Form 5500 (unaudited) | <u>\$ 3,831,108</u> | <u>\$ 3,018,901</u> | <u>\$ 3,008,633</u> |

The following is a reconciliation of the net increase (decrease) in net assets available for benefits per the financial statements to net income (loss) per the Form 5500 for the years ended December 31, 2023 and 2022:

|                                                                                           | 2023              | 2022             |
|-------------------------------------------------------------------------------------------|-------------------|------------------|
| Net increase (decrease) in net assets available for benefits per the financial statements | \$ 859,709        | \$ (60,253)      |
| Change in receivables                                                                     | (169,941)         | 59,188           |
| Change in payables                                                                        | 122,439           | 11,333           |
| Net income per the Form 5500 (unaudited)                                                  | <u>\$ 812,207</u> | <u>\$ 10,268</u> |

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

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### Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination or partial termination, affected participants will become 100% vested in their accounts.

### Note 8 – Tax Status

The Plan Sponsor has adopted a VRIAC Non-Standardized Pre-Approved Profit Sharing Plan ("pre-approved plan"). The pre-approved plan received an opinion letter from the IRS on June 30, 2020, which stated that the pre-approved plan is qualified under the applicable sections of the Internal Revenue Code ("IRC"). Although the pre-approved plan and the Plan have been amended since receiving the IRS opinion letter, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Sponsor believes that the Plan is qualified under Section 401(a) of the IRC and the related Trust is tax exempt as of December 31, 2023, 2022 and 2021. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan failed the 2023 and 2021 Actual Deferral Percentage ("ADP") and Actual Contribution Percentage ("ACP") tests under IRC Section 401(k) and 401(m) and, as of November 21, 2025, correction has not been made. An estimated one-to-one qualified nonelective contribution ("1:1 QNEC") of \$219,938, \$49,997, and \$49,997 has been accrued in the accompanying December 31, 2023, 2022, and 2021 financial statements to account for the correction of the Plan's failed 2023 and 2021 ADP and ACP tests. Such 1:1 QNEC is a component of other Employer contributions receivable and excess contributions payable in the accompanying statements of net assets available for benefits as of December 31, 2023, 2022, and 2021. Plan management intends to make this 1:1 QNEC correction as soon as administratively feasible.

### Note 9 – Party-In-Interest Transactions

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

Certain Plan investments are shares or units of an investment contract with insurance company and a registered investment company offered by VRIAC and Voya. As VRIAC is the custodian of the Plan and VITC is the trustee of the Plan, these transactions qualify as party-in-interest transactions. Additionally, the Plan maintains notes receivable from participants. Fees paid for services rendered by parties-in-interest were based on customary and reasonable rates for such services.

# **VASA Fitness LLC Retirement Savings Plan**

## **Notes to Financial Statements**

December 31, 2023 and 2022

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### **Note 10 – Nonexempt Prohibited Transaction**

During 2022, 2021, and 2019, the Company had nonexempt prohibited transactions related to participant contributions not remitted to the trust in a timely manner as listed in the aggregate on Schedule H, Line 4a: Schedule of Delinquent Participant Contributions. The principal amount of the late contributions have been remitted to the Plan's trust. The Company corrected the 2019 late contributions by remitting lost earnings into the Plan's trust in April 2022. The Company intends to correct the 2022 and 2021 late contributions by remitting lost earnings into the Plan's trust as soon as administratively feasible.

### **Note 11 – Concentrations, Risks, and Uncertainties**

The Plan provides for various investment options. Investment securities, in general, are exposed to various risks, such as significant world events, interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts presented in the statements of net assets available for benefits. As of December 31, 2023, 2022 and 2021, there were three and four investments, respectively, which individually represented more than 10% of net assets available for Plan benefits. See supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2023 and 2022.

Additionally, some investments held by the Plan are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

### **Note 12 – Subsequent Events**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through November 21, 2025, which is the date the financial statements were available to be issued.

# VASA Fitness LLC Retirement Savings Plan

Schedule H, Line 4a:

**Schedule of Delinquent Participant Contributions**

EIN: 75-3139409

PN: 002

Year ended December 31, 2023

| Participant<br>Contributions<br>Transferred<br>Late to Plan | Check Here if<br>Late Participant<br>Loan<br>Repayments are<br>Included | Total That Constitute Nonexempt Prohibited Transactions |                                            |                                                   | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
|                                                             |                                                                         | Contributions<br>Not Corrected                          | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                           |
| \$ 201,754                                                  | <input type="checkbox"/>                                                | \$ 201,754                                              | \$ -                                       | \$ -                                              | \$ -                                                      |

# VASA Fitness LLC Retirement Savings Plan

Schedule H, Line 4a:

**Schedule of Delinquent Participant Contributions**

EIN: 75-3139409

PN: 002

Year ended December 31, 2022

| Participant<br>Contributions<br>Transferred<br>Late to Plan | Check Here if<br>Late Participant<br>Loan<br>Repayments are<br>Included | Total That Constitute Nonexempt Prohibited Transactions |                                            | Contributions<br>Pending<br>Correction in<br>VFCP | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
|                                                             |                                                                         | Contributions<br>Not Corrected                          | Contributions<br>Corrected<br>Outside VFCP |                                                   |                                                           |
| \$ 375,151                                                  | <input type="checkbox"/>                                                | \$ 201,754                                              | \$ 173,397                                 | \$ -                                              | \$ -                                                      |

# VASA Fitness LLC Retirement Savings Plan

## Schedule H, Line 4i: Schedule of Assets

(Held at End of Year)

EIN: 75-3139409

PN: 002

December 31,

2023

| Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | Description of Investment                                        | Current<br>Value    |
|------------------------------------------------------------|------------------------------------------------------------------|---------------------|
| <b>Registered Investment Companies:</b>                    |                                                                  |                     |
| AllianceBernstein                                          | AB Small Cap Grw Port Z                                          | \$ 22,010           |
| All Spring                                                 | Allspg Spec MdCp VI Fd R6                                        | 4,997               |
| American Century                                           | AmCen Small Cap Value Fund R6                                    | 23,408              |
| DFA                                                        | DFA Infl-Prot Sec Port Ins                                       | 3,076               |
| DFA                                                        | DFA Real Estate Secs Port Ins                                    | 20,112              |
| Fidelity                                                   | Fid US Bd Id Fd                                                  | 132,150             |
| Fidelity                                                   | Fidelity 500 Index Fund                                          | 746,271             |
| Fidelity                                                   | Fidelity Advisor Tech Fund Z                                     | 91,166              |
| Fidelity                                                   | Fidelity Emg Mkts Id Fd                                          | 23,307              |
| Fidelity                                                   | Fidelity Intl Index Fnd                                          | 120,299             |
| Fidelity                                                   | Fidelity Mid Cap Idx Fd                                          | 35,429              |
| Fidelity                                                   | Fidelity Sm Cp Ind Fd                                            | 10,584              |
| JP Morgan                                                  | JPMorgan Government Bd Fnd R6                                    | 25,489              |
| MFS                                                        | MFS International Grw Fund R6                                    | 71,100              |
| MFS                                                        | MFS Value Fund R6                                                | 50,991              |
| PGIM                                                       | PGIM High Yield Fund R6                                          | 34,791              |
| Pioneer                                                    | Pioneer Bond Fund K                                              | 24,926              |
| Putnam                                                     | Putnam Large Cap Growth R6                                       | 145,299             |
| T. Rowe Price                                              | TRwPr Divers MCap Grw Fd I                                       | 22,822              |
| * Voya                                                     | Voya Gv Mny Mkt Fd A (Hld Acct)                                  | 85,513              |
| <b>Total Registered Investment Companies</b>               |                                                                  | <b>1,693,740</b>    |
| <b>Common Collective Trusts:</b>                           |                                                                  |                     |
| Wilmington Trust, N.A.                                     | MyCompass Ind Agg 2045 Fd R                                      | 38,357              |
| Wilmington Trust, N.A.                                     | MyCompass Ind Agg 2055 Fd R                                      | 6,067               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Agg 2065 Fd R                                      | 6,065               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns 2025 F R                                       | 1,473               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns 2035 F R                                       | 13,236              |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns 2055 F R                                       | 1,832               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns 2065 Fd R                                      | 2,703               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns Ret Fd R                                       | 491                 |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2025 Fd R                                      | 238,206             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2035 Fd R                                      | 363,159             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2045 Fd R                                      | 619,855             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2055 Fd R                                      | 604,344             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2065 Fd R                                      | 10,783              |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod Ret Fd R                                       | 51,828              |
| <b>Total Common Collective Trusts</b>                      |                                                                  | <b>1,958,399</b>    |
| <b>Investment Contracts With Insurance Companies:</b>      |                                                                  |                     |
| * VRIAC                                                    | Voya Fixed Account, 1.5%                                         | 175,198             |
| <b>Loans to Participants</b>                               |                                                                  |                     |
| * Participants                                             | (interest rates between 4.25% and 9.25%, various maturity dates) | 3,771               |
| <b>Total Assets (Held at End of Year)</b>                  |                                                                  | <b>\$ 3,831,108</b> |

\* Represents a party-in-interest.

# VASA Fitness LLC Retirement Savings Plan

## Schedule H, Line 4i: Schedule of Assets

(Held at End of Year)

EIN: 75-3139409

PN: 002

December 31,

2022

| Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | Description of Investment                                        | Current<br>Value    |
|------------------------------------------------------------|------------------------------------------------------------------|---------------------|
| <b>Registered Investment Companies:</b>                    |                                                                  |                     |
| AllianceBernstein                                          | AB Small Cap Grw Port Z                                          | \$ 1,430            |
| All Spring                                                 | Allspg Spec MdCp VI Fd R6                                        | 69                  |
| American Century                                           | AmCen Small Cap Value Fund R6                                    | 12,952              |
| American Funds                                             | American Funds EuroPacific R6                                    | 43,490              |
| DFA                                                        | DFA Infl-Prot Sec Port Ins                                       | 8,551               |
| DFA                                                        | DFA Real Estate Secs Port Ins                                    | 25,978              |
| Fidelity                                                   | Fid US Bd Id Fd                                                  | 75,770              |
| Fidelity                                                   | Fidelity 500 Index Fund                                          | 501,475             |
| Fidelity                                                   | Fidelity Advisor Tech Fund Z                                     | 21,839              |
| Fidelity                                                   | Fidelity Emg Mkts Id Fd                                          | 18,969              |
| Fidelity                                                   | Fidelity Intl Index Fnd                                          | 73,954              |
| Fidelity                                                   | Fidelity Mid Cap Idx Fd                                          | 29,053              |
| Fidelity                                                   | Fidelity Sm Cp Ind Fd                                            | 5,045               |
| JP Morgan                                                  | JPMorgan Government Bd Fnd R6                                    | 11,085              |
| MFS                                                        | MFS Value Fund R6                                                | 27,597              |
| PGIM                                                       | PGIM High Yield Fund R6                                          | 12,296              |
| Pioneer                                                    | Pioneer Bond Fund K                                              | 21,269              |
| Putnam                                                     | Putnam Large Cap Growth R6                                       | 57,954              |
| T. Rowe Price                                              | TRwPr Divers MCap Grw Fd I                                       | 18,767              |
| * Voya                                                     | Voya Gv Mny Mkt Fd A (Hld Acct)                                  | 56,149              |
| <b>Total Registered Investment Companies</b>               |                                                                  | <b>1,023,692</b>    |
| <b>Common Collective Trusts:</b>                           |                                                                  |                     |
| Wilmington Trust, N.A.                                     | MyCompass Ind Agg 2055 Fd R                                      | 1,515               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Agg 2065 Fd R                                      | 8,967               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns 2035 F R                                       | 107                 |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2025 Fd R                                      | 358,502             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2035 Fd R                                      | 379,125             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2045 Fd R                                      | 589,823             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2055 Fd R                                      | 282,215             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2065 Fd R                                      | 2,493               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod Ret Fd R                                       | 48,089              |
| <b>Total Common Collective Trusts</b>                      |                                                                  | <b>1,670,836</b>    |
| <b>Investment Contracts With Insurance Companies:</b>      |                                                                  |                     |
| * VRIAC                                                    | Voya Fixed Account, 1.25%                                        | 319,821             |
| <b>Loans to Participants</b>                               |                                                                  |                     |
| * Participants                                             | (interest rates between 4.25% and 6.50%, various maturity dates) | 4,552               |
| <b>Total Assets (Held at End of Year)</b>                  |                                                                  | <b>\$ 3,018,901</b> |

\* Represents a party-in-interest.

**Attachment to 2022 Form 5500**  
**Schedule H, line 4i - Schedule of Assets**  
**(Held at End of Year)**  
**VASA Fitness LLC Retirement Savings Plan**  
**EIN 75-3139409**  
**Plan 002**  
**As of December 31, 2022**

| (a) (b) Identity of issue, borrower, lessor or similar party | (c) Description of investments including maturity date,<br>rate of interest, collateral, par, or maturity date | (d) Cost | (e) Current Value |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------|-------------------|
| AB Small Cap Grw Port Z                                      | Registered Investment Company                                                                                  |          | \$1,430           |
| Allspg Spec MdCp VI Fd R6                                    | Registered Investment Company                                                                                  |          | \$69              |
| AmCen Small Cap Value Fund R6                                | Registered Investment Company                                                                                  |          | \$12,952          |
| American Funds EuroPacific R6                                | Registered Investment Company                                                                                  |          | \$43,490          |
| DFA Infl-Prot Sec Port Ins                                   | Registered Investment Company                                                                                  |          | \$8,551           |
| DFA Real Estate Secs Port Ins                                | Registered Investment Company                                                                                  |          | \$25,978          |
| Fid US Bd Id Fd                                              | Registered Investment Company                                                                                  |          | \$75,770          |
| Fidelity 500 Index Fund                                      | Registered Investment Company                                                                                  |          | \$501,475         |
| Fidelity Advisor Tech Fund Z                                 | Registered Investment Company                                                                                  |          | \$21,839          |
| Fidelity Emg Mkts Id Fd                                      | Registered Investment Company                                                                                  |          | \$18,969          |
| Fidelity Intl Index Fnd                                      | Registered Investment Company                                                                                  |          | \$73,954          |
| Fidelity Mid Cap Idx Fd                                      | Registered Investment Company                                                                                  |          | \$29,053          |
| Fidelity Sm Cp Ind Fd                                        | Registered Investment Company                                                                                  |          | \$5,045           |
| JPMorgan Government Bd Fnd R6                                | Registered Investment Company                                                                                  |          | \$11,085          |
| MFS Value Fund R6                                            | Registered Investment Company                                                                                  |          | \$27,597          |
| MyCompass Ind Agg 2055 Fd R                                  | Common Collective Trust                                                                                        |          | \$1,515           |
| MyCompass Ind Agg 2065 Fd R                                  | Common Collective Trust                                                                                        |          | \$8,967           |
| MyCompass Ind Cns 2035 F R                                   | Common Collective Trust                                                                                        |          | \$107             |
| MyCompass Ind Mod 2025 Fd R                                  | Common Collective Trust                                                                                        |          | \$358,502         |
| MyCompass Ind Mod 2035 Fd R                                  | Common Collective Trust                                                                                        |          | \$379,125         |
| MyCompass Ind Mod 2045 Fd R                                  | Common Collective Trust                                                                                        |          | \$589,823         |
| MyCompass Ind Mod 2055 Fd R                                  | Common Collective Trust                                                                                        |          | \$282,214         |
| MyCompass Ind Mod 2065 Fd R                                  | Common Collective Trust                                                                                        |          | \$2,493           |
| MyCompass Ind Mod Ret Fd R                                   | Common Collective Trust                                                                                        |          | \$48,089          |
| PGIM High Yield Fund R6                                      | Registered Investment Company                                                                                  |          | \$12,297          |
| Pioneer Bond Fund K                                          | Registered Investment Company                                                                                  |          | \$21,269          |
| Putnam Large Cap Growth R6                                   | Registered Investment Company                                                                                  |          | \$57,954          |
| TRwPr Divers MCap Grw Fd I                                   | Registered Investment Company                                                                                  |          | \$18,767          |
| * Voya Fixed Account (4450)                                  | Insurance Company General Account                                                                              |          | \$319,822         |
| * Voya Gv Mny Mkt F A (Hld Acct)                             | Registered Investment Company                                                                                  |          | \$56,149          |
| Loan Fund                                                    | Participant Loans - Rates 4.50% to 6.50%                                                                       |          | \$4,552           |
| Total                                                        |                                                                                                                |          | \$3,018,901       |

\* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.



## **VASA Fitness LLC Retirement Savings Plan**

### **Independent Auditor's Report and Financial Statements**

December 31, 2023, 2022, and 2021

# VASA Fitness LLC Retirement Savings Plan

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**Independent Auditor's Report**

To the Plan Administrator of the  
VASA Fitness LLC Retirement Savings Plan:

***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2023 and 2022 Financial Statements***

We have performed audits of the financial statements of the VASA Fitness LLC Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022, and the related notes to the financial statements ("2023 and 2022 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 qualified institutions as of December 31, 2023 and 2022, and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

***Opinion on the 2023 and 2022 Financial Statements***

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2023 and 2022 Financial Statements section

- the amounts and disclosures in the accompanying 2023 and 2022 financial statements, 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 accompanying 2023 and 2022 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion on the 2023 and 2022 Financial Statements***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2023 and 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Responsibilities of Management for the 2023 and 2022 Financial Statements***

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

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

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

***Auditor's Responsibilities for the Audit of the 2023 and 2022 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2023 and 2022 Financial Statements 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2023 and 2022 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 Matters**

#### ***Supplemental Schedules Required by ERISA***

The supplemental schedules Schedule H, Line 4a: Schedule of Delinquent Participant Contributions and Schedule H, Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2023 and 2022 or for the years ended December 31, 2023 and 2022, are presented for the purpose 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 GAAS. 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

*Auditor's Report on the 2021 Financial Statements*

The 2021 financial statements of the Plan were audited by predecessor auditors whose report dated July 2, 2025, expressed an unmodified opinion on those financial statements.

*Breck and Company CPAs P.C.*  
Certified Public Accountants

Boulder, Colorado  
November 21, 2025

# VASA Fitness LLC Retirement Savings Plan

## Statements of Net Assets Available for Benefits

| December 31,                                                  | 2023                | 2022                | 2021                |
|---------------------------------------------------------------|---------------------|---------------------|---------------------|
| <b>ASSETS</b>                                                 |                     |                     |                     |
| <b>Investments (Notes 2, 3, and 4):</b>                       |                     |                     |                     |
| Registered investment companies, at fair value                | \$ 1,693,740        | \$ 1,023,692        | \$ 1,071,601        |
| Common collective trusts, at fair value                       | 1,958,399           | 1,670,836           | 1,814,818           |
| Investment contract with insurance company, at contract value | 175,198             | 319,821             | 113,039             |
| <b>Total investments</b>                                      | <b>3,827,337</b>    | <b>3,014,349</b>    | <b>2,999,458</b>    |
| <b>Receivables:</b>                                           |                     |                     |                     |
| Employer contributions                                        | -                   | -                   | 616                 |
| Other Employer contributions                                  | 219,938             | 49,997              | 49,997              |
| Participant contributions                                     | -                   | -                   | 57,928              |
| Notes receivable from participants                            | 3,771               | 4,552               | 9,819               |
| <b>Total receivables</b>                                      | <b>223,709</b>      | <b>54,549</b>       | <b>118,360</b>      |
| <b>Total assets</b>                                           | <b>4,051,046</b>    | <b>3,068,898</b>    | <b>3,117,818</b>    |
| <b>LIABILITIES</b>                                            |                     |                     |                     |
| <b>Excess contributions payable</b>                           | <b>183,769</b>      | <b>61,330</b>       | <b>49,997</b>       |
| <b>Net assets available for benefits</b>                      | <b>\$ 3,867,277</b> | <b>\$ 3,007,568</b> | <b>\$ 3,067,821</b> |

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

# VASA Fitness LLC Retirement Savings Plan

## Statements of Changes in Net Assets Available for Benefits

| Year ended December 31,                                             | 2023                | 2022                |
|---------------------------------------------------------------------|---------------------|---------------------|
| <b>Additions to (deductions from) net assets attributed to:</b>     |                     |                     |
| <b>Investment income (loss) (Note 2):</b>                           |                     |                     |
| Net appreciation (depreciation) in fair value of investments        | \$ 528,805          | \$ (539,477)        |
| Interest and dividends                                              | 40,765              | 26,482              |
| <b>Total investment income (loss)</b>                               | <b>569,570</b>      | <b>(512,995)</b>    |
| <b>Other income:</b>                                                |                     |                     |
| Interest income on notes receivable from participants               | 491                 | 198                 |
| Other income                                                        | 96                  | 140                 |
| <b>Total other income</b>                                           | <b>587</b>          | <b>338</b>          |
| <b>Contributions:</b>                                               |                     |                     |
| Employer                                                            | 108,356             | 81,699              |
| Other Employer                                                      | 169,941             | -                   |
| Participant                                                         | 504,469             | 484,306             |
| Rollover                                                            | 97,943              | -                   |
| <b>Total contributions</b>                                          | <b>880,709</b>      | <b>566,005</b>      |
| Less: excess contributions                                          | (169,941)           | (11,333)            |
| <b>Net contributions</b>                                            | <b>710,768</b>      | <b>554,672</b>      |
| <b>Payments:</b>                                                    |                     |                     |
| Distributions to participants                                       | (396,760)           | (80,839)            |
| Administrative fees                                                 | (24,456)            | (21,429)            |
| <b>Total payments</b>                                               | <b>(421,216)</b>    | <b>(102,268)</b>    |
| <b>Net increase (decrease) in net assets available for benefits</b> | <b>859,709</b>      | <b>(60,253)</b>     |
| <b>Net assets available for benefits, beginning of year</b>         | <b>3,007,568</b>    | <b>3,067,821</b>    |
| <b>Net assets available for benefits, end of year</b>               | <b>\$ 3,867,277</b> | <b>\$ 3,007,568</b> |

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

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

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### Note 1 – Description of the Plan

The following description of the VASA Fitness LLC (the “Company,” “Employer,” “Plan Administrator,” or “Plan Sponsor”) Retirement Savings Plan (the “Plan”) provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan’s provisions.

**General.** The Plan is a defined contribution plan, which went into effect August 1, 2019, that is generally available to all employees of the Company age 18 years or older who have completed three months of service in which 250 hours of service must be completed. If 250 hours of service isn't completed within the first 3 months, the service requirement will be satisfied when credited with a year of service. Employees may enter the Plan on the first day of the Plan year quarter coincident with or following the date they meet the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation.

**Contributions.** The following types of contributions are allowable under the Plan:

- Salary Deferral Contributions – Participants may contribute a percentage of their eligible pre-tax compensation, as defined in the Plan document, or a specified dollar amount each payroll period, subject to limitations. Participants may also elect to make an after-tax Roth contribution to the Plan. A participant’s total contribution cannot exceed \$22,500 (\$30,000 if 50 or older) in calendar year 2023 and \$20,500 (\$27,000 if 50 or older) in calendar year 2022.
- Employer Matching Contributions – The Employer will make matching amounts to eligible participants each payroll period. For the year ended December 31, 2023 and 2022, the Employer matched 33% of a participant's salary deferral contributions up to 6% of the participant's eligible compensation.
- Discretionary Employer Nonelective Contributions – The Employer may make a discretionary Employer nonelective contribution to those eligible participants who are actively employed as of the last day of the Plan year, with certain exceptions for participants who die, become disabled, or terminate employment after the normal retirement age during the year. This contribution is allocated to each eligible participant’s account in the ratio that each participant’s compensation bears to the compensation of all eligible participants. For the years ended December 31, 2023 and 2022, the Employer did not make a discretionary Employer nonelective contribution.
- Rollover Contributions – Certain amounts distributed to participants from other qualified employee benefit plans may be rolled into the Plan.

All contributions are allocated to the Plan’s investment funds at the direction of the participants.

**Participant Accounts.** Each participant’s account is credited with the participant’s contributions (salary deferral and rollovers, if any) and an allocation of (a) the Employer’s contribution (matching and discretionary nonelective), if any, (b) fund earnings or losses, and (c) administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account balance.

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

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### Note 1 – Description of the Plan (continued)

**Vesting.** Participants are immediately vested in their salary deferral contributions, rollover contributions, and related earnings thereon. Vesting in Employer matching and discretionary Employer nonelective contributions is based on a six year graded vesting schedule, whereas a participant becomes 20% vested after two years of service and 20% vested for each additional year of service until becoming 100% vested after six years of service. Participants, while employed, also become 100% vested upon reaching normal retirement age of 65, death, becoming disabled, or upon Plan termination or partial Plan termination.

**Forfeitures.** When certain terminations of participation occur, the non-vested portion of a participant's account represents a forfeiture. Forfeitures can be used to reduce future Employer contributions, used to restore previously forfeited amounts to participant accounts, or can be used to pay administrative expenses of the Plan. During 2023 and 2022, forfeitures of \$433 and \$346, respectively, were used to pay administrative expenses. As of December 31, 2023, 2022, and 2021, the balance in the unutilized forfeitures account was \$85,513, \$56,149 and \$48,838, respectively.

**Investment Options.** Participants may currently direct their investments into various registered investment companies, an investment contract with insurance company, and common collective trusts.

**Notes Receivable from Participants.** Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of (i) \$50,000 or (ii) 50% of their vested account balance. Loan terms range from 1 month up to a maximum of 5 years (15 years if used for the purchase of a principal residence). The loans are secured by the balance in the participant's account and bear interest based on the prime rate plus 1% at the date the loan is granted as determined by the Plan administrator. Principal and interest payments are paid ratably through payroll deductions.

**Payment of Benefits.** Benefits to participants or beneficiaries generally are payable as a lump sum, or partial withdrawals equal to the value of their vested account balance upon retirement, disability, death or termination of the participant. A terminated employee with a balance of less than a certain dollar threshold, as defined, may be automatically paid out by the Plan upon termination. Additionally, participants may request in-service withdrawals of their rollover contributions account, for a deemed severance of employment, for a qualified reservist distribution, upon attainment of age 59½, or upon incurring a financial hardship, as defined in the Plan document, if certain criteria are met.

### Note 2 – Summary of Significant Accounting Policies

**Basis of Accounting and Use of Estimates.** The financial statements of the Plan are prepared using the accrual method of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

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### Note 2 – Summary of Significant Accounting Policies (continued)

**Investment Valuation and Income Recognition.** The Plan's investments are stated at fair value, except for the Plan's investment in an investment contract with an insurance company which is stated at contract value (see Note 4). 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor, custodians, and trustee. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments 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 their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

**Excess Contributions Payable.** Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Code ("IRC") are recorded as a liability with a corresponding reduction to contributions. The Plan distributes the excess contributions after the Plan's year end.

**Contributions.** Participant contributions and the related Employer matching contributions are recognized in the period in which participant contributions are withheld from compensation.

**Benefits Payments.** Benefits are recorded when paid.

**Expenses.** Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Also included in administrative expenses are recordkeeping charges, investment advisory, and other administrative expenses. Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

**Reclassifications.** Certain Employer contributions receivable in the 2021 financial statements have been reclassified as other Employer contributions in order to conform with the current year presentation.

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

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### Note 3 – Fair Value Measurements

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

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

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

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

There have been no changes in the methodologies used at December 31, 2023, 2022 and 2021. The following is a description of the valuation methodologies used for assets measured at fair value:

- Registered Investment Companies (“RICs”) are valued at the quoted net asset value (“NAV”) of shares held by the Plan at year end.
- The common collective trusts (“CCTs”) are valued at the NAV of units held by the Plan at year end. The NAV, as provided by 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 funds less their liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

### Note 3 – Fair Value Measurements (continued)

The following tables set forth by level, within the fair value ("FV") hierarchy, the Plan's assets at fair value as of December 31, 2023, 2022 and 2021:

| Fair Value Measurements at December 31, 2023 |                                                                          |                                                         |                                                  |
|----------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
|                                              | Quoted<br>Prices in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 |
|                                              |                                                                          |                                                         | Total                                            |
| RICs                                         | \$ 1,693,740                                                             | \$ -                                                    | \$ -                                             |
| Total Assets in<br>FV Hierarchy              | \$ 1,693,740                                                             | \$ -                                                    | \$ -                                             |
| Investments<br>Measured at NAV               |                                                                          |                                                         | 1,958,399                                        |
| Total Assets at Fair Value                   |                                                                          |                                                         | \$ 3,652,139                                     |

| Fair Value Measurements at December 31, 2022 |                                                                          |                                                         |                                                  |
|----------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
|                                              | Quoted<br>Prices in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 |
|                                              |                                                                          |                                                         | Total                                            |
| RICs                                         | \$ 1,023,692                                                             | \$ -                                                    | \$ -                                             |
| Total Assets in<br>FV Hierarchy              | \$ 1,023,692                                                             | \$ -                                                    | \$ -                                             |
| Investments<br>Measured at NAV               |                                                                          |                                                         | 1,670,836                                        |
| Total Assets at Fair Value                   |                                                                          |                                                         | \$ 2,694,528                                     |

| Fair Value Measurements at December 31, 2021 |                                                                          |                                                         |                                                  |
|----------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
|                                              | Quoted<br>Prices in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 |
|                                              |                                                                          |                                                         | Total                                            |
| RICs                                         | \$ 1,071,601                                                             | \$ -                                                    | \$ -                                             |
| Total Assets in<br>FV Hierarchy              | \$ 1,071,601                                                             | \$ -                                                    | \$ -                                             |
| Investments<br>Measured at NAV               |                                                                          |                                                         | 1,814,818                                        |
| Total Assets at Fair Value                   |                                                                          |                                                         | \$ 2,886,419                                     |

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

### Note 3 – Fair Value Measurements (continued)

**Investments in Certain Entities that Calculate NAV per Unit.** The following table at December 31, 2023, 2022 and 2021, sets forth a summary of certain of the Plan's investments with a reported NAV:

| Investment | Fair Value as of<br>December 31, |              | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Restrictions |
|------------|----------------------------------|--------------|-------------------------|-------------------------|----------------------------|
| CCTs (a)   | 2023                             | \$ 1,958,399 | None                    | Daily                   | None                       |
| CCTs (a)   | 2022                             | \$ 1,670,836 | None                    | Daily                   | None                       |
| CCTs (a)   | 2021                             | \$ 1,814,818 | None                    | Daily                   | None                       |

(a) Various conservative, moderate, and aggressive asset allocation strategies for those that have retired or expect to retire in years 2025 - 2065.

### Note 4 – Investment Contracts with Insurance Companies

During 2021, the Plan entered into a traditional benefit-responsive investment contract, the Voya Fixed Account ("Fixed Account"), with Voya Retirement Insurance and Annuity Company ("VRIAC"). VRIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 1%. Such interest rates are reviewed on a regular basis for resetting.

This contract meets the fully benefit-responsive criteria and, therefore, is reported at contract value. Contract value is the relevant measurement attribute for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VRIAC, 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, subject to certain restrictions.

There are certain restrictions on transfers from the investment contract when competing funds are involved. Direct transfers from the Fixed Account to a competing fund may not be made. Transfers from the Fixed Account will prevent transfers to a competing fund for 90 days.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2023, 2022 and 2021 was \$175,198, \$319,821 and \$113,039, respectively. The investment contract does not have a defined maturity specified in the contract.

Certain events, such as non-benefit Surrenders, limit the ability of the Plan to transact at contract value with the issuer. In the event of a non-benefit Surrender, a market value adjustment per the investment contract's formula will apply. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

### Note 5 – Certified Information

The following information disclosed in the accompanying financial statements and ERISA-required supplemental schedules was obtained by management and agreed to or derived from information certified as complete and accurate by VRIAC, the custodian of the Plan, and Voya Institutional Trust Company ("VITC"), the trustee of the Plan.

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022;
- Notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022;
- Investment amounts, as shown in Notes 3 and 4;
- Investment income (loss), as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2023 and 2022;
- Interest income on notes receivable from participants, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2023 and 2022; and
- The investment information presented in the Schedules of Assets (Held at End of Year) as of December 31, 2023 and 2022, as shown in the supplemental schedules.

### Note 6 – Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2023, 2022, and 2021:

|                                                                 | 2023                | 2022                | 2021                |
|-----------------------------------------------------------------|---------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements  | \$ 3,867,277        | \$ 3,007,568        | \$ 3,067,821        |
| Less: contributions receivable                                  | (219,938)           | (49,997)            | (108,541)           |
| Add: excess contributions payable                               | 183,769             | 61,330              | 49,997              |
| Less: Registered investment companies                           |                     |                     | (644)               |
| Net assets available for benefits per the Form 5500 (unaudited) | <u>\$ 3,831,108</u> | <u>\$ 3,018,901</u> | <u>\$ 3,008,633</u> |

The following is a reconciliation of the net increase (decrease) in net assets available for benefits per the financial statements to net income (loss) per the Form 5500 for the years ended December 31, 2023 and 2022:

|                                                                                           | 2023              | 2022             |
|-------------------------------------------------------------------------------------------|-------------------|------------------|
| Net increase (decrease) in net assets available for benefits per the financial statements | \$ 859,709        | \$ (60,253)      |
| Change in receivables                                                                     | (169,941)         | 59,188           |
| Change in payables                                                                        | 122,439           | 11,333           |
| Net income per the Form 5500 (unaudited)                                                  | <u>\$ 812,207</u> | <u>\$ 10,268</u> |

# VASA Fitness LLC Retirement Savings Plan

## Notes to Financial Statements

December 31, 2023 and 2022

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### Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination or partial termination, affected participants will become 100% vested in their accounts.

### Note 8 – Tax Status

The Plan Sponsor has adopted a VRIAC Non-Standardized Pre-Approved Profit Sharing Plan ("pre-approved plan"). The pre-approved plan received an opinion letter from the IRS on June 30, 2020, which stated that the pre-approved plan is qualified under the applicable sections of the Internal Revenue Code ("IRC"). Although the pre-approved plan and the Plan have been amended since receiving the IRS opinion letter, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Sponsor believes that the Plan is qualified under Section 401(a) of the IRC and the related Trust is tax exempt as of December 31, 2023, 2022 and 2021. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan failed the 2023 and 2021 Actual Deferral Percentage ("ADP") and Actual Contribution Percentage ("ACP") tests under IRC Section 401(k) and 401(m) and, as of November 21, 2025, correction has not been made. An estimated one-to-one qualified nonelective contribution ("1:1 QNEC") of \$219,938, \$49,997, and \$49,997 has been accrued in the accompanying December 31, 2023, 2022, and 2021 financial statements to account for the correction of the Plan's failed 2023 and 2021 ADP and ACP tests. Such 1:1 QNEC is a component of other Employer contributions receivable and excess contributions payable in the accompanying statements of net assets available for benefits as of December 31, 2023, 2022, and 2021. Plan management intends to make this 1:1 QNEC correction as soon as administratively feasible.

### Note 9 – Party-In-Interest Transactions

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

Certain Plan investments are shares or units of an investment contract with insurance company and a registered investment company offered by VRIAC and Voya. As VRIAC is the custodian of the Plan and VITC is the trustee of the Plan, these transactions qualify as party-in-interest transactions. Additionally, the Plan maintains notes receivable from participants. Fees paid for services rendered by parties-in-interest were based on customary and reasonable rates for such services.

# **VASA Fitness LLC Retirement Savings Plan**

## **Notes to Financial Statements**

December 31, 2023 and 2022

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### **Note 10 – Nonexempt Prohibited Transaction**

During 2022, 2021, and 2019, the Company had nonexempt prohibited transactions related to participant contributions not remitted to the trust in a timely manner as listed in the aggregate on Schedule H, Line 4a: Schedule of Delinquent Participant Contributions. The principal amount of the late contributions have been remitted to the Plan's trust. The Company corrected the 2019 late contributions by remitting lost earnings into the Plan's trust in April 2022. The Company intends to correct the 2022 and 2021 late contributions by remitting lost earnings into the Plan's trust as soon as administratively feasible.

### **Note 11 – Concentrations, Risks, and Uncertainties**

The Plan provides for various investment options. Investment securities, in general, are exposed to various risks, such as significant world events, interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts presented in the statements of net assets available for benefits. As of December 31, 2023, 2022 and 2021, there were three and four investments, respectively, which individually represented more than 10% of net assets available for Plan benefits. See supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2023 and 2022.

Additionally, some investments held by the Plan are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

### **Note 12 – Subsequent Events**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through November 21, 2025, which is the date the financial statements were available to be issued.

# VASA Fitness LLC Retirement Savings Plan

Schedule H, Line 4a:

**Schedule of Delinquent Participant Contributions**

EIN: 75-3139409

PN: 002

Year ended December 31, 2023

| Participant<br>Contributions<br>Transferred<br>Late to Plan | Check Here if<br>Late Participant<br>Loan<br>Repayments are<br>Included | Total That Constitute Nonexempt Prohibited Transactions |                                            |                                                   | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
|                                                             |                                                                         | Contributions<br>Not Corrected                          | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                           |
| \$ 201,754                                                  | <input type="checkbox"/>                                                | \$ 201,754                                              | \$ -                                       | \$ -                                              | \$ -                                                      |

# VASA Fitness LLC Retirement Savings Plan

Schedule H, Line 4a:

**Schedule of Delinquent Participant Contributions**

EIN: 75-3139409

PN: 002

Year ended December 31, 2022

| Participant<br>Contributions<br>Transferred<br>Late to Plan | Check Here if<br>Late Participant<br>Loan<br>Repayments are<br>Included | Total That Constitute Nonexempt Prohibited Transactions |                                            |                                                   |  | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|---------------------------------------------------|--|-----------------------------------------------------------|
|                                                             |                                                                         | Contributions<br>Not Corrected                          | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |  |                                                           |
| \$ 375,151                                                  | <input type="checkbox"/>                                                | \$ 201,754                                              | \$ 173,397                                 | \$ -                                              |  | \$ -                                                      |

# VASA Fitness LLC Retirement Savings Plan

## Schedule H, Line 4i: Schedule of Assets

(Held at End of Year)

EIN: 75-3139409

PN: 002

December 31,

2023

| Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | Description of Investment                                        | Current<br>Value    |
|------------------------------------------------------------|------------------------------------------------------------------|---------------------|
| <b>Registered Investment Companies:</b>                    |                                                                  |                     |
| AllianceBernstein                                          | AB Small Cap Grw Port Z                                          | \$ 22,010           |
| All Spring                                                 | Allspg Spec MdCp VI Fd R6                                        | 4,997               |
| American Century                                           | AmCen Small Cap Value Fund R6                                    | 23,408              |
| DFA                                                        | DFA Infl-Prot Sec Port Ins                                       | 3,076               |
| DFA                                                        | DFA Real Estate Secs Port Ins                                    | 20,112              |
| Fidelity                                                   | Fid US Bd Id Fd                                                  | 132,150             |
| Fidelity                                                   | Fidelity 500 Index Fund                                          | 746,271             |
| Fidelity                                                   | Fidelity Advisor Tech Fund Z                                     | 91,166              |
| Fidelity                                                   | Fidelity Emg Mkts Id Fd                                          | 23,307              |
| Fidelity                                                   | Fidelity Intl Index Fnd                                          | 120,299             |
| Fidelity                                                   | Fidelity Mid Cap Idx Fd                                          | 35,429              |
| Fidelity                                                   | Fidelity Sm Cp Ind Fd                                            | 10,584              |
| JP Morgan                                                  | JPMorgan Government Bd Fnd R6                                    | 25,489              |
| MFS                                                        | MFS International Grw Fund R6                                    | 71,100              |
| MFS                                                        | MFS Value Fund R6                                                | 50,991              |
| PGIM                                                       | PGIM High Yield Fund R6                                          | 34,791              |
| Pioneer                                                    | Pioneer Bond Fund K                                              | 24,926              |
| Putnam                                                     | Putnam Large Cap Growth R6                                       | 145,299             |
| T. Rowe Price                                              | TRwPr Divers MCap Grw Fd I                                       | 22,822              |
| * Voya                                                     | Voya Gv Mny Mkt Fd A (Hld Acct)                                  | 85,513              |
| <b>Total Registered Investment Companies</b>               |                                                                  | <b>1,693,740</b>    |
| <b>Common Collective Trusts:</b>                           |                                                                  |                     |
| Wilmington Trust, N.A.                                     | MyCompass Ind Agg 2045 Fd R                                      | 38,357              |
| Wilmington Trust, N.A.                                     | MyCompass Ind Agg 2055 Fd R                                      | 6,067               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Agg 2065 Fd R                                      | 6,065               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns 2025 F R                                       | 1,473               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns 2035 F R                                       | 13,236              |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns 2055 F R                                       | 1,832               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns 2065 Fd R                                      | 2,703               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns Ret Fd R                                       | 491                 |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2025 Fd R                                      | 238,206             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2035 Fd R                                      | 363,159             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2045 Fd R                                      | 619,855             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2055 Fd R                                      | 604,344             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2065 Fd R                                      | 10,783              |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod Ret Fd R                                       | 51,828              |
| <b>Total Common Collective Trusts</b>                      |                                                                  | <b>1,958,399</b>    |
| <b>Investment Contracts With Insurance Companies:</b>      |                                                                  |                     |
| * VRIAC                                                    | Voya Fixed Account, 1.5%                                         | 175,198             |
| <b>Loans to Participants</b>                               |                                                                  |                     |
| * Participants                                             | (interest rates between 4.25% and 9.25%, various maturity dates) | 3,771               |
| <b>Total Assets (Held at End of Year)</b>                  |                                                                  | <b>\$ 3,831,108</b> |

\* Represents a party-in-interest.

# VASA Fitness LLC Retirement Savings Plan

## Schedule H, Line 4i: Schedule of Assets

(Held at End of Year)

EIN: 75-3139409

PN: 002

December 31,

2022

| Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | Description of Investment                                        | Current<br>Value    |
|------------------------------------------------------------|------------------------------------------------------------------|---------------------|
| <b>Registered Investment Companies:</b>                    |                                                                  |                     |
| AllianceBernstein                                          | AB Small Cap Grw Port Z                                          | \$ 1,430            |
| All Spring                                                 | Allspg Spec MdCp VI Fd R6                                        | 69                  |
| American Century                                           | AmCen Small Cap Value Fund R6                                    | 12,952              |
| American Funds                                             | American Funds EuroPacific R6                                    | 43,490              |
| DFA                                                        | DFA Infl-Prot Sec Port Ins                                       | 8,551               |
| DFA                                                        | DFA Real Estate Secs Port Ins                                    | 25,978              |
| Fidelity                                                   | Fid US Bd Id Fd                                                  | 75,770              |
| Fidelity                                                   | Fidelity 500 Index Fund                                          | 501,475             |
| Fidelity                                                   | Fidelity Advisor Tech Fund Z                                     | 21,839              |
| Fidelity                                                   | Fidelity Emg Mkts Id Fd                                          | 18,969              |
| Fidelity                                                   | Fidelity Intl Index Fnd                                          | 73,954              |
| Fidelity                                                   | Fidelity Mid Cap Idx Fd                                          | 29,053              |
| Fidelity                                                   | Fidelity Sm Cp Ind Fd                                            | 5,045               |
| JP Morgan                                                  | JPMorgan Government Bd Fnd R6                                    | 11,085              |
| MFS                                                        | MFS Value Fund R6                                                | 27,597              |
| PGIM                                                       | PGIM High Yield Fund R6                                          | 12,296              |
| Pioneer                                                    | Pioneer Bond Fund K                                              | 21,269              |
| Putnam                                                     | Putnam Large Cap Growth R6                                       | 57,954              |
| T. Rowe Price                                              | TRwPr Divers MCap Grw Fd I                                       | 18,767              |
| * Voya                                                     | Voya Gv Mny Mkt Fd A (Hld Acct)                                  | 56,149              |
| <b>Total Registered Investment Companies</b>               |                                                                  | <b>1,023,692</b>    |
| <b>Common Collective Trusts:</b>                           |                                                                  |                     |
| Wilmington Trust, N.A.                                     | MyCompass Ind Agg 2055 Fd R                                      | 1,515               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Agg 2065 Fd R                                      | 8,967               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Cns 2035 F R                                       | 107                 |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2025 Fd R                                      | 358,502             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2035 Fd R                                      | 379,125             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2045 Fd R                                      | 589,823             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2055 Fd R                                      | 282,215             |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod 2065 Fd R                                      | 2,493               |
| Wilmington Trust, N.A.                                     | MyCompass Ind Mod Ret Fd R                                       | 48,089              |
| <b>Total Common Collective Trusts</b>                      |                                                                  | <b>1,670,836</b>    |
| <b>Investment Contracts With Insurance Companies:</b>      |                                                                  |                     |
| * VRIAC                                                    | Voya Fixed Account, 1.25%                                        | 319,821             |
| <b>Loans to Participants</b>                               |                                                                  |                     |
| * Participants                                             | (interest rates between 4.25% and 6.50%, various maturity dates) | 4,552               |
| <b>Total Assets (Held at End of Year)</b>                  |                                                                  | <b>\$ 3,018,901</b> |

\* Represents a party-in-interest.