Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2025** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROBINSON FANS HOLDINGS 401(K) & PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1985

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ROBINSON FANS HOLDINGS, INC.

400 ROBINSON DRIVE
ZELIENOPLE, PA 16063

2b Employer Identification Number (EIN) 26-3885665

2c Plan Sponsor's telephone number 724-452-7041

2d Business code (see instructions) 333410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/10/2026	KEVIN RICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	389
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	316
a(2) Total number of active participants at the end of the plan year	**6a(2)**	311
b Retired or separated participants receiving benefits	**6b**	4
c Other retired or separated participants entitled to future benefits	**6c**	96
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	411
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f Total. Add lines **6d** and **6e**.	**6f**	417
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	377
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	398
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	20
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2J 2K 2S 2T 3H 2F 3D 2G

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
ROBINSON FANS HOLDINGS 401(K) & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROBINSON FANS HOLDINGS, INC.

D Employer Identification Number (EIN)
26-3885665

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

AMERIPRISE FINANCIAL SERVICES INC

13-3180631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	73680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 65	RECORDKEEPER	-27570	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AB EQUITY INCOME A - ALLIANCEBERNS	18 RUE EUGNE RUPPERT LUXEMBOURG L-245 LU	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AB EQUITY INCOME ADV - ALLIANCEBER	18 RUE EUGNE RUPPERT LUXEMBOURG L-245 LU	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL LG CAP GR OP I2 - COLUMBIA MGT	430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DOUBLELINE CORE FI I - U.S. BANCOR	615 EAST MICHIGAN STREET MILWAUKEE, WISCONSIN 53202 MILWAUKEE, WI 53201	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS EQV INTL EQ R5 - INVESCO INVE	11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LOOMIS SM CAP VAL I - SS&C GLOBAL	2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TMPL GLOBAL BOND A - FRANKLIN TEMP 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TMPL GLOBAL BOND ADV - FRANKLIN TE 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

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

A Name of plan
ROBINSON FANS HOLDINGS 401(K) & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROBINSON FANS HOLDINGS, INC.

D Employer Identification Number (EIN)
26-3885665

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	240000	240000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1610349	1013178
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	322708	375802
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	39638720	38842419
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	41811777	40471399
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	41811777	40471399

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1020246	
(B) Participants	2a(1)(B)	1515672	
(C) Others (including rollovers)	2a(1)(C)	333119	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2869037
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	65572	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	32106	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		97678
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2453425	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2453425
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3293619
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		8713759
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10008027	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10008027
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	-27570	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	73680	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		46110
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10054137
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1340378
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
ROBINSON FANS HOLDINGS 401(K) & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROBINSON FANS HOLDINGS, INC.

D Employer Identification Number (EIN)
26-3885665

Part I Distributions

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

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

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

EIN(s): 04-6568107 _____

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

ROBINSON FANS HOLDINGS 401(K) & PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE

YEARS ENDED DECEMBER 31, 2025 AND 2024

DRAFT - For Discussion Purposes Only

ROBINSON FANS HOLDINGS 401(K) & PROFIT SHARING PLAN
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YEARS ENDED DECEMBER 31, 2025 AND 2024

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Robinson Fans Holdings 401(k) & Profit Sharing Plan
Zelienople, Pennsylvania

DRAFT - For Discussion Purposes Only

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Robinson Fans Holdings 401(k) & Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Robinson Fans Holdings 401(k) & Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Robinson Fans Holdings 401(k) & Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Robinson Fans Holdings 401(k) & Profit Sharing Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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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 Robinson Fans Holdings 401(k) & Profit Sharing 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 Robinson Fans Holdings 401(k) & Profit Sharing 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

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Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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CliftonLarsonAllen LLP

Pittsburgh, Pennsylvania
REPORT DATE

ROBINSON FANS HOLDINGS 401(K) & PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	$ 38,842,418	$ 39,638,721
Money Market Fund	1,013,178	1,610,349
Total Investments at Fair Value	39,855,596	41,249,070
RECEIVABLES		
Employer Contribution Receivable	240,000	240,000
Notes Receivable from Participants	375,802	322,708
Total Receivables	615,802	562,708
NET ASSETS AVAILABLE FOR BENEFITS	$ 40,471,398	$ 41,811,778

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See accompanying Notes to Financial Statements.

ROBINSON FANS HOLDINGS 401(K) & PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	$ 3,293,623	$ 2,944,773
Interest and Dividends	2,517,961	2,024,073
Total Investment Income	5,811,584	4,968,846
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	32,106	27,461
CONTRIBUTIONS		
Participant 401(k) Deferral	1,515,673	1,444,001
Employer Match	780,246	734,284
Employer Profit Sharing	240,000	240,000
Rollovers	333,119	78,968
Total Contributions	2,869,038	2,497,253
Total Additions	8,712,728	7,493,560
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	10,008,027	8,274,366
ADMINISTRATIVE EXPENSES	45,081	40,089
Total Deductions	10,053,108	8,314,455
NET DECREASE	(1,340,380)	(820,895)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	41,811,778	42,632,673
End of Year	$ 40,471,398	$ 41,811,778

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See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

The following description of Robinson Fans Holdings 401(k) & Profit Sharing Plan (formerly Robinson Fans Holdings, Inc. 401(k) Salary Reduction Plan and Trust) (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established July 1, 1985, and has been amended throughout the years to comply with tax legislation. The Plan was last amended effective January 1, 2024, to remove the Employer match contribution, and add an Employer Safe Harbor match contribution. The Plan covers employees of Robinson Fans Holdings, Inc., Robinson Fans Service & Equipment Co., Inc., Robinson Fans, Inc., and Robinson Machine Company (collectively referred to as the Employer). The Plan excludes residents of Puerto Rico. To be eligible to participate in the deferral and match portion of the Plan, an employee must reach the age of 18. Employees become participants in the Plan on the first of the month following satisfaction of eligibility requirements. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan administrator is responsible for the oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

The Plan includes a salary deferral arrangement allowed under Section 401(k) of the Internal Revenue Code (IRC). Eligible participants are permitted to elect to have up to 60% of their compensation contributed as pre-tax 401(k) contributions to the Plan. The Plan also allows participants to contribute Roth 401(k) contributions. Participants who have reached age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan has an automatic enrollment provision feature for newly eligible employees whereby they are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation, and their contributions are invested in the designated default fund until changed by the participant.

The Plan includes a safe harbor matching contribution of 100% of the first 3% and 50% up to the next 2% of a participant's compensation deferred.

The Employer may, at its discretion, elect to make a nonelective contribution to the Plan. For the Plan years ended December 31, 2025 and 2024, the Employer declared a discretionary nonelective contribution in the amount of $240,000 and $240,000, respectively. Participants are eligible for the nonelective contribution if they reach age 18, complete six months of service, and are employed on the last day of the Plan year.

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NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's matching and nonelective contribution, and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. Employer nonelective contributions are allocated proportionately based on an allocation of points. A participant receives one allocation point for each full year of service and one allocation point for each $100 of compensation (up to the maximum compensation allowed by IRC §415 of the respective year) earned during the Plan year. Point values are determined for each Participant on the last day of the Plan year. Income is allocated annually based on each participant's share of the fund. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting

Participants are immediately vested in their contributions and the Employer's matching contributions plus actual earnings thereon. Vesting in the Employer nonelective contribution portion of their accounts, plus actual earnings thereon, is based on years of credited service. A participant is 100% vested after six years of credited service. Notwithstanding the above, a participant is fully vested upon reaching early retirement age, death, or permanent disability.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at Prime plus 2%. Principal and interest are paid ratably through payroll deductions.

Benefit Payments

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in their account in the form of a lump sum distribution or installments. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed $1,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between $1,000 and $5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

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NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Forfeited Accounts

Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Employer contributions. Forfeited nonvested accounts as of December 31, 2025 and 2024, totaled $20,508 and $26,543, respectively. There were $29 and $423 of forfeitures used to pay administrative expenses for the years ended December 31, 2025 and 2024, respectively. Forfeitures used to reduce Employer contributions for the year ended December 31, 2025 and 2024 was $22,000, and $25,000 respectively.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) 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 notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Benefit Payments

Benefits are recorded when paid.

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NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the Plan document. Expenses paid directly by the Employer are excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value investments.

Subsequent Events

The Plan has evaluated subsequent events through REPORT DATE, the date the financial statements were available to be issued.

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NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Fidelity Management Trust Company, the trustee, has certified to the completeness and accuracy of the notes receivable from participants and related interest income and all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the statements of changes in net assets available for benefits for the years then ended, and the schedule of assets (held at end of year) as of December 31, 2025.

NOTE 4 FAIR VALUE OF INVESTMENTS

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

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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; or
- 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.

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 38,842,418	$ -	$ -	$ 38,842,418
Money Market Fund	1,013,178	-	-	1,013,178
Total Investments at Fair Value	$ 39,855,596	$ -	$ -	$ 39,855,596

	2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 39,638,721	$ -	$ -	$ 39,638,721
Money Market Fund	1,610,349	-	-	1,610,349
Total Investments at Fair Value	$ 41,249,070	$ -	$ -	$ 41,249,070

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NOTE 5 RISKS AND UNCERTAINTIES

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

NOTE 6 PLAN TERMINATION

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

NOTE 7 PLAN TAX STATUS

The Plan is placing reliance on an opinion letter received from the IRS on the pre-approved plan indicating that the pre-approved plan is designed in accordance with the applicable section of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and currently operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS examinations in progress.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Management Trust Company (Fidelity), the qualified institution of the Plan; therefore, these investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investments. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

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ROBINSON FANS HOLDINGS 401(K) & PROFIT SHARING PLAN
E.I.N. 26-3885665 PLAN NO. 002
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
		Money Market Fund:		
*	Fidelity	Government Money Market Fund		$ 1,013,178
		Mutual Funds:		
	PIMCO	Low Duration Fund		721,549
	Columbia	Large Cap Growth Opportunity Fund		699,956
	Neuberger Berman	Genesis Fund		894,065
	Alliance Bernstein	Equity Income Fund		802,989
	Templeton	Global Bond Fund		222,521
	DoubleLine	Core Fixed Income Fund		706,620
	Loomis Sayles	Small Capital Value Fund		996,645
	JPMorgan	Short Duration Bond Fund		1,062,738
	Invesco	Global Fund		878,121
	Invesco	EQV International Equity Fund		500,130
	Invesco	Comstock Select Fund		1,042,912
*	Fidelity Advisor	Health Care Fund		872,648
*	Fidelity Advisor	Floating Rate High Income Fund		963,764
*	Fidelity Advisor	Stock Select Mid Cap Fund		826,815
*	Fidelity Advisor	Energy Fund		388,132
*	Fidelity Advisor	Value Strategy Fund		1,212,288
*	Fidelity Advisor	Real Estate Fund		271,786
*	Fidelity Advisor	International Small Cap Opportunities Fund		361,250
*	Fidelity Advisor	International Value Fund		712,509
*	Fidelity Advisor	Gold Fund		292,129
*	Fidelity Advisor	Diverse International Fund		767,590
*	Fidelity Advisor	Equity Growth Fund		1,393,346
*	Fidelity Advisor	New Insights Fund		1,699,501
*	Fidelity Advisor	Freedom Income Fund		1,038,260
*	Fidelity Advisor	Freedom 2010 Fund		25,227
*	Fidelity Advisor	Freedom 2015 Fund		490
*	Fidelity Advisor	Freedom 2020 Fund		97,616
*	Fidelity Advisor	Freedom 2025 Fund		1,539,778
*	Fidelity Advisor	Freedom 2030 Fund		1,935,217
*	Fidelity Advisor	Freedom 2035 Fund		1,422,329
*	Fidelity Advisor	Freedom 2040 Fund		1,711,235
*	Fidelity Advisor	Freedom 2045 Fund		785,258
*	Fidelity Advisor	Freedom 2050 Fund		1,314,418
*	Fidelity Advisor	Freedom 2055 Fund		1,242,956
*	Fidelity Advisor	Freedom 2060 Fund		906,054
*	Fidelity Advisor	Freedom 2065 Fund		581,036
*	Fidelity Advisor	Freedom 2070 Fund		56,233
*	Fidelity	U.S. Bond Index Fund		847,755
*	Fidelity	500 Index Fund		4,308,817
*	Fidelity	Total Market Index Fund		1,095,751
*	Fidelity	International Index Fund		610,997
*	Fidelity	Extended Market Index Fund		386,105
*	Fidelity	Inflation-Protected Bond Index Fund		646,882
		Total Mutual Funds		38,842,418
*	Participants	Participant Loans		
		Interest Rates Ranging 5.25% to 10.50%	-	375,802
		Total		$ 40,231,398

* Indicates party-in-interest
** Cost omitted for participant-directed accounts

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Client: *#NAME?*
Engagement: *#NAME?*
Trial Balance: *#NAME?*
Workpaper: *#NAME?*

Account	Description	UNADJ	JE Ref #	AJE	ADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		12/31/2025			12/31/2025			12/31/2025	12/31/2024
Group : [1200]	**Investments, Insurance Contracts, and Investment Contracts**								
Subgroup : [1201.	**Interest Bearing Cash**								
1201.01	Fidelity Government Money Market	1,013,178.00		0.00	1,013,178.00		0.00	1,013,178.00	1,610,349.00
Subtotal [1201.00]	**Interest Bearing Cash**	**1,013,178.00**		**0.00**	**1,013,178.00**		**0.00**	**1,013,178.00**	**1,610,349.00**
Subgroup : [1214.	**Mutual Funds**								
1214.01	PIMCO Low Duration Institutional	721,549.00		0.00	721,549.00		0.00	721,549.00	893,234.00
1214.02	Columbia Large Cap Growth Opportunity Fund Instituti	699,956.00		0.00	699,956.00		0.00	699,956.00	760,409.00
1214.03	Neuberger Berman Genesis Fund R6	894,065.00		0.00	894,065.00		0.00	894,065.00	1,260,388.00
1214.04	Invesco Global Fund R6	878,121.00		0.00	878,121.00		0.00	878,121.00	843,651.00
1214.05	Invesco EQV International Equity Fund R5	500,130.00		0.00	500,130.00		0.00	500,130.00	542,550.00
1214.06	Templeton Global Bond Fund Advisor	222,521.00		0.00	222,521.00		0.00	222,521.00	204,703.00
1214.07	Doubleline Core Fixed Income I	706,620.00		0.00	706,620.00		0.00	706,620.00	768,054.00
1214.08	Loomis Sayles Small Capital Value Fund	996,645.00		0.00	996,645.00		0.00	996,645.00	1,164,995.00
1214.09	Alliance Bernstein Equity Income Fund Advisor	802,989.00		0.00	802,989.00		0.00	802,989.00	883,669.00
1214.10	Invesco Comstock Select Fund R6	1,042,912.00		0.00	1,042,912.00		0.00	1,042,912.00	1,207,744.00
1214.11	JPMorgan Short Duration Bond R6	1,062,738.00		0.00	1,062,738.00		0.00	1,062,738.00	1,238,748.00
1214.12	Fidelity Advisor Health Care I	872,648.00		0.00	872,648.00		0.00	872,648.00	923,722.00
1214.13	Fidelity Advisor Floating Rate I	963,764.00		0.00	963,764.00		0.00	963,764.00	1,242,398.00
1214.14	Fidelity Advisor Stock Select Mid Cap I	826,815.00		0.00	826,815.00		0.00	826,815.00	1,022,935.00
1214.15	Fidelity Advisor Energy I	388,132.00		0.00	388,132.00		0.00	388,132.00	406,994.00
1214.16	Fidelity Advisor Value Strategy I	1,212,288.00		0.00	1,212,288.00		0.00	1,212,288.00	1,418,214.00
1214.17	Fidelity Advisor Real Estate I	271,786.00		0.00	271,786.00		0.00	271,786.00	310,422.00
1214.27	Fidelity Advisor International Small Cap Opp I	361,250.00		0.00	361,250.00		0.00	361,250.00	348,201.00
1214.30	Fidelity Advisor International Value I	712,509.00		0.00	712,509.00		0.00	712,509.00	648,332.00
1214.31	Fidelity Advisor Gold I	292,129.00		0.00	292,129.00		0.00	292,129.00	198,572.00
1214.32	Fidelity U.S. Bond Index	847,755.00		0.00	847,755.00		0.00	847,755.00	885,967.00
1214.33	Fidelity 500 Index	4,308,817.00		0.00	4,308,817.00		0.00	4,308,817.00	4,887,939.00
1214.35	Fidelity Total Market Index	1,095,751.00		0.00	1,095,751.00		0.00	1,095,751.00	1,322,053.00
1214.36	Fidelity International Index Adv	610,997.00		0.00	610,997.00		0.00	610,997.00	527,330.00
1214.37	Fidelity Extended Market Index	386,105.00		0.00	386,105.00		0.00	386,105.00	413,574.00
1214.38	Fidelity Inflation-Protected Bond Index	646,882.00		0.00	646,882.00		0.00	646,882.00	911,383.00
1214.39	Fidelity Advisor Diverse International Z	767,590.00		0.00	767,590.00		0.00	767,590.00	843,127.00
1214.40	Fidelity Advisor Equity Growth Z	1,393,346.00		0.00	1,393,346.00		0.00	1,393,346.00	2,026,369.00
1214.41	Fidelity Advisor New Insights Z	1,699,501.00		0.00	1,699,501.00		0.00	1,699,501.00	1,839,402.00
1214.44	Fidelity Advisor Freedom Income Z	1,038,260.00		0.00	1,038,260.00		0.00	1,038,260.00	1,199,780.00
1214.45	Fidelity Advisor Freedom 2010 Z	25,227.00		0.00	25,227.00		0.00	25,227.00	22,685.00
1214.46	Fidelity Advisor Freedom 2015 Z	490.00		0.00	490.00		0.00	490.00	459.00
1214.47	Fidelity Advisor Freedom 2020 Z	97,616.00		0.00	97,616.00		0.00	97,616.00	180,364.00
1214.48	Fidelity Advisor Freedom 2025 Z	1,539,778.00		0.00	1,539,778.00		0.00	1,539,778.00	1,263,281.00
1214.49	Fidelity Advisor Freedom 2030 Z	1,935,217.00		0.00	1,935,217.00		0.00	1,935,217.00	1,477,854.00
1214.50	Fidelity Advisor Freedom 2035 Z	1,422,329.00		0.00	1,422,329.00		0.00	1,422,329.00	1,101,326.00
1214.51	Fidelity Advisor Freedom 2040 Z	1,711,235.00		0.00	1,711,235.00		0.00	1,711,235.00	1,276,049.00
1214.52	Fidelity Advisor Freedom 2045 Z	785,258.00		0.00	785,258.00		0.00	785,258.00	510,791.00
1214.53	Fidelity Advisor Freedom 2050 Z	1,314,418.00		0.00	1,314,418.00		0.00	1,314,418.00	978,132.00
1214.54	Fidelity Advisor Freedom 2055 Z	1,242,956.00		0.00	1,242,956.00		0.00	1,242,956.00	778,138.00
1214.55	Fidelity Advisor Freedom 2060 Z	906,054.00		0.00	906,054.00		0.00	906,054.00	551,713.00
1214.56	Fidelity Advisor Freedom 2065 Z	581,036.00		0.00	581,036.00		0.00	581,036.00	349,427.00
1214.57	Fidelity Advisor Freedom 2070 Z	56,233.00		0.00	56,233.00		0.00	56,233.00	3,643.00
Subtotal [1214.00]	**Mutual Funds**	**38,842,418.00**		**0.00**	**38,842,418.00**		**0.00**	**38,842,418.00**	**39,638,721.00**
Total [1200]	**Investments, Insurance Contracts, and Investment Contra**	**39,855,596.00**		**0.00**	**39,855,596.00**		**0.00**	**39,855,596.00**	**41,249,070.00**
Group : [1300]	**Receivables**								
Subgroup : [1302.	**Employer Receivables**								
1302.01	Employer Profit Sharing Contributions Receivable	0.00		240,000.00	240,000.00		0.00	240,000.00	240,000.00
			AJE - 3	240,000.00					
Subtotal [1302.00]	**Employer Receivables**	**0.00**		**240,000.00**	**240,000.00**		**0.00**	**240,000.00**	**240,000.00**
Subgroup : [1350.	**Notes Receivable from Participants**								
1350.01	Notes Receivable from Participants	375,802.00		0.00	375,802.00		0.00	375,802.00	322,708.00
Subtotal [1350.00]	**Notes Receivable from Participants**	**375,802.00**		**0.00**	**375,802.00**		**0.00**	**375,802.00**	**322,708.00**
Total [1300]	**Receivables**	**375,802.00**		**240,000.00**	**615,802.00**		**0.00**	**615,802.00**	**562,708.00**
	Current Assets	**40,231,398.00**		**240,000.00**	**40,471,398.00**		**0.00**	**40,471,398.00**	**41,811,778.00**
	TOTAL ASSET	**40,231,398.00**		**240,000.00**	**40,471,398.00**		**0.00**	**40,471,398.00**	**41,811,778.00**
	Current Liabilities	**0.00**		**0.00**	**0.00**		**0.00**	**0.00**	**0.00**
	Non-Current Liabilities	**0.00**		**0.00**	**0.00**		**0.00**	**0.00**	**0.00**
	TOTAL LIABILITY	**0.00**		**0.00**	**0.00**		**0.00**	**0.00**	**0.00**
Group : [3000]	**Net Assets Available for Benefits**								
Subgroup : None									
3000.00	Net Assets Available for Benefits	(41,571,771.00)		(240,007.00)	(41,811,778.00)		0.00	(41,811,778.00)	(42,632,673.00)
			AJE - 1	(240,000.00)					
			AJE - 2	(7.00)					
Subtotal : None		**(41,571,771.00)**		**(240,007.00)**	**(41,811,778.00)**		**0.00**	**(41,811,778.00)**	**(42,632,673.00)**
Total [3000]	**Net Assets Available for Benefits**	**(41,571,771.00)**		**(240,007.00)**	**(41,811,778.00)**		**0.00**	**(41,811,778.00)**	**(42,632,673.00)**
	Equity	**(41,571,771.00)**		**(240,007.00)**	**(41,811,778.00)**		**0.00**	**(41,811,778.00)**	**(42,632,673.00)**
	NET (INCOME) LOSS	**1,340,373.00**		**7.00**	**1,340,380.00**		**0.00**	**1,340,380.00**	**820,895.00**
	TOTAL EQUITY	**(40,231,398.00)**		**(240,000.00)**	**(40,471,398.00)**		**0.00**	**(40,471,398.00)**	**(41,811,778.00)**
	TOTAL LIABILITY AND EQUITY	**(40,231,398.00)**		**(240,000.00)**	**(40,471,398.00)**		**0.00**	**(40,471,398.00)**	**(41,811,778.00)**
Group : [4100]	**Contributions Received**								
Subgroup : [4101.	**Employee Contributions**								
4101.01	Employee Pre-Tax Deferrals	(1,436,630.00)		0.00	(1,436,630.00)		0.00	(1,436,630.00)	(1,422,318.00)
4101.02	Employee Roth Deferrals	(79,043.00)		0.00	(79,043.00)		0.00	(79,043.00)	(21,683.00)
Subtotal [4101.00]	**Employee Contributions**	**(1,515,673.00)**		**0.00**	**(1,515,673.00)**		**0.00**	**(1,515,673.00)**	**(1,444,001.00)**
Subgroup : [4102.	**Employer Contributions**								
4102.01	Employer Match Contributions	(780,246.00)		0.00	(780,246.00)		0.00	(780,246.00)	(734,284.00)
4102.02	Employer Profit Sharing Contributions	(240,000.00)		0.00	(240,000.00)		0.00	(240,000.00)	(240,000.00)
			AJE - 1	240,000.00					
			AJE - 3	(240,000.00)					
Subtotal [4102.00]	**Employer Contributions**	**(1,020,246.00)**		**0.00**	**(1,020,246.00)**		**0.00**	**(1,020,246.00)**	**(974,284.00)**
Subgroup : [4103.	**Other Contributions**								
4101.03	After Tax Rollover	(333,119.00)		0.00	(333,119.00)		0.00	(333,119.00)	(2,444.00)
4103.01	Employee Rollover Contributions	0.00		0.00	0.00		0.00	0.00	(68,136.00)

4104.01	Employee Roth Rollover Contributions	0.00	0.00	0.00	0.00	0.00	(8,388.00)
Subtotal [4103.00] Other Contributions		**(333,119.00)**	**0.00**	**(333,119.00)**	**0.00**	**(333,119.00)**	**(78,968.00)**
Total [4100] Contributions Received		**(2,869,038.00)**	**0.00**	**(2,869,038.00)**	**0.00**	**(2,869,038.00)**	**(2,497,253.00)**
Group : [4310]	**Transfers In**						
Subgroup : None							
4310.00	Transfers	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal : None		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Total [4310] Transfers In		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Group : [4200]	**Investment Income**						
Subgroup : [4201.	**Interest and Dividend Income**						
4201.01	Interest and Dividend Income	(2,517,961.00)	0.00	(2,517,961.00)	0.00	(2,517,961.00)	(2,024,073.00)
Subtotal [4201.00] Interest and Dividend Income		**(2,517,961.00)**	**0.00**	**(2,517,961.00)**	**0.00**	**(2,517,961.00)**	**(2,024,073.00)**
Subgroup : [4202.	**Net Appreciation/(Depreciation) of Investments**						
4202.01	Net Appreciation (Depreciation)	(3,293,623.00)	0.00	(3,293,623.00)	0.00	(3,293,623.00)	(2,944,773.00)
Subtotal [4202.00] Net Appreciation/(Depreciation) of Investments		**(3,293,623.00)**	**0.00**	**(3,293,623.00)**	**0.00**	**(3,293,623.00)**	**(2,944,773.00)**
Subgroup : [4203.	**Interest Income from Notes Receivable**						
4203.01	Interest Income on Participant Loans	(32,106.00)	0.00	(32,106.00)	0.00	(32,106.00)	(27,461.00)
Subtotal [4203.00] Interest Income from Notes Receivable		**(32,106.00)**	**0.00**	**(32,106.00)**	**0.00**	**(32,106.00)**	**(27,461.00)**
Total [4200] Investment Income		**(5,843,690.00)**	**0.00**	**(5,843,690.00)**	**0.00**	**(5,843,690.00)**	**(4,996,307.00)**
	Revenues	**(8,712,728.00)**	**0.00**	**(8,712,728.00)**	**0.00**	**(8,712,728.00)**	**(7,493,560.00)**
	TOTAL REVENUE	**(8,712,728.00)**	**0.00**	**(8,712,728.00)**	**0.00**	**(8,712,728.00)**	**(7,493,560.00)**
Group : [5100]	**Benefits Paid to Participants**						
Subgroup : None							
5100.01	Benefits Paid to Participants	10,008,027.00	0.00	10,008,027.00	0.00	10,008,027.00	8,274,366.00
Subtotal : None		**10,008,027.00**	**0.00**	**10,008,027.00**	**0.00**	**10,008,027.00**	**8,274,366.00**
Total [5100] Benefits Paid to Participants		**10,008,027.00**	**0.00**	**10,008,027.00**	**0.00**	**10,008,027.00**	**8,274,366.00**
Group : [5200]	**Administrative Expenses**						
Subgroup : None							
5200.01	Administrative Expenses	45,074.00	7.00	45,081.00	0.00	45,081.00	40,089.00
		AJE - 2	7.00				
Subtotal : None		**45,074.00**	**7.00**	**45,081.00**	**0.00**	**45,081.00**	**40,089.00**
Total [5200] Administrative Expenses		**45,074.00**	**7.00**	**45,081.00**	**0.00**	**45,081.00**	**40,089.00**
	Operating Expenses	**10,053,101.00**	**7.00**	**10,053,108.00**	**0.00**	**10,053,108.00**	**8,314,455.00**
	TOTAL EXPENSE	**10,053,101.00**	**7.00**	**10,053,108.00**	**0.00**	**10,053,108.00**	**8,314,455.00**
	NET (INCOME) LOSS	**1,340,373.00**	**7.00**	**1,340,380.00**	**0.00**	**1,340,380.00**	**820,895.00**
	Sum of Account Groups	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**