Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LIFETECH RESOURCES 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2007

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)
LIFETECH RESOURCES, LLC

700 SCIENCE DRIVE
MOORPARK, CA 93021

2b Employer Identification Number (EIN)
95-4682107

2c Plan Sponsor's telephone number
818-885-1199

2d Business code (see instructions)
531210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	CLAUDIA CALIX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	CLAUDIA CALIX
	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 LIFETECH RESOURCES, LLC

c Plan Name LIFETECH RESOURCES, LLC 401(K) PROFIT SHARING PLAN

4b EIN 95-4682107

4d PN 002

5	Total number of participants at the beginning of the plan year	**5**	190
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)**	103
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	126
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	92
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	218
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	218
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)**	169
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)**	171
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	15
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:

2A 2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
LIFETECH RESOURCES 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LIFETECH RESOURCES, LLC

D Employer Identification Number (EIN)
95-4682107

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	GH3490 & 81N322	173	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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

ACTUARIAL BENEFITS CORP
2790 SKYPARK DRIVE, SUITE 300
TORRANCE, CA 90505

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	488615
5	Current value of plan's interest under this contract in separate accounts at year end	5	6892038

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ RATES PUBLISHED IN VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY RATE MANUALS IN EFFECT AT THE TIME OF PO

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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	490470
c	Additions: (1) Contributions deposited during the year	7c(1)	25330		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	40308		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	723		
	▶ LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENTS, COLLATERAL INTEREST EARNED, TRANSFERS				
	(6)Total additions			7c(6)	66361
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	556831
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	37888		
	(2) Administration charge made by carrier	7e(2)	28787		
	(3) Transferred to separate account	7e(3)	723		
	(4) Other (specify below)	7e(4)	818		
	▶ LON DISBURSEMENTS, NEGATIVE VALUE ADJUSTMENTS, FEES PAID, TRANSFERS				
	(5) Total deductions			7e(5)	68216
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	488615

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan
LIFETECH RESOURCES 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LIFETECH RESOURCES, LLC

D Employer Identification Number (EIN)
95-4682107

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

VOYA

71-0294708

(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)

ACTUARIAL BENEFITS CORP.

20-1054428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	TPA	25088	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VOYA

PO BOX 990067
HARTFORD, CT 06199

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 64	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	3534	Yes [ ] No [X]

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

3(38) INVESTMENT FIDUCIARIES

3355 COCHRAN ST, SUITE 101
SIMI VALLEY, CA 93063

83-1365023

(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?
99	ADVISOR	3297	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LIFETECH RESOURCES 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LIFETECH RESOURCES, LLC

D Employer Identification Number (EIN)
95-4682107

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

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

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-001	P	6892037

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
LIFETECH RESOURCES 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LIFETECH RESOURCES, LLC

D Employer Identification Number (EIN)
95-4682107

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)	320984	20529
(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)	0	0
(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)	28740	88210
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	6183527	6892038
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	490470	488615
(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	7023721	7489392
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	7023721	7489392

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)	255364	
(B) Participants	2a(1)(B)	528235	
(C) Others (including rollovers)	2a(1)(C)	180097	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		963696
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6089	
(F) Other	2b(1)(F)	-23483	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-17394
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	-6	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		-6
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		969498
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1915794
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1418513	
(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)		1418513
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	2725	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	28385	
(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)	500	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		31610
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1450123
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		465671
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HOLTHOUSE CARLIN & VAN TRIGT LLP **(2)** EIN: 95-4345526

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LIFETECH RESOURCES 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LIFETECH RESOURCES, LLC

D Employer Identification Number (EIN)
95-4682107

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 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)? ..... ☐ 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 Q703885A .

Report of Independent Auditors and
Consolidated Financial Statements

Lifetech Resources, LLC and Affiliates

December 31, 2025

bakertilly

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Report of Independent Auditors

The Members
Lifetech Resources, LLC and Affiliates

Report on the Audit of the Financial Statements

Opinion

We have audited the consolidated financial statements of Lifetech Resources, LLC and Affiliates, which comprise the consolidated balance sheet as of December 31, 2025, and the related consolidated statements of operations and comprehensive loss, members' equity, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of Lifetech Resources, LLC and Affiliates as of December 31, 2025, and the results of their operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 Financial Statements section of our report. We are required to be independent of Lifetech Resources, LLC and Affiliates and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Lifetech Resources, LLC and Affiliates' ability to continue as a going concern within one year after the date that the consolidated financial statements are issued.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated 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 consolidated 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 consolidated 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 Lifetech Resources, LLC and Affiliates' 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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Lifetech Resources, LLC and Affiliates' ability to continue as a going concern for a reasonable period of time.

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

Baker Tilly US, LLP

Irvine, California
July 6, 2026

Consolidated Financial Statements

Lifetech Resources, LLC and Affiliates
Consolidated Balance Sheet
December 31, 2025

ASSETS

CURRENT ASSETS	
Cash and cash equivalents	$ 12,562,164
Accounts receivable, net	5,478,948
Inventories	7,516,145
Prepaid expenses and other current assets	1,481,301
Total current assets	27,038,558
Property and equipment, net	25,323,490
Operating lease right-of-use asset	436,728
Finance lease right-of-use asset	48,232
Other assets	527,315
Total assets	$ 53,374,323

LIABILITIES AND MEMBERS' EQUITY

CURRENT LIABILITIES	
Accounts payable	$ 991,310
Accrued liabilities	1,906,672
Current portion of operating lease liability	503,796
Current portion of finance lease liability	13,086
Current portion of long-term debt, net	1,002,569
Total current liabilities	4,417,433
LONG-TERM LIABILITIES	
Advances payable to member	1,100,000
Long-term debt, net of current portion	12,287,286
Finance lease liability, net of current portion	36,655
Total liabilities	17,841,374
MEMBERS' EQUITY	
Members' capital	2,230,582
Retained earnings	33,109,104
Accumulated other comprehensive income	193,263
Total members' equity	35,532,949
Total liabilities and members' equity	$ 53,374,323

See accompanying notes.

Lifetech Resources, LLC and Affiliates
Consolidated Statement of Operations and Comprehensive Loss
Year Ended December 31, 2025

NET SALES	$ 39,664,225
COST OF SALES	24,013,946
GROSS PROFIT	15,650,279
SELLING, GENERAL, AND ADMINISTRATIVE EXPENSES	17,595,887
OPERATING LOSS	(1,945,608)
OTHER (INCOME) EXPENSE	
Interest expense	618,343
Interest income	(150,125)
Other income	(12,376)
TOTAL OTHER EXPENSE, NET	455,842
NET LOSS BEFORE INCOME TAXES	(2,401,450)
INCOME TAX EXPENSE	1,800
NET LOSS	(2,403,250)
OTHER COMPREHENSIVE LOSS	(129,737)
COMPREHENSIVE LOSS	$ (2,532,987)

See accompanying notes.

Lifetech Resources, LLC and Affiliates
Consolidated Statement of Members' Equity
Year Ended December 31, 2025

	Membership Units		Members' Capital	Retained Earnings	Other Comprehensive Income	Total Members' Equity
	Class A	Class B				
BALANCE, December 31, 2024	100	100	$ 2,230,582	$ 35,545,729	$ 323,000	$ 38,099,311
Distributions	-	-	-	(33,375)	-	(33,375)
Net loss	-	-	-	(2,403,250)	-	(2,403,250)
Unrealized loss on interest rate swap	-	-	-	-	(129,737)	(129,737)
BALANCE, December 31, 2025	100	100	$ 2,230,582	$ 33,109,104	$ 193,263	$ 35,532,949

See accompanying notes.

Lifetech Resources, LLC and Affiliates
Consolidated Statement of Cash Flows
Year Ended December 31, 2025

CASH FLOWS FROM OPERATING ACTIVITIES		
Net loss	$	(2,403,250)
Adjustments to reconcile net loss to net cash provided by operating activities		
Depreciation		1,982,179
Amortization of debt issuance costs		1,895
Non-cash lease expense		2,489
Bad debt expense		2,091
Loss on disposal of fixed assets		37,843
Changes in operating assets and liabilities		
Accounts receivable		1,494,668
Inventories		(1,929,360)
Prepaid expenses and other assets		401,348
Right-of-use assets and lease liabilities, net		(43,736)
Accounts payable		(701,938)
Accrued liabilities and other current liabilities		(1,211,141)
Distributions payable to members		(614,100)
Net cash provided by operating activities		(2,981,012)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment		(1,319,321)
Cash used in investing activities		(1,319,321)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of finance lease obligations		(14,999)
Repayment of debt		(955,928)
Distributions to members		(33,375)
Net cash used in financing activities		(1,004,302)
NET CHANGE IN CASH AND CASH EQUIVALENTS		(5,304,635)
CASH AND CASH EQUIVALENTS, beginning of year		17,866,799
CASH AND CASH EQUIVALENTS, end of year	$	12,562,164
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION		
Cash paid for interest	$	619,921
Cash paid for state income taxes		1,800
SUPPLEMENTAL DISCLOSURE OF NON-CASH FINANCING ACTIVITIES		
Unrealized loss on interest rate swap	$	129,737

See accompanying notes.

Note 1 – Nature of Business

Lifetech Resources, LLC (Lifetech), was formed as a California limited liability company on March 9, 1998. Lifetech manufactures cosmeceutical and skin treatment products and offers custom formulations, production, manufacturing, and marketing services to its customers. Lifetech's business activities include the contract manufacturing of products and the development, marketing, and sale of its own branded products. Lifetech conducts its business from its corporate headquarters located in Moorpark, California, and a warehouse in Simi Valley, California.

EMRY Investments, LLC (EMRY), was formed as a California limited liability company on October 20, 2016, for the purposes of acquiring, holding, improving, maintaining, leasing, financing, and disposing of real property located in Moorpark, California.

Lifetech International Sales Corporation (IC-DISC) is wholly owned by Lifetech Resources, LLC. The entity was incorporated on January 7, 2014. IC-DISC is a tax-driven entity that allows for a limited exemption of export-derived earnings from federal income taxation. The exporter, in this case, Lifetech pays IC-DISC a tax-deductible commission for reporting its foreign earnings through IC-DISC. The commission is returned by IC-DISC as a dividend. Lifetech, EMRY, and IC-DISC are under common control and together, are herein referred to as the "Company."

Lifetech evaluated EMRY under the provisions of the variable interest model and determined that Lifetech has a variable interest in EMRY and EMRY is a variable interest entity (VIE). Lifetech further determined that it is the primary beneficiary of EMRY as it has the power to direct the activities of EMRY that most significantly impact EMRY's economic performance by means of its operation of the leased facility, and it has an obligation to absorb losses of EMRY due to its debt guarantees (Note 6).

Note 2 – Summary of Significant Accounting Policies

Basis of presentation – The accompanying consolidated financial statements have been prepared under the accrual method in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) as contained within the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

Principles of consolidation – The consolidated financial statements include the accounts of Lifetech and its affiliates, EMRY, a VIE, and IC-DISC (collectively, the Company). All significant intercompany transactions and balances have been eliminated in consolidation.

Use of estimates – The preparation of the consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the consolidated financial statements, as well as reported amounts of revenues and expenses during the reporting period. Estimates are used for, but not limited to, the allowance for credit losses, the useful lives used for depreciation and amortization of property and equipment, the carrying value of intangible assets, and the settlement value of interest rate swap. Estimates are based on the most current and best available information; however, actual results could differ from those estimates.

Cash and cash equivalents – The Company considers all highly liquid financial instruments with maturities of three months or less at the time of purchase to be cash equivalents.

Accounts receivable and allowance for credit losses – Accounts receivable are customer obligations due under normal trade terms. The Company carries accounts receivable at invoiced amounts less the allowance for credit losses. The Company does not accrue interest on its trade receivables. Management evaluates the ability to collect accounts receivable based on a combination of factors. Receivables are determined to be past due based on individual credit terms. An allowance for credit losses is maintained based on the length of time receivables are past due, historical collections, or the status of a customer's financial position. Receivables are written off in the year deemed uncollectible after efforts to collect the receivables have proven unsuccessful. At December 31, 2025, the allowance for credit losses totaled $80,245. At January 1, 2025, accounts receivable totaled approximately $7,961,000.

Inventories – Inventories are determined using the first-in, first-out (FIFO) cost method and are stated at the lower of cost and net realizable value.

Property and equipment – Property and equipment are stated at cost, net of accumulated depreciation and amortization. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets, which range from 3 to 39 years.

Leases – The Company accounts for its finance and operating leases under Accounting Standards Update No. 2016-02, *Leases* (ASC 842), which requires lessees to recognize a lease liability and right-of-use (ROU) asset for all leases, including operating leases, with an expected term greater than 12 months on its consolidated balance sheet. The ROU assets and related lease liabilities recorded under ASC 842 are calculated based on the present value of the lease payments using (1) the rate implicit in the lease or (2) the lessee's incremental borrowing rate (IBR), defined as the rate of interest that a lessee would have to pay to borrow on a collateralized basis over a similar term an amount equal to the lease payments in a similar economic environment. For leases that do not provide an implicit rate of return, the Company uses its incremental borrowing rate in effect at the time of lease commencement.

Impairment of long-lived assets – Long-lived assets held for use are evaluated for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. Recoverability is measured by comparing the carrying value to the estimated undiscounted future cash flows generated by their use and eventual disposition. An impairment charge is recorded if the asset's carrying value exceeds its estimated fair value. The Company assesses its property and equipment for impairment on a periodic basis using internal and external indicators such as market value declines, idle assets, worsening economic performance, and obsolescence. No impairment was recorded during the year ended December 31, 2025.

Debt issuance costs – Debt issuance costs are legal and other costs incurred in connection with obtaining new financing. Debt issuance costs related to a recognized debt liability are reported on the consolidated balance sheet as a direct deduction from the carrying amount of the related debt liability. The Company amortizes the debt issuance costs to interest expense over the term of the related debt liability using a method that approximates the effective interest method.

Interest rate swaps – FASB ASC 815, *Derivatives and Hedging (ASC 815)*, establishes accounting and reporting standards requiring that every derivative instrument (including certain derivative instruments embedded in other contracts) be recorded in the consolidated balance sheet as an asset or liability measured at its fair value. ASC 815 also provides private companies with a practical expedient to apply cash flow hedge accounting for certain types of interest rate swaps that are entered into for the purpose of economically converting variable-rate borrowings into fixed-rate borrowings. The Company has adopted this practical expedient for the interest rate swap transaction entered into during 2019 in connection with debt financing (Note 6). The practical expedient allows a swap to be measured at its settlement value instead of fair value when applying the simplified hedge accounting approach. Under this simplified approach, the Company assumes no ineffectiveness for qualifying swaps designated in a hedging relationship under ASC 815, resulting in the changes in the settlement value of the swap reported as a component of accumulated other comprehensive income. All differentials paid related to the swap are included in interest expense in the accompanying consolidated statement of operations and comprehensive loss.

Assets and liabilities measured at fair value – Fair value is the price that would be received to sell an asset or paid to transfer a liability between market participants in the principal market or the most advantageous market when no principal market exists. Market participants are assumed to be independent, knowledgeable, able, and willing to transact an exchange and not under duress. Considerable judgment may be required in interpreting market data used to develop estimates of fair value. Accordingly, estimates of fair value are not necessarily indicative of the amounts that could be realized in a current or future market exchange. The three levels of input are:

Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

The Company's consolidated financial instruments consist of cash and cash equivalents, accounts receivable, prepaid expenses and other current assets, accounts payable, accrued liabilities, and long-term debt. The carrying value of cash and cash equivalents, accounts receivable, prepaid expenses and other current assets, accounts payable, and accrued liabilities are considered to be representative of their fair market value, due to the short maturity of these instruments. The carrying value of long-term debt is a reasonable estimate of its fair value as borrowings under the Company's credit facility reflect currently available terms and conditions for similar debt instruments. The Company evaluates its financial assets and liabilities subject to fair value measurements on a recurring basis to determine the appropriate level to classify them for each reporting period. This determination requires significant judgments to be made.

The financial asset subject to fair value measurements were as follows:

	Total	Level 1	Level 2	Level 3
Interest rate swap asset (at settlement value)	$ 193,263	$ -	$ 193,263	$ -

There were no transfers into or out of Level 1, Level 2, or Level 3 during the year ended December 31, 2025. The Level 2 interest rate swap asset is included in other assets on the consolidated balance sheet.

Presentation of sales taxes – Taxes collected from the Company's customers are and have been recorded on a net basis. Sales tax collected is recorded within accrued expenses until the taxes are remitted to the appropriate taxing authorities.

Shipping and handling fees and costs – Shipping and handling fees billed to customers were approximately $7,000 and are recorded as revenues within net sales on the accompanying statement of operations and comprehensive loss for the year ended December 31, 2025. The costs associated with shipping goods to customers were approximately $188,000 and are recorded as selling, general and administrative expenses for the year ended December 31, 2025.

Revenue recognition – The Company accounts for revenue in accordance with ASC 606, *Revenue from Contracts with Customers*. Accordingly, revenue is recognized when the transaction price is determinable, performance obligations are met, and control of the promised goods is transferred, in an amount that reflects the consideration in exchange for the goods sold. Generally, control transfers upon shipment of the goods. The Company evaluates the allowance for sales returns and allowances (refund liability) based on historical percentages, utilizing a multiple-month lookback period. As part of its evaluation, the Company considers actual returns and allowances to date that are in process and its actual sales within the return window that may result in returns and allowances in the future. There was no refund liability recorded at December 31, 2025. All orders that have been paid in advance are recorded as contract liabilities and are included in accrued liabilities on the accompanying consolidated balance sheet. Contract liabilities were approximately $83,000 and $232,000 as of January 1, 2025, and December 31, 2025. The increase in contract liabilities during the year ending December 31, 2025, is primarily due to an increase in customer deposits.

Advertising costs – The Company expenses advertising costs as incurred. Advertising expense for the year ended December 31, 2025, amounted to approximately $2,012,000 and is included in selling, general, and administrative expenses in the accompanying consolidated statement of operations and comprehensive loss.

Income taxes – Lifetech has elected S corporation status for both federal and California income tax purposes. The S corporation provisions of the Internal Revenue Code (IRC) require that federal corporate earnings flow through and be taxed solely at the member level. Accordingly, no liability or provision for federal income taxes attributable to the S corporation operations is included in the accompanying consolidated financial statements, nor are any deferred taxes provided for temporary differences between tax and financial reporting. Lifetech is required to pay the California state income tax equal to the greater of $800 or 1.5% of its California taxable income.

EMRY is a limited liability company and is treated as a partnership for both federal and California income tax purposes. Accordingly, EMRY does not incur federal income taxes at a company level. Instead, its earnings and losses are passed through to the members and included in the calculation of the members' tax liability. EMRY is subject to a minimum state franchise tax of $800 as well as a California fee based on gross sales.

IC-DISC is fully owned by Lifetech Resources, LLC, which provides a tax benefit by allowing export-related income to be partially exempt from federal taxes. Lifetech pays IC-DISC a tax-deductible commission on foreign earnings, which IC-DISC then returns as a qualified dividend to Lifetech. Lifetech deducts the commission at a higher tax rate, while the dividend is taxed at a lower rate, creating tax savings. Upon consolidation, all intercompany transactions were eliminated.

The Company has adopted the provisions of FASB ASC 740, *Income Taxes (ASC 740)*. ASC 740 prescribes a recognition threshold measurement attributed for financial recognition and measurement of a tax position taken or expected to be taken in a tax return and also provides guidance on various related matters, such as de-recognition, interest and penalties, and disclosure. The Company evaluates uncertain tax positions by considering the tax years subject to potential audit under state and federal income tax law and identifying favorable tax positions that do not meet the threshold of more likely than not to prevail if challenged by tax authorities that would have a direct impact on the Company as opposed to an impact to the members. Management believes that the Company has not taken any uncertain tax positions that have a more likely than not chance of not being sustained upon examination by the tax authorities. Accordingly, no liability for uncertain tax positions has been recorded in the accompanying consolidated financial statements at December 31, 2025.

The Company recognizes interest related to unrecognized tax benefits in interest expense and penalties in selling, general, and administrative expenses. No such interest or penalties were recognized for the year ended December 31, 2025. The Company had no accruals for tax-related interest and penalties at December 31, 2025. With few exceptions, the Company is no longer subject to federal and state income tax examinations by tax authorities for the years before 2020 and 2019, respectively.

Concentrations of credit – Financial instruments that potentially expose the Company to concentrations of credit risk consist primarily of cash balances in demand accounts held at a financial institution, in excess of federally insured limits. The Company currently maintains substantially all of its day-to-day operating cash balances with major financial institutions. At times, cash balances may be in excess of Federal Deposit Insurance Corporation insurance limits. The Company mitigates this risk by maintaining their cash accounts with high quality financial institutions.

Customer concentrations – During the year ended December 31, 2025, the Company had three customers that accounted for approximately 61% of total sales. Total accounts receivable due from these customers represented approximately 47% of total accounts receivable at December 31, 2025.

Variable interest entities – The Company accounts for variable interest entities in accordance with ASC Topic 810, *Consolidation* (ASC 810). Under ASC 810, a VIE is created when: (a) the equity investment at risk in the entity is not sufficient to permit the entity to finance its activities without additional subordinated financial support provided by other parties, including the equity holders; (b) the entity's equity holders as a group (i) lack the direct or indirect ability to make decisions about the entity, (ii) are not obligated to absorb expected losses of the entity or (iii) do not have the right to receive expected residual returns of the entity; or (c) the entity's equity holders have voting rights that are not proportionate to their economic interests, and the activities of the entity involve, or are conducted on behalf of, the equity holder with disproportionately few voting rights. If an entity is deemed to be a VIE pursuant to ASC 810, the enterprise that has both (a) the power to direct the activities of a VIE that most significantly impact the entity's economic performance and (b) the obligation to absorb the expected losses of the entity or right to receive benefits from the entity that could be potentially significant to the VIE is considered the primary beneficiary and must consolidate the VIE. The Company evaluated EMRY under the provisions of the variable interest model and determined that the Company has a variable interest in EMRY and EMRY is a variable interest entity (VIE). The Company further determined that it is the primary beneficiary of EMRY as it has the power to direct the activities of EMRY that most significantly impact EMRY's economic performance by means of its operation of the lease facility, and it has an obligation to absorb losses of EMRY due to its debt guarantees (Note 6).

The following table presents a summary of the assets and liabilities of EMRY as of December 31, 2025.

Cash and cash equivalents	$ 4,141,307
Accounts receivable	20,000
Prepaid expenses and other current assets	18,857
Property and equipment, net	15,676,220
Other assets	225,063
Total assets	$ 20,081,447
Accounts payable	$ 12,232
Accrued liabilities	185,801
Long-term debt	13,912,554
Total liabilities	$ 14,110,587

Merchandise risk – The Company's success is largely dependent upon its ability to gauge the tastes of its targeted customers and provide merchandise that satisfies customer demand. Any inability to provide appropriate merchandise in sufficient quantities in a timely manner could have a material effect on the Company's business, operating results, and financial condition.

Going concern – In connection with the preparation of the consolidated financial statements for the year ended December 31, 2025, the Company conducted an evaluation as to whether there were conditions and events, considered in the aggregate, which raised substantial doubt about the entity's ability to continue as a going concern within one year after the date the consolidated financial statements were issued, noting that there did not appear to be evidence of substantial doubt of the Company's ability to continue as a going concern.

Subsequent events – Subsequent events are events or transactions that occur after the consolidated balance sheet date but before the consolidated financial statements are available to be issued. The Company recognizes in the consolidated financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the consolidated balance sheet, including the estimates inherent in the process of preparing the consolidated financial statements. The Company's consolidated financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the consolidated balance sheet but arose after the consolidated balance sheet date and before the consolidated financial statements are available to be issued. The Company has evaluated subsequent events through July 6, 2026, which is the date the consolidated financial statements were available to be issued.

Note 3 – Inventories

Inventories consisted of the following:

Raw materials and components	$ 6,591,262
Finished goods	924,883
Inventories	$ 7,516,145

Note 4 – Property and Equipment

Property and equipment consisted of the following:

Building and building improvements	$ 20,319,472
Machinery and equipment	10,186,404
Land	5,946,429
Land improvements	1,588,545
Furniture and fixtures	1,119,859
Computer equipment and software	746,557
Construction in progress	113,745
Office equipment	63,652
Vehicles	53,607
	40,138,270
Less accumulated depreciation and amortization	(14,814,780)
Property and equipment, net	$ 25,323,490

Depreciation expense related to property and equipment amounted to approximately $1,982,000 for the year ended December 31, 2025, and is included in selling, general, and administrative expenses in the accompanying consolidated statement of operations and comprehensive loss.

Note 5 – Accrued Liabilities

Accrued expenses consisted of the following:

Accrued payroll and related	$	547,424
Other accrued liabilities		1,074,361
Customer deposits		232,010
Accrued interest		52,877
Total accrued liabilities	$	1,906,672

Note 6 – Long-Term Debt

In connection with an asset acquisition in 2017, EMRY entered into a loan agreement dated January 27, 2017, with Citibank in the maximum principal amount of $12,303,000 (the Permanent Loan) utilized to fund the purchase of the real property located in Moorpark, California. The Permanent Loan bears interest at a rate of 4.34% per annum. EMRY is required to make monthly principal and interest payments on the first day of each month, commencing on February 27, 2017, through February 1, 2042 (the Permanent Loan Maturity Date). Any outstanding principal and accrued but unpaid interest related to the Permanent Loan shall be due and payable on the Permanent Loan Maturity Date. The Permanent Loan is secured by substantially all of the assets of EMRY and is guaranteed by Lifetech, Lifetech International Sales Corporation, a wholly owned subsidiary of Lifetech (Note 8), and by majority members of Lifetech and EMRY. As of December 31, 2025, the outstanding balance on the Permanent Loan amounted to $9,388,375.

Concurrently with the Permanent Loan, EMRY entered into a loan agreement dated January 27, 2017, with Citibank in the maximum principal amount of $5,381,300 (the Interim Second Loan) utilized to fund the construction of the manufacturing facility in Moorpark, California. The Interim Second Loan bore interest at a rate of 2.00% plus the one-month London Inter-Bank-Offered Rate (LIBOR) rate per annum. The unpaid principal balance, together with the accrued but unpaid interest was originally due and payable on May 1, 2018 (the Interim Second Loan Original Maturity Date). The Interim Second Loan was secured by substantially all of the assets of EMRY and guaranteed by Lifetech, IC-DISC, and by majority members of Lifetech and EMRY.

In May 2019, EMRY refinanced the Interim Second Loan with Citibank. The balance then outstanding under the Interim Second Loan was repaid with a promissory note dated May 29, 2019, in the amount of $5,333,476 (the Amended and Restated Promissory Note). The Amended and Restated Promissory Note bears interest at a rate of 2.00% plus the one-month LIBOR rate per annum. The unpaid principal balance, together with the accrued but unpaid interest is due and payable on June 1, 2034. EMRY shall pay the principal balance in 180 monthly installments on the first day of each calendar month commencing July 1, 2019, and continuing on the same day of each month thereafter, in the amounts provided by the bank. Accrued interest shall also be payable on the first day of each calendar month, commencing on the first day of the next calendar month following the calendar month in which the initial advance is made, and all unpaid, accrued interest shall be paid in full at the time all advances are paid in full. As of December 31, 2025, the outstanding balance on the Amended and Restated Promissory Note amounted to $3,450,783.

On May 30, 2019, in conjunction with the refinance transaction, EMRY entered into an interest rate swap transaction (the interest rate swap) with Citibank, with an effective date of June 3, 2019, and termination date of June 1, 2034. The notional amount of the interest rate swap at inception was $5,333,476. Pursuant to the interest rate swap, EMRY shall pay a fixed rate to Citibank of 4.26% per annum and Citibank shall pay a floating rate of 2.00% plus the one-month LIBOR rate per annum.

In connection with obtaining debt financing, EMRY incurred debt issuance costs in the amount of $47,062. For the year ended December 31, 2025, amortization on the debt issuance costs amounted to $1,895 and is included in interest expense in the accompanying consolidated statement of operations and comprehensive loss. As of December 31, 2025, the unamortized debt issuance costs in the amount of $26,604 are recorded as a direct deduction from the carrying amount of the long-term debt balance.

Lifetech entered into a master loan and security agreement dated May 9, 2022, with Bank of America, N.A., whereby, from time to time, Lifetech will be able to finance equipment in the aggregate amount not to exceed $4,000,000. Concurrently, Lifetech entered into a loan agreement (Equipment Note No. 1) in the amount of $517,487 to be repaid in 60 monthly installments of principal and interest. Interest is fixed at 5.50% per annum and monthly payment of principal and interest is $9,886. The note is collateralized by the underlying equipment. As of December 31, 2025, the outstanding balance on Equipment Note No. 1 amounted to $170,420.

On December 19, 2022, Lifetech entered into a loan agreement (Equipment Note No. 2) in the amount of $345,685, to be repaid in 60 monthly installments of principal and interest. Interest is fixed at 7.14% per annum and monthly payments of principal and interest are $6,868. The note is collateralized by the underlying equipment. As of December 31, 2025, the outstanding balance on Equipment Note No. 2 amounted to $159,094.

On March 9, 2023, Lifetech entered into a loan agreement (Equipment Note No. 3) in the amount of $327,934, to be repaid in 60 monthly installments of principal and interest. Interest is fixed at 7.51% per annum and monthly payments of principal and interest are $6,573. The note is collateralized by the underlying equipment. As of December 31, 2025, the outstanding balance on Equipment Note No. 3 amounted to $147,787. As of December 31, 2025, the Company was in compliance with the financial covenants under Equipment Notes No. 1, No. 2, and No. 3.

Future minimum principal payments related to the long-term debt described above are as follows as of December 31, 2025:

Years Ending December 31,	
2026	$ 1,002,569
2027	992,961
2028	847,984
2029	852,478
2030	891,219
Thereafter	8,729,248
	13,316,459
Unamortized debt issuance costs	(26,604)
Total long-term debt, net	$ 13,289,855

Note 7 – Related-Party Transactions

Advances payable to member – In order to fund the certain Completion Blocked Account under the provisions of a loan agreement with Citibank (Note 6), EMRY borrowed $1,800,000 from a member during 2017. The advances were noninterest bearing and were scheduled to be repaid upon the disbursement of the pledged funds by the bank. During 2018, $700,000 of the 2017 advances were converted to contributions. Additional advances in the amount of $2,010,887 were received during 2018, of which $201,089 were converted to contributions. The Company repaid $1,809,798 to the member during 2019. The remaining balance of $1,100,000 remains outstanding at December 31, 2025, and is included in advances payable to member on the accompanying consolidated balance sheet.

Note 8 – Retirement Plan

Lifetech sponsors a 401(k) plan (the Plan) for eligible employees. Eligible employees may elect to contribute up to 100% of their eligible compensation and bonus, not to exceed the maximum amount allowable by law. A matching contribution equal to the sum of 100% of the amount of employee contributions that are not in excess of 4% of compensation will be made. Lifetech may also make a profit-sharing contribution at the sole discretion of management. The Company's contributed approximately $226,000 in the safe harbor matching contributions under the Plan during the year ended December 31, 2025. The Company did not contribute any profit-sharing contributions under the Plan during the year ended December 31, 2025.

Note 9 – Members' Equity

Limitation of liability – In accordance with the Lifetech Second Amended and Restated Limited Liability Company Agreement dated December 31, 2016, and the EMRY Operating Agreement dated October 20, 2016, no member of the Company has personal liability for any debt, obligation, or other liability of the Company.

Members' units

Class A Members – Class A members represent all members holding Class A units with full voting rights pro rata based on their percentage interest in the Company. As of December 31, 2025, 100 Class A units are authorized, issued, and outstanding.

Class B Members – Class B members represent all members holding Class B units with no voting rights. Class B members have the same rights as Class A members except that they have no voting rights. As of December 31, 2025, 100 Class B units are authorized, issued, and outstanding.

The voting and nonvoting membership units, which are identical in all other respects, will not be treated as different classes of equity within the meaning of the applicable IRC.

Profit and loss allocations – Profits and losses are allocated among the members pro rata in accordance with their percentage interests.

Distributions – Distributions to members are made pro rata in accordance with their percentage interests.

Note 10 – Contingencies

Laws and regulations – The personal care industry is subject to laws and regulations of federal, state, and local governments. Management believes that the Company is in compliance with these laws. While no regulatory inquiries have been made, compliance with such laws and regulations can be subject to future review and interpretation, as well as regulatory actions unknown or asserted at this time.

Litigation – From time to time, the Company may become party to litigation or other legal proceedings that the Company will consider to be part of the ordinary course of business. The Company is not currently involved in any other legal proceedings that could reasonably be expected to have a material adverse effect on the business, prospects, financial condition, or results of operations.

Sales tax contingencies – The Company's products may be subject to sales tax in certain jurisdictions for certain revenue streams. If a taxing authority were to successfully assert that the Company has not properly collected sales tax, tax liabilities may be incurred. Management does not currently believe that any individual claim or aggregate claims that might arise will ultimately have a material effect on their results of operations, financial positions, or cash flow.

Note 11 – Leases

Operating lease – On April 30, 2021, Lifetech entered into a warehouse lease agreement with a third-party for an approximate 40,000 square foot portion of a larger 240,000 square foot industrial building. The lease commenced on September 1, 2021, and will expire on November 30, 2026. The weighted average remaining lease term for the Company's operating lease is 0.92 years. The weighted average discount rate for this operating lease is 0.78%.

Finance lease – On August 24, 2024, **t**he Company entered into an equipment lease agreement under capital lease arrangements. The lease will expire on August 24, 2029. The weighted average remaining lease term for the Company's finance lease is 3.65 years. The weighted average discount rate for this finance lease is 3.62%.

The following table summarizes the components of lease costs in the Company's consolidated statement of operations and comprehensive loss for the year ended December 31, 2025:

Operating lease cost	$	489,166
Finance lease cost		
Amortization of leased cost		13,460
Interest on lease liability		2,489
Total lease costs	$	505,115

The following table provides supplemental cash flow information related to the Company's leases for the year ended December 31, 2025:

Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flows from operating and finance leases	$	549,410
Financing cash flows from finance leases	$	15,000

At December 31, 2025, future minimum lease payments under non-cancellable leases are as follows:

	Operating	Finance	Total
2026	$ 515,470	$ 15,000	$ 530,470
2027	-	15,000	15,000
2028	-	15,000	15,000
2029	-	8,750	8,750
Total minimum lease payments	515,470	53,750	569,220
Less imputed interest	(11,674)	(4,009)	(15,683)
Present value of minimum lease payments	503,796	49,741	553,537
Less current portion of lease liabilities	(503,796)	(13,086)	(516,882)
Long-term lease liabilities	$ -	$ 36,655	$ 36,655

Intercompany lease agreement – On January 31, 2017, EMRY and Lifetech entered into a lease agreement, pursuant to which Lifetech agreed to lease the real property located in Moorpark, California, from EMRY for a period of 17 years, commencing on February 1, 2017, and ending on January 31, 2034, for a monthly base rent of $132,924. The property is used as a manufacturing and distribution facility for beauty supplies and other products manufactured by Lifetech. The lease transactions are eliminated in consolidation.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LIFETECH RESOURCES 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2007

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)

LIFETECH RESOURCES, LLC

700 SCIENCE DRIVE

MOORPARK CA 93021

2b Employer Identification Number (EIN) 95-4682107

2c Plan Sponsor's telephone number 818-885-1199

2d Business code (see instructions) 531210

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	Calix	10/7/26	Claudia Calix
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Calix	10/7/26	Claudia Calix
	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 Lifetech Resources, LLC

c Plan Name Lifetech Resources, LLC 401(k) Profit Sharing Plan

4b EIN 95-4682107

4d PN 002

5	Total number of participants at the beginning of the plan year	**5**	190
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)**	103
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	126
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	92
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	218
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	218
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)**	169
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)**	171
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
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:
2A 2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
LIFETECH RESOURCES 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LIFETECH RESOURCES, LLC

D Employer Identification Number (EIN)
95-4682107

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	GH3490 & 81N322	173	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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
Actuarial Benefits Corp
2790 Skypark Drive, Suite 300

Torrance CA 90505

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	488,615
5	Current value of plan's interest under this contract in separate accounts at year end	5	6,892,038

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ RATES PUBLISHED IN VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY RATE MANUALS IN EFFECT AT THE TIME OF PO

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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	490,470
c	Additions: (1) Contributions deposited during the year	7c(1)	25,330		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	40,308		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	723		
	▶Loan Repayments, Positive Value Adjustments, Collateral interest earned, Transfers				
	(6) Total additions			7c(6)	66,361
d	Total of balance and additions (add lines 7b and 7c(6))			7d	556,831
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	37,888		
	(2) Administration charge made by carrier	7e(2)	28,787		
	(3) Transferred to separate account	7e(3)	723		
	(4) Other (specify below)	7e(4)	818		
	▶Lon Disbursements, Negative Value Adjustments, Fees paid, Transfers				
	(5) Total deductions			7e(5)	68,216
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	488,615

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
LIFETECH RESOURCES 401(K) PLAN	002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
LIFETECH RESOURCES, LLC	95-4682107

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

VOYA 71-0294708

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

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

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

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

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

Actuarial Benefits Corp. 20-1054428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99						
	TPA	25,088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

Voya 71-0294708
PO Box 990067

Hartford CT 06199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 64						
	Record Keeper	0	Yes ☒ No ☐	Yes ☐ No ☒	3,534	Yes ☐ No ☒

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

3(38) Investment Fiduciaries 83-1365023
3355 Cochran St, Suite 101

Simi Valley CA 93063

(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?
99						
	Advisor	3,297	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LIFETECH RESOURCES 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LIFETECH RESOURCES, LLC

D Employer Identification Number (EIN)
95-4682107

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

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

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708 001	P	6,892,037

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
LIFETECH RESOURCES 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LIFETECH RESOURCES, LLC

D Employer Identification Number (EIN)
95-4682107

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)	320,984	20,529
(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)	0	0
(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)	28,740	88,210
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	6,183,527	6,892,038
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	490,470	488,615
(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	7,023,721	7,489,392
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	7,023,721	7,489,392

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)	255,364	
(B) Participants	2a(1)(B)	528,235	
(C) Others (including rollovers)	2a(1)(C)	180,097	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		963,696
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6,089	
(F) Other	2b(1)(F)	-23,483	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-17,394
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	-6	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		-6
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		969,498
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1,915,794
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,418,513	
(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)		1,418,513
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	2,725	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	28,385	
(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)	500	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		31,610
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1,450,123
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		465,671
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HOLTHOUSE CARLIN & VAN TRIGT LLP **(2)** EIN: 95-4345526

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		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LIFETECH RESOURCES 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LIFETECH RESOURCES, LLC

D Employer Identification Number (EIN)
95-4682107

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 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)? ☐ 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 Q703885a.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Lifetech Resources, LLC 401(k) Profit Sharing Plan

Employer Identification Number:► 95-4682107

For plan year (beginning/ending):► 1/1/2025 to 12/31/2025 Plan number:► 002

(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
	American Funds	American Funds 2010 T Date R6	**	174,012
	American Funds	American Funds 2030 T Date R6	**	1,778
	American Funds	American Funds 2035 T Date R6	**	14,962
	American Funds	American Funds 2040 T Date R6	**	175,028
	American Funds	American Funds 2045 T Date R6	**	170,355
	American Funds	American Funds 2050 T Date R6	**	6,265
	American Funds	American Funds 2065 T Date R6	**	750
	American Funds	American Funds Amer Mutual R6	**	45,486
	American Funds	American Funds Bond Fd Am R6	**	7,839
	Black Rock	BlkRck LifePath Ind 2030 Fd K	**	124,858
	Black Rock	BlkRck LifePath Ind 2035 Fd K	**	288,825
	Black Rock	BlkRck LifePath Ind 2040 Fd K	**	329,052
	Black Rock	BlkRck LifePath Ind 2045 Fd K	**	257,525
	Black Rock	BlkRck LifePath Ind 2050 Fd K	**	174,202
	Black Rock	BlkRck LifePath Ind 2055 Fd K	**	484,423
	Black Rock	BlkRck LifePath Ind 2060 Fd K	**	666,325
	Black Rock	BlkRck LifePath Ind 2065 Fd K	**	3,906
	Black Rock	BlkRck LifePath Ind Ret Rd K	**	1,495,580
	Black Rock	BlkRck Md Cp Equity Ind Fd K	**	344
	Black Rock	BlkRck Sst Adv Lg Cp Cr Fd K	**	23,924
	Calvert US	Calv US Lg Cp Cr Rsp In F R6	**	1,565
	Dimentional Fund Advisors	DFA US Small Cap VI Port Ins	**	18,129
	Fidelity	Fidelity 500 Index Fund	**	1,477,702
	Fidelity	Fidelity Sm Cp Ind Fd	**	366
	Fidelity	Fidelity Tot Intl Idx Fund	**	59,025
	Goldman Sachs	Gldmn Sachs Intl Eq Ins Fd R6	**	58,964
	Hartford Climate	Hartford Climate Opport Fd R6	**	1,456
	JPMorgan	JPMorgan Intl Equity Fnd R6	**	563
	JPMorgan	JPMorgan LgCp Grw Fnd R6	**	527,933
	Loomis Sayles	Loomis Sayles Ltd Tm Gv&Agcy N	**	854
	MFS	MFS Mid Cap Growth Fd R6	**	105,687
	MFS	MFS Mid Cap Value Fund R6	**	574
	Nation BNYM	Nationwide Invesco Cor Pl R6	**	1,189
	Nuveen Real Estate	Nuveen Real Estate Sec Sel R6	**	41,670
	Vanguard	Vangrd Explorer Fund Adm	**	42,203
	Vanguard	Vangrd FTSE Social Ind Fd Adm	**	98,468
	Voya	Voya Fixed Account	**	158,439
	Voya	Voya Fixed Account (4450)	**	330,176
	Voya	Voya Gv Mny Mkt F A (Hld Acct)	**	10,249
	Participant Loans	Interest Rate Range 5.00% to 9.5%	*	88,210

* Party-in-interest as defined by ERISA

** Cost information not required for participant-directed investments

Report of Independent Auditors and
Consolidated Financial Statements

Lifetech Resources, LLC and Affiliates

December 31, 2025

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Report of Independent Auditors

The Members
Lifetech Resources, LLC and Affiliates

Report on the Audit of the Financial Statements

Opinion

We have audited the consolidated financial statements of Lifetech Resources, LLC and Affiliates, which comprise the consolidated balance sheet as of December 31, 2025, and the related consolidated statements of operations and comprehensive loss, members' equity, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of Lifetech Resources, LLC and Affiliates as of December 31, 2025, and the results of their operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 Financial Statements section of our report. We are required to be independent of Lifetech Resources, LLC and Affiliates and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Lifetech Resources, LLC and Affiliates' ability to continue as a going concern within one year after the date that the consolidated financial statements are issued.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated 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 consolidated 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 consolidated 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 Lifetech Resources, LLC and Affiliates' 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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Lifetech Resources, LLC and Affiliates' ability to continue as a going concern for a reasonable period of time.

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

Baker Tilly US, LLP

Irvine, California
July 6, 2026

Consolidated Financial Statements

Lifetech Resources, LLC and Affiliates
Consolidated Balance Sheet
December 31, 2025

ASSETS

CURRENT ASSETS	
Cash and cash equivalents	$ 12,562,164
Accounts receivable, net	5,478,948
Inventories	7,516,145
Prepaid expenses and other current assets	1,481,301
Total current assets	27,038,558
Property and equipment, net	25,323,490
Operating lease right-of-use asset	436,728
Finance lease right-of-use asset	48,232
Other assets	527,315
Total assets	$ 53,374,323

LIABILITIES AND MEMBERS' EQUITY

CURRENT LIABILITIES	
Accounts payable	$ 991,310
Accrued liabilities	1,906,672
Current portion of operating lease liability	503,796
Current portion of finance lease liability	13,086
Current portion of long-term debt, net	1,002,569
Total current liabilities	4,417,433
LONG-TERM LIABILITIES	
Advances payable to member	1,100,000
Long-term debt, net of current portion	12,287,286
Finance lease liability, net of current portion	36,655
Total liabilities	17,841,374
MEMBERS' EQUITY	
Members' capital	2,230,582
Retained earnings	33,109,104
Accumulated other comprehensive income	193,263
Total members' equity	35,532,949
Total liabilities and members' equity	$ 53,374,323

See accompanying notes.

Lifetech Resources, LLC and Affiliates
Consolidated Statement of Operations and Comprehensive Loss
Year Ended December 31, 2025

NET SALES	$ 39,664,225
COST OF SALES	24,013,946
GROSS PROFIT	15,650,279
SELLING, GENERAL, AND ADMINISTRATIVE EXPENSES	17,595,887
OPERATING LOSS	(1,945,608)
OTHER (INCOME) EXPENSE	
Interest expense	618,343
Interest income	(150,125)
Other income	(12,376)
TOTAL OTHER EXPENSE, NET	455,842
NET LOSS BEFORE INCOME TAXES	(2,401,450)
INCOME TAX EXPENSE	1,800
NET LOSS	(2,403,250)
OTHER COMPREHENSIVE LOSS	(129,737)
COMPREHENSIVE LOSS	$ (2,532,987)

See accompanying notes.

Lifetech Resources, LLC and Affiliates
Consolidated Statement of Members' Equity
Year Ended December 31, 2025

	Membership Units		Members' Capital	Retained Earnings	Other Comprehensive Income	Total Members' Equity
	Class A	Class B				
BALANCE, December 31, 2024	100	100	$ 2,230,582	$ 35,545,729	$ 323,000	$ 38,099,311
Distributions	-	-	-	(33,375)	-	(33,375)
Net loss	-	-	-	(2,403,250)	-	(2,403,250)
Unrealized loss on interest rate swap	-	-	-	-	(129,737)	(129,737)
BALANCE, December 31, 2025	100	100	$ 2,230,582	$ 33,109,104	$ 193,263	$ 35,532,949

See accompanying notes.

Lifetech Resources, LLC and Affiliates
Consolidated Statement of Cash Flows
Year Ended December 31, 2025

CASH FLOWS FROM OPERATING ACTIVITIES		
Net loss	$	(2,403,250)
Adjustments to reconcile net loss to net cash provided by operating activities		
Depreciation		1,982,179
Amortization of debt issuance costs		1,895
Non-cash lease expense		2,489
Bad debt expense		2,091
Loss on disposal of fixed assets		37,843
Changes in operating assets and liabilities		
Accounts receivable		1,494,668
Inventories		(1,929,360)
Prepaid expenses and other assets		401,348
Right-of-use assets and lease liabilities, net		(43,736)
Accounts payable		(701,938)
Accrued liabilities and other current liabilities		(1,211,141)
Distributions payable to members		(614,100)
Net cash provided by operating activities		(2,981,012)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment		(1,319,321)
Cash used in investing activities		(1,319,321)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of finance lease obligations		(14,999)
Repayment of debt		(955,928)
Distributions to members		(33,375)
Net cash used in financing activities		(1,004,302)
NET CHANGE IN CASH AND CASH EQUIVALENTS		(5,304,635)
CASH AND CASH EQUIVALENTS, beginning of year		17,866,799
CASH AND CASH EQUIVALENTS, end of year	$	12,562,164
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION		
Cash paid for interest	$	619,921
Cash paid for state income taxes		1,800
SUPPLEMENTAL DISCLOSURE OF NON-CASH FINANCING ACTIVITIES		
Unrealized loss on interest rate swap	$	129,737

See accompanying notes.

Note 1 – Nature of Business

Lifetech Resources, LLC (Lifetech), was formed as a California limited liability company on March 9, 1998. Lifetech manufactures cosmeceutical and skin treatment products and offers custom formulations, production, manufacturing, and marketing services to its customers. Lifetech's business activities include the contract manufacturing of products and the development, marketing, and sale of its own branded products. Lifetech conducts its business from its corporate headquarters located in Moorpark, California, and a warehouse in Simi Valley, California.

EMRY Investments, LLC (EMRY), was formed as a California limited liability company on October 20, 2016, for the purposes of acquiring, holding, improving, maintaining, leasing, financing, and disposing of real property located in Moorpark, California.

Lifetech International Sales Corporation (IC-DISC) is wholly owned by Lifetech Resources, LLC. The entity was incorporated on January 7, 2014. IC-DISC is a tax-driven entity that allows for a limited exemption of export-derived earnings from federal income taxation. The exporter, in this case, Lifetech pays IC-DISC a tax-deductible commission for reporting its foreign earnings through IC-DISC. The commission is returned by IC-DISC as a dividend. Lifetech, EMRY, and IC-DISC are under common control and together, are herein referred to as the "Company."

Lifetech evaluated EMRY under the provisions of the variable interest model and determined that Lifetech has a variable interest in EMRY and EMRY is a variable interest entity (VIE). Lifetech further determined that it is the primary beneficiary of EMRY as it has the power to direct the activities of EMRY that most significantly impact EMRY's economic performance by means of its operation of the leased facility, and it has an obligation to absorb losses of EMRY due to its debt guarantees (Note 6).

Note 2 – Summary of Significant Accounting Policies

Basis of presentation – The accompanying consolidated financial statements have been prepared under the accrual method in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) as contained within the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

Principles of consolidation – The consolidated financial statements include the accounts of Lifetech and its affiliates, EMRY, a VIE, and IC-DISC (collectively, the Company). All significant intercompany transactions and balances have been eliminated in consolidation.

Use of estimates – The preparation of the consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the consolidated financial statements, as well as reported amounts of revenues and expenses during the reporting period. Estimates are used for, but not limited to, the allowance for credit losses, the useful lives used for depreciation and amortization of property and equipment, the carrying value of intangible assets, and the settlement value of interest rate swap. Estimates are based on the most current and best available information; however, actual results could differ from those estimates.

Cash and cash equivalents – The Company considers all highly liquid financial instruments with maturities of three months or less at the time of purchase to be cash equivalents.

Accounts receivable and allowance for credit losses – Accounts receivable are customer obligations due under normal trade terms. The Company carries accounts receivable at invoiced amounts less the allowance for credit losses. The Company does not accrue interest on its trade receivables. Management evaluates the ability to collect accounts receivable based on a combination of factors. Receivables are determined to be past due based on individual credit terms. An allowance for credit losses is maintained based on the length of time receivables are past due, historical collections, or the status of a customer's financial position. Receivables are written off in the year deemed uncollectible after efforts to collect the receivables have proven unsuccessful. At December 31, 2025, the allowance for credit losses totaled $80,245. At January 1, 2025, accounts receivable totaled approximately $7,961,000.

Inventories – Inventories are determined using the first-in, first-out (FIFO) cost method and are stated at the lower of cost and net realizable value.

Property and equipment – Property and equipment are stated at cost, net of accumulated depreciation and amortization. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets, which range from 3 to 39 years.

Leases – The Company accounts for its finance and operating leases under Accounting Standards Update No. 2016-02, *Leases* (ASC 842), which requires lessees to recognize a lease liability and right-of-use (ROU) asset for all leases, including operating leases, with an expected term greater than 12 months on its consolidated balance sheet. The ROU assets and related lease liabilities recorded under ASC 842 are calculated based on the present value of the lease payments using (1) the rate implicit in the lease or (2) the lessee's incremental borrowing rate (IBR), defined as the rate of interest that a lessee would have to pay to borrow on a collateralized basis over a similar term an amount equal to the lease payments in a similar economic environment. For leases that do not provide an implicit rate of return, the Company uses its incremental borrowing rate in effect at the time of lease commencement.

Impairment of long-lived assets – Long-lived assets held for use are evaluated for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. Recoverability is measured by comparing the carrying value to the estimated undiscounted future cash flows generated by their use and eventual disposition. An impairment charge is recorded if the asset's carrying value exceeds its estimated fair value. The Company assesses its property and equipment for impairment on a periodic basis using internal and external indicators such as market value declines, idle assets, worsening economic performance, and obsolescence. No impairment was recorded during the year ended December 31, 2025.

Debt issuance costs – Debt issuance costs are legal and other costs incurred in connection with obtaining new financing. Debt issuance costs related to a recognized debt liability are reported on the consolidated balance sheet as a direct deduction from the carrying amount of the related debt liability. The Company amortizes the debt issuance costs to interest expense over the term of the related debt liability using a method that approximates the effective interest method.

Interest rate swaps – FASB ASC 815, *Derivatives and Hedging (ASC 815)*, establishes accounting and reporting standards requiring that every derivative instrument (including certain derivative instruments embedded in other contracts) be recorded in the consolidated balance sheet as an asset or liability measured at its fair value. ASC 815 also provides private companies with a practical expedient to apply cash flow hedge accounting for certain types of interest rate swaps that are entered into for the purpose of economically converting variable-rate borrowings into fixed-rate borrowings. The Company has adopted this practical expedient for the interest rate swap transaction entered into during 2019 in connection with debt financing (Note 6). The practical expedient allows a swap to be measured at its settlement value instead of fair value when applying the simplified hedge accounting approach. Under this simplified approach, the Company assumes no ineffectiveness for qualifying swaps designated in a hedging relationship under ASC 815, resulting in the changes in the settlement value of the swap reported as a component of accumulated other comprehensive income. All differentials paid related to the swap are included in interest expense in the accompanying consolidated statement of operations and comprehensive loss.

Assets and liabilities measured at fair value – Fair value is the price that would be received to sell an asset or paid to transfer a liability between market participants in the principal market or the most advantageous market when no principal market exists. Market participants are assumed to be independent, knowledgeable, able, and willing to transact an exchange and not under duress. Considerable judgment may be required in interpreting market data used to develop estimates of fair value. Accordingly, estimates of fair value are not necessarily indicative of the amounts that could be realized in a current or future market exchange. The three levels of input are:

Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

The Company's consolidated financial instruments consist of cash and cash equivalents, accounts receivable, prepaid expenses and other current assets, accounts payable, accrued liabilities, and long-term debt. The carrying value of cash and cash equivalents, accounts receivable, prepaid expenses and other current assets, accounts payable, and accrued liabilities are considered to be representative of their fair market value, due to the short maturity of these instruments. The carrying value of long-term debt is a reasonable estimate of its fair value as borrowings under the Company's credit facility reflect currently available terms and conditions for similar debt instruments. The Company evaluates its financial assets and liabilities subject to fair value measurements on a recurring basis to determine the appropriate level to classify them for each reporting period. This determination requires significant judgments to be made.

The financial asset subject to fair value measurements were as follows:

	Total	Level 1	Level 2	Level 3
Interest rate swap asset (at settlement value)	$ 193,263	$ -	$ 193,263	$ -

There were no transfers into or out of Level 1, Level 2, or Level 3 during the year ended December 31, 2025. The Level 2 interest rate swap asset is included in other assets on the consolidated balance sheet.

Presentation of sales taxes – Taxes collected from the Company's customers are and have been recorded on a net basis. Sales tax collected is recorded within accrued expenses until the taxes are remitted to the appropriate taxing authorities.

Shipping and handling fees and costs – Shipping and handling fees billed to customers were approximately $7,000 and are recorded as revenues within net sales on the accompanying statement of operations and comprehensive loss for the year ended December 31, 2025. The costs associated with shipping goods to customers were approximately $188,000 and are recorded as selling, general and administrative expenses for the year ended December 31, 2025.

Revenue recognition – The Company accounts for revenue in accordance with ASC 606, *Revenue from Contracts with Customers*. Accordingly, revenue is recognized when the transaction price is determinable, performance obligations are met, and control of the promised goods is transferred, in an amount that reflects the consideration in exchange for the goods sold. Generally, control transfers upon shipment of the goods. The Company evaluates the allowance for sales returns and allowances (refund liability) based on historical percentages, utilizing a multiple-month lookback period. As part of its evaluation, the Company considers actual returns and allowances to date that are in process and its actual sales within the return window that may result in returns and allowances in the future. There was no refund liability recorded at December 31, 2025. All orders that have been paid in advance are recorded as contract liabilities and are included in accrued liabilities on the accompanying consolidated balance sheet. Contract liabilities were approximately $83,000 and $232,000 as of January 1, 2025, and December 31, 2025. The increase in contract liabilities during the year ending December 31, 2025, is primarily due to an increase in customer deposits.

Advertising costs – The Company expenses advertising costs as incurred. Advertising expense for the year ended December 31, 2025, amounted to approximately $2,012,000 and is included in selling, general, and administrative expenses in the accompanying consolidated statement of operations and comprehensive loss.

Income taxes – Lifetech has elected S corporation status for both federal and California income tax purposes. The S corporation provisions of the Internal Revenue Code (IRC) require that federal corporate earnings flow through and be taxed solely at the member level. Accordingly, no liability or provision for federal income taxes attributable to the S corporation operations is included in the accompanying consolidated financial statements, nor are any deferred taxes provided for temporary differences between tax and financial reporting. Lifetech is required to pay the California state income tax equal to the greater of $800 or 1.5% of its California taxable income.

EMRY is a limited liability company and is treated as a partnership for both federal and California income tax purposes. Accordingly, EMRY does not incur federal income taxes at a company level. Instead, its earnings and losses are passed through to the members and included in the calculation of the members' tax liability. EMRY is subject to a minimum state franchise tax of $800 as well as a California fee based on gross sales.

IC-DISC is fully owned by Lifetech Resources, LLC, which provides a tax benefit by allowing export-related income to be partially exempt from federal taxes. Lifetech pays IC-DISC a tax-deductible commission on foreign earnings, which IC-DISC then returns as a qualified dividend to Lifetech. Lifetech deducts the commission at a higher tax rate, while the dividend is taxed at a lower rate, creating tax savings. Upon consolidation, all intercompany transactions were eliminated.

The Company has adopted the provisions of FASB ASC 740, *Income Taxes (ASC 740)*. ASC 740 prescribes a recognition threshold measurement attributed for financial recognition and measurement of a tax position taken or expected to be taken in a tax return and also provides guidance on various related matters, such as de-recognition, interest and penalties, and disclosure. The Company evaluates uncertain tax positions by considering the tax years subject to potential audit under state and federal income tax law and identifying favorable tax positions that do not meet the threshold of more likely than not to prevail if challenged by tax authorities that would have a direct impact on the Company as opposed to an impact to the members. Management believes that the Company has not taken any uncertain tax positions that have a more likely than not chance of not being sustained upon examination by the tax authorities. Accordingly, no liability for uncertain tax positions has been recorded in the accompanying consolidated financial statements at December 31, 2025.

The Company recognizes interest related to unrecognized tax benefits in interest expense and penalties in selling, general, and administrative expenses. No such interest or penalties were recognized for the year ended December 31, 2025. The Company had no accruals for tax-related interest and penalties at December 31, 2025. With few exceptions, the Company is no longer subject to federal and state income tax examinations by tax authorities for the years before 2020 and 2019, respectively.

Concentrations of credit – Financial instruments that potentially expose the Company to concentrations of credit risk consist primarily of cash balances in demand accounts held at a financial institution, in excess of federally insured limits. The Company currently maintains substantially all of its day-to-day operating cash balances with major financial institutions. At times, cash balances may be in excess of Federal Deposit Insurance Corporation insurance limits. The Company mitigates this risk by maintaining their cash accounts with high quality financial institutions.

Customer concentrations – During the year ended December 31, 2025, the Company had three customers that accounted for approximately 61% of total sales. Total accounts receivable due from these customers represented approximately 47% of total accounts receivable at December 31, 2025.

Variable interest entities – The Company accounts for variable interest entities in accordance with ASC Topic 810, *Consolidation* (ASC 810). Under ASC 810, a VIE is created when: (a) the equity investment at risk in the entity is not sufficient to permit the entity to finance its activities without additional subordinated financial support provided by other parties, including the equity holders; (b) the entity's equity holders as a group (i) lack the direct or indirect ability to make decisions about the entity, (ii) are not obligated to absorb expected losses of the entity or (iii) do not have the right to receive expected residual returns of the entity; or (c) the entity's equity holders have voting rights that are not proportionate to their economic interests, and the activities of the entity involve, or are conducted on behalf of, the equity holder with disproportionately few voting rights. If an entity is deemed to be a VIE pursuant to ASC 810, the enterprise that has both (a) the power to direct the activities of a VIE that most significantly impact the entity's economic performance and (b) the obligation to absorb the expected losses of the entity or right to receive benefits from the entity that could be potentially significant to the VIE is considered the primary beneficiary and must consolidate the VIE. The Company evaluated EMRY under the provisions of the variable interest model and determined that the Company has a variable interest in EMRY and EMRY is a variable interest entity (VIE). The Company further determined that it is the primary beneficiary of EMRY as it has the power to direct the activities of EMRY that most significantly impact EMRY's economic performance by means of its operation of the lease facility, and it has an obligation to absorb losses of EMRY due to its debt guarantees (Note 6).

The following table presents a summary of the assets and liabilities of EMRY as of December 31, 2025.

Cash and cash equivalents	$ 4,141,307
Accounts receivable	20,000
Prepaid expenses and other current assets	18,857
Property and equipment, net	15,676,220
Other assets	225,063
Total assets	$ 20,081,447
Accounts payable	$ 12,232
Accrued liabilities	185,801
Long-term debt	13,912,554
Total liabilities	$ 14,110,587

Merchandise risk – The Company's success is largely dependent upon its ability to gauge the tastes of its targeted customers and provide merchandise that satisfies customer demand. Any inability to provide appropriate merchandise in sufficient quantities in a timely manner could have a material effect on the Company's business, operating results, and financial condition.

Going concern – In connection with the preparation of the consolidated financial statements for the year ended December 31, 2025, the Company conducted an evaluation as to whether there were conditions and events, considered in the aggregate, which raised substantial doubt about the entity's ability to continue as a going concern within one year after the date the consolidated financial statements were issued, noting that there did not appear to be evidence of substantial doubt of the Company's ability to continue as a going concern.

Subsequent events – Subsequent events are events or transactions that occur after the consolidated balance sheet date but before the consolidated financial statements are available to be issued. The Company recognizes in the consolidated financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the consolidated balance sheet, including the estimates inherent in the process of preparing the consolidated financial statements. The Company's consolidated financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the consolidated balance sheet but arose after the consolidated balance sheet date and before the consolidated financial statements are available to be issued. The Company has evaluated subsequent events through July 6, 2026, which is the date the consolidated financial statements were available to be issued.

Note 3 – Inventories

Inventories consisted of the following:

Raw materials and components	$ 6,591,262
Finished goods	924,883
Inventories	$ 7,516,145

Note 4 – Property and Equipment

Property and equipment consisted of the following:

Building and building improvements	$ 20,319,472
Machinery and equipment	10,186,404
Land	5,946,429
Land improvements	1,588,545
Furniture and fixtures	1,119,859
Computer equipment and software	746,557
Construction in progress	113,745
Office equipment	63,652
Vehicles	53,607
	40,138,270
Less accumulated depreciation and amortization	(14,814,780)
Property and equipment, net	$ 25,323,490

Depreciation expense related to property and equipment amounted to approximately $1,982,000 for the year ended December 31, 2025, and is included in selling, general, and administrative expenses in the accompanying consolidated statement of operations and comprehensive loss.

Note 5 – Accrued Liabilities

Accrued expenses consisted of the following:

Accrued payroll and related	$ 547,424
Other accrued liabilities	1,074,361
Customer deposits	232,010
Accrued interest	52,877
Total accrued liabilities	$ 1,906,672

Note 6 – Long-Term Debt

In connection with an asset acquisition in 2017, EMRY entered into a loan agreement dated January 27, 2017, with Citibank in the maximum principal amount of $12,303,000 (the Permanent Loan) utilized to fund the purchase of the real property located in Moorpark, California. The Permanent Loan bears interest at a rate of 4.34% per annum. EMRY is required to make monthly principal and interest payments on the first day of each month, commencing on February 27, 2017, through February 1, 2042 (the Permanent Loan Maturity Date). Any outstanding principal and accrued but unpaid interest related to the Permanent Loan shall be due and payable on the Permanent Loan Maturity Date. The Permanent Loan is secured by substantially all of the assets of EMRY and is guaranteed by Lifetech, Lifetech International Sales Corporation, a wholly owned subsidiary of Lifetech (Note 8), and by majority members of Lifetech and EMRY. As of December 31, 2025, the outstanding balance on the Permanent Loan amounted to $9,388,375.

Concurrently with the Permanent Loan, EMRY entered into a loan agreement dated January 27, 2017, with Citibank in the maximum principal amount of $5,381,300 (the Interim Second Loan) utilized to fund the construction of the manufacturing facility in Moorpark, California. The Interim Second Loan bore interest at a rate of 2.00% plus the one-month London Inter-Bank-Offered Rate (LIBOR) rate per annum. The unpaid principal balance, together with the accrued but unpaid interest was originally due and payable on May 1, 2018 (the Interim Second Loan Original Maturity Date). The Interim Second Loan was secured by substantially all of the assets of EMRY and guaranteed by Lifetech, IC-DISC, and by majority members of Lifetech and EMRY.

In May 2019, EMRY refinanced the Interim Second Loan with Citibank. The balance then outstanding under the Interim Second Loan was repaid with a promissory note dated May 29, 2019, in the amount of $5,333,476 (the Amended and Restated Promissory Note). The Amended and Restated Promissory Note bears interest at a rate of 2.00% plus the one-month LIBOR rate per annum. The unpaid principal balance, together with the accrued but unpaid interest is due and payable on June 1, 2034. EMRY shall pay the principal balance in 180 monthly installments on the first day of each calendar month commencing July 1, 2019, and continuing on the same day of each month thereafter, in the amounts provided by the bank. Accrued interest shall also be payable on the first day of each calendar month, commencing on the first day of the next calendar month following the calendar month in which the initial advance is made, and all unpaid, accrued interest shall be paid in full at the time all advances are paid in full. As of December 31, 2025, the outstanding balance on the Amended and Restated Promissory Note amounted to $3,450,783.

On May 30, 2019, in conjunction with the refinance transaction, EMRY entered into an interest rate swap transaction (the interest rate swap) with Citibank, with an effective date of June 3, 2019, and termination date of June 1, 2034. The notional amount of the interest rate swap at inception was $5,333,476. Pursuant to the interest rate swap, EMRY shall pay a fixed rate to Citibank of 4.26% per annum and Citibank shall pay a floating rate of 2.00% plus the one-month LIBOR rate per annum.

In connection with obtaining debt financing, EMRY incurred debt issuance costs in the amount of $47,062. For the year ended December 31, 2025, amortization on the debt issuance costs amounted to $1,895 and is included in interest expense in the accompanying consolidated statement of operations and comprehensive loss. As of December 31, 2025, the unamortized debt issuance costs in the amount of $26,604 are recorded as a direct deduction from the carrying amount of the long-term debt balance.

Lifetech entered into a master loan and security agreement dated May 9, 2022, with Bank of America, N.A., whereby, from time to time, Lifetech will be able to finance equipment in the aggregate amount not to exceed $4,000,000. Concurrently, Lifetech entered into a loan agreement (Equipment Note No. 1) in the amount of $517,487 to be repaid in 60 monthly installments of principal and interest. Interest is fixed at 5.50% per annum and monthly payment of principal and interest is $9,886. The note is collateralized by the underlying equipment. As of December 31, 2025, the outstanding balance on Equipment Note No. 1 amounted to $170,420.

On December 19, 2022, Lifetech entered into a loan agreement (Equipment Note No. 2) in the amount of $345,685, to be repaid in 60 monthly installments of principal and interest. Interest is fixed at 7.14% per annum and monthly payments of principal and interest are $6,868. The note is collateralized by the underlying equipment. As of December 31, 2025, the outstanding balance on Equipment Note No. 2 amounted to $159,094.

On March 9, 2023, Lifetech entered into a loan agreement (Equipment Note No. 3) in the amount of $327,934, to be repaid in 60 monthly installments of principal and interest. Interest is fixed at 7.51% per annum and monthly payments of principal and interest are $6,573. The note is collateralized by the underlying equipment. As of December 31, 2025, the outstanding balance on Equipment Note No. 3 amounted to $147,787. As of December 31, 2025, the Company was in compliance with the financial covenants under Equipment Notes No. 1, No. 2, and No. 3.

Future minimum principal payments related to the long-term debt described above are as follows as of December 31, 2025:

Years Ending December 31,	
2026	$ 1,002,569
2027	992,961
2028	847,984
2029	852,478
2030	891,219
Thereafter	8,729,248
	13,316,459
Unamortized debt issuance costs	(26,604)
Total long-term debt, net	$ 13,289,855

Note 7 – Related-Party Transactions

Advances payable to member – In order to fund the certain Completion Blocked Account under the provisions of a loan agreement with Citibank (Note 6), EMRY borrowed $1,800,000 from a member during 2017. The advances were noninterest bearing and were scheduled to be repaid upon the disbursement of the pledged funds by the bank. During 2018, $700,000 of the 2017 advances were converted to contributions. Additional advances in the amount of $2,010,887 were received during 2018, of which $201,089 were converted to contributions. The Company repaid $1,809,798 to the member during 2019. The remaining balance of $1,100,000 remains outstanding at December 31, 2025, and is included in advances payable to member on the accompanying consolidated balance sheet.

Note 8 – Retirement Plan

Lifetech sponsors a 401(k) plan (the Plan) for eligible employees. Eligible employees may elect to contribute up to 100% of their eligible compensation and bonus, not to exceed the maximum amount allowable by law. A matching contribution equal to the sum of 100% of the amount of employee contributions that are not in excess of 4% of compensation will be made. Lifetech may also make a profit-sharing contribution at the sole discretion of management. The Company's contributed approximately $226,000 in the safe harbor matching contributions under the Plan during the year ended December 31, 2025. The Company did not contribute any profit-sharing contributions under the Plan during the year ended December 31, 2025.

Note 9 – Members' Equity

Limitation of liability – In accordance with the Lifetech Second Amended and Restated Limited Liability Company Agreement dated December 31, 2016, and the EMRY Operating Agreement dated October 20, 2016, no member of the Company has personal liability for any debt, obligation, or other liability of the Company.

Members' units

Class A Members – Class A members represent all members holding Class A units with full voting rights pro rata based on their percentage interest in the Company. As of December 31, 2025, 100 Class A units are authorized, issued, and outstanding.

Class B Members – Class B members represent all members holding Class B units with no voting rights. Class B members have the same rights as Class A members except that they have no voting rights. As of December 31, 2025, 100 Class B units are authorized, issued, and outstanding.

The voting and nonvoting membership units, which are identical in all other respects, will not be treated as different classes of equity within the meaning of the applicable IRC.

Profit and loss allocations – Profits and losses are allocated among the members pro rata in accordance with their percentage interests.

Distributions – Distributions to members are made pro rata in accordance with their percentage interests.

Note 10 – Contingencies

Laws and regulations – The personal care industry is subject to laws and regulations of federal, state, and local governments. Management believes that the Company is in compliance with these laws. While no regulatory inquiries have been made, compliance with such laws and regulations can be subject to future review and interpretation, as well as regulatory actions unknown or asserted at this time.

Litigation – From time to time, the Company may become party to litigation or other legal proceedings that the Company will consider to be part of the ordinary course of business. The Company is not currently involved in any other legal proceedings that could reasonably be expected to have a material adverse effect on the business, prospects, financial condition, or results of operations.

Sales tax contingencies – The Company's products may be subject to sales tax in certain jurisdictions for certain revenue streams. If a taxing authority were to successfully assert that the Company has not properly collected sales tax, tax liabilities may be incurred. Management does not currently believe that any individual claim or aggregate claims that might arise will ultimately have a material effect on their results of operations, financial positions, or cash flow.

Note 11 – Leases

Operating lease – On April 30, 2021, Lifetech entered into a warehouse lease agreement with a third-party for an approximate 40,000 square foot portion of a larger 240,000 square foot industrial building. The lease commenced on September 1, 2021, and will expire on November 30, 2026. The weighted average remaining lease term for the Company's operating lease is 0.92 years. The weighted average discount rate for this operating lease is 0.78%.

Finance lease – On August 24, 2024, **t**he Company entered into an equipment lease agreement under capital lease arrangements. The lease will expire on August 24, 2029. The weighted average remaining lease term for the Company's finance lease is 3.65 years. The weighted average discount rate for this finance lease is 3.62%.

The following table summarizes the components of lease costs in the Company's consolidated statement of operations and comprehensive loss for the year ended December 31, 2025:

Operating lease cost	$	489,166
Finance lease cost		
Amortization of leased cost		13,460
Interest on lease liability		2,489
Total lease costs	$	505,115

The following table provides supplemental cash flow information related to the Company's leases for the year ended December 31, 2025:

Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flows from operating and finance leases	$	549,410
Financing cash flows from finance leases	$	15,000

At December 31, 2025, future minimum lease payments under non-cancellable leases are as follows:

	Operating	Finance	Total
2026	$ 515,470	$ 15,000	$ 530,470
2027	-	15,000	15,000
2028	-	15,000	15,000
2029	-	8,750	8,750
Total minimum lease payments	515,470	53,750	569,220
Less imputed interest	(11,674)	(4,009)	(15,683)
Present value of minimum lease payments	503,796	49,741	553,537
Less current portion of lease liabilities	(503,796)	(13,086)	(516,882)
Long-term lease liabilities	$ -	$ 36,655	$ 36,655

Intercompany lease agreement – On January 31, 2017, EMRY and Lifetech entered into a lease agreement, pursuant to which Lifetech agreed to lease the real property located in Moorpark, California, from EMRY for a period of 17 years, commencing on February 1, 2017, and ending on January 31, 2034, for a monthly base rent of $132,924. The property is used as a manufacturing and distribution facility for beauty supplies and other products manufactured by Lifetech. The lease transactions are eliminated in consolidation.

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Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Lifetech Resources, LLC 401(k) Profit Sharing Plan

Employer Identification Number:► 95-4682107

For plan year (beginning/ending):► 1/1/2025 to 12/31/2025 Plan number:► 002

(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
	American Funds	American Funds 2010 T Date R6	**	174,012
	American Funds	American Funds 2030 T Date R6	**	1,778
	American Funds	American Funds 2035 T Date R6	**	14,962
	American Funds	American Funds 2040 T Date R6	**	175,028
	American Funds	American Funds 2045 T Date R6	**	170,355
	American Funds	American Funds 2050 T Date R6	**	6,265
	American Funds	American Funds 2065 T Date R6	**	750
	American Funds	American Funds Amer Mutual R6	**	45,486
	American Funds	American Funds Bond Fd Am R6	**	7,839
	Black Rock	BlkRck LifePath Ind 2030 Fd K	**	124,858
	Black Rock	BlkRck LifePath Ind 2035 Fd K	**	288,825
	Black Rock	BlkRck LifePath Ind 2040 Fd K	**	329,052
	Black Rock	BlkRck LifePath Ind 2045 Fd K	**	257,525
	Black Rock	BlkRck LifePath Ind 2050 Fd K	**	174,202
	Black Rock	BlkRck LifePath Ind 2055 Fd K	**	484,423
	Black Rock	BlkRck LifePath Ind 2060 Fd K	**	666,325
	Black Rock	BlkRck LifePath Ind 2065 Fd K	**	3,906
	Black Rock	BlkRck LifePath Ind Ret Rd K	**	1,495,580
	Black Rock	BlkRck Md Cp Equity Ind Fd K	**	344
	Black Rock	BlkRck Sst Adv Lg Cp Cr Fd K	**	23,924
	Calvert US	Calv US Lg Cp Cr Rsp In F R6	**	1,565
	Dimentional Fund Advisors	DFA US Small Cap VI Port Ins	**	18,129
	Fidelity	Fidelity 500 Index Fund	**	1,477,702
	Fidelity	Fidelity Sm Cp Ind Fd	**	366
	Fidelity	Fidelity Tot Intl Idx Fund	**	59,025
	Goldman Sachs	Gldmn Sachs Intl Eq Ins Fd R6	**	58,964
	Hartford Climate	Hartford Climate Opport Fd R6	**	1,456
	JPMorgan	JPMorgan Intl Equity Fnd R6	**	563
	JPMorgan	JPMorgan LgCp Grw Fnd R6	**	527,933
	Loomis Sayles	Loomis Sayles Ltd Tm Gv&Agcy N	**	854
	MFS	MFS Mid Cap Growth Fd R6	**	105,687
	MFS	MFS Mid Cap Value Fund R6	**	574
	Nation BNYM	Nationwide Invesco Cor Pl R6	**	1,189
	Nuveen Real Estate	Nuveen Real Estate Sec Sel R6	**	41,670
	Vanguard	Vangrd Explorer Fund Adm	**	42,203
	Vanguard	Vangrd FTSE Social Ind Fd Adm	**	98,468
	Voya	Voya Fixed Account	**	158,439
	Voya	Voya Fixed Account (4450)	**	330,176
	Voya	Voya Gv Mny Mkt F A (Hld Acct)	**	10,249
	Participant Loans	Interest Rate Range 5.00% to 9.5%	*	88,210

* Party-in-interest as defined by ERISA

** Cost information not required for participant-directed investments