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
ROOT LABORATORY, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1970

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)
ROOT LABORATORY, INC.

5201 COLLEGE BOULEVARD
LEAWOOD, KS 66211

2b Employer Identification Number (EIN) 48-0878135

2c Plan Sponsor's telephone number 913-491-3555

2d Business code (see instructions) 621510

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.	10/09/2026	RANDALL ROOT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	RANDALL ROOT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	135
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)**	91
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	94
b	Retired or separated participants receiving benefits	**6b**	11
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	133
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	134
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)**	134
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)**	133
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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:

2E 2F 2H 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)** [ ] 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)** [ ] 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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 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
ROOT LABORATORY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROOT LABORATORY, INC.

D Employer Identification Number (EIN)
48-0878135

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BENEFIT TRUST COMPANY

5901 COLLEGE BLVD.
SUITE 100
OVERLAND PARK, KS 66211

(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?
21 24 27 28 31 51	TRUSTEE	34719	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TPP RETIREMENT PLAN SPECIALISTS

7300 COLLEGE BLVD.
SUITE 400
OVERLAND PARK, KS 66210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RECORDKEEPER	13428	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

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(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
ROOT LABORATORY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROOT LABORATORY, INC.

D Employer Identification Number (EIN)
48-0878135

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: BT FCI LIFE STRATEGY MODERATE GRWTH

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

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)
43-0995254-017	C	2865882

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)

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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

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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
ROOT LABORATORY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROOT LABORATORY, INC.

D Employer Identification Number (EIN)
48-0878135

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	1312	1808
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	150602	50839
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	18285	20705
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	529589	556173
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1512912	1614889
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	860788	990018
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2444397	2865882
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9718620	10515745
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	15236505	16616059
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
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	15236505	16616059

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)	50839	
(B) Participants	2a(1)(B)	319014	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		369853
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20240	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	69491	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		89731
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	10701	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	578857	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		589558
(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)		304908
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1098398
c Other income	2c		848
d Total income. Add all **income** amounts in column (b) and enter total	2d		2453296
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1025315	
(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)		1025315
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)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	13428	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	34719	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	280	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		48427
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1073742
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1379554
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: UHY LLP **(2)** EIN: 20-0694403

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
ROOT LABORATORY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROOT LABORATORY, INC.

D Employer Identification Number (EIN)
48-0878135

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): 04-3581074 41-2112888

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 Q702562A .

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE

December 31, 2025 and 2024 and
Year Ended December 31, 2025

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Root Laboratory, Inc. 401(k) Profit Sharing Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

An independent member of UHY International

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Kansas City, Missouri
October 6, 2026

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	**2024**
ASSETS		
Investments at fair value	**$ 16,542,707**	$ 15,066,306
Cash	**1,808**	1,312
Receivables		
Employer contribution	**50,839**	150,602
Interest and dividends	**20,705**	18,285
	71,544	168,887
NET ASSETS AVAILABLE FOR BENEFITS	**$ 16,616,059**	$ 15,236,505

See notes to financial statements.

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2025

ADDITIONS	
Investment income	
Net appreciation in fair value of investments	**$ 1,404,154**
Dividends	**589,558**
Interest	**89,731**
	2,083,443
Contributions	
Employer	**50,839**
Participant	**319,014**
	369,853
Total additions	**2,453,296**
DEDUCTIONS	
Benefits paid to participants	**1,025,315**
Administrative expenses	**48,427**
Total deductions	**1,073,742**
NET INCREASE	**1,379,554**
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning	**15,236,505**
Ending	**$ 16,616,059**

See notes to financial statements.

NOTE 1 — DESCRIPTION OF PLAN

The following description of the Root Laboratory, Inc. (the Company or Plan administrator) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have attained age of 21 and have completed one year of service with a minimum of 1,000 hours worked. Employees are eligible to enter the Plan on January 1 or July 1 of each year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

TPP Retirement Plan Specialists provides recordkeeping services to the Plan. Benefit Trust Company is the custodian of the Plan's investments and serves as trustee. The Company is the plan administrator and has overall responsibility for the operation and administration of the Plan. The plan administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Participants may contribute up to 100% of annual eligible compensation, as defined in the Plan, as pre-tax deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover).

The Plan provides a matching contribution which is determined as a percentage of participant elected deferrals. The Company contributes 25% of employee deferrals up to 4% of eligible compensation.

Participants elect investment accounts in which their contributions, as well as the Company match, are invested.

The Company may also make discretionary profit-sharing contributions to the Plan at the option of the Company's Board of Directors. The profit-sharing contributions are allocated to participants based on their ratio of eligible compensation as compared to total compensation for eligible participants. Eligible compensation for purposes of the profit-sharing contributions is limited to $15,000. The profit-sharing contributions are invested in a diversified portfolio of investments including money market funds, corporate bonds, foreign bonds, U.S. government securities, common, preferred and foreign stock, exchange traded funds and mutual funds as directed by the Company (non-participant directed) (Note 9). The Company made no profit-sharing contributions for the year ended December 31, 2025.

The participant must have 1,000 service hours during the Plan year and be employed on the last day of the Plan year in order to receive Company contributions. Contributions are subject to certain Internal Revenue Service (IRS) limitations. The investment account options comprise various degrees of risk and return.

NOTE 1 — DESCRIPTION OF PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of Company contributions and investment earnings based on their investments. Participant accounts may be charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus earnings thereon. Vesting in the Company contributions plus actual earnings thereon is based on years of continuous service. For vesting purposes, a year of service is defined as a Plan year including at least 1,000 hours of service. Participants become 100% percent vested after three years of service, or upon reaching the plan retirement age of sixty-five, death, or disability.

Participant Loans

Participants may not borrow from their accounts.

Payment of Benefits

On termination of service, death, disability or retirement, participants may elect to receive an amount equal to the value of the vested interest in their accounts in either a lump sum amount or in installments, depending on the size of the participant's account balance at the time of termination. Participants with a vested account balance of less than $7,000 must take a lump-sum distribution. The account of a participant with a vested account balance between $1,000 and $7,000 who does not request distribution will be rolled into an individual retirement account in the participant's name.

In-service distributions are permitted from all accounts under certain circumstances as defined in the plan document.

Forfeitures

Forfeited nonvested accounts may be used to pay plan expenses or reduce Company contributions. For the year ended December 31, 2025, no forfeitures were used to reduce Company contributions. There were no unallocated forfeitures at December 31, 2025 or 2024.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions and Contributions Receivable

Contributions from participants and the associated Company contributions are recorded in the year in which the employee contributions are withheld from compensation. As of December 31, 2025 and 2024, no allowance for credit losses has been recorded.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Plan expenses primarily consist of recordkeeping fees and investment advisory fees. Fees related to the administration of benefit payments to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

Subsequent Events

Subsequent events were evaluated through October 6, 2026, which is the date the financial statements were available to be issued.

NOTE 3 — INFORMATION CERTIFIED BY THE TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Benefit Trust Company.

NOTE 4 — FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets. Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

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

Mutual funds: Valued at the daily closing price reported by the fund, which is the quoted net asset value (NAV) of shares.

Common stocks, exchange-traded funds, and foreign stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data of substantially the full term of the assets.

Common/collective trust: Valued at the NAV of units of the fund, which is based on the readily determined fair value of the underlying investments less its liabilities.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Assets at Fair Values as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 11,071,918	$ -	$ -	$ 11,071,918
Common stocks	885,424	-	-	885,424
Exchange-traded funds	31,237	-	-	31,237
Foreign stocks	73,357	-	-	73,357
Corporate bonds	-	1,614,889	-	1,614,889
Common/collective trust	-	2,865,882	-	2,865,882
	$ 12,061,936	$ 4,480,771	$ -	$ 16,542,707

NOTE 4 — FAIR VALUE MEASUREMENTS (Continued)

	Assets at Fair Values as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 10,248,209	$ -	$ -	$ 10,248,209
Common stocks	777,561	-	-	777,561
Exchange-traded funds	31,445	-	-	31,445
Foreign stocks	51,782	-	-	51,782
Corporate bonds	-	1,512,912	-	1,512,912
Common/collective trust	-	2,444,397	-	2,444,397
	$ 11,108,997	$ 3,957,309	$ -	$ 15,066,306

NOTE 5 — PARTY-IN-INTEREST TRANSACTIONS

Certain investments of the Plan are managed by Benefit Trust Company, and TPP Retirement Plan Specialists, LLC serves as the Plan's recordkeeper. Total fees paid from the Plan to these entities for the year ended December 31, 2025 were $48,427. These transactions qualify as party-in-interest transactions.

NOTE 6 — PLAN TERMINATION

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

NOTE 7 — TAX STATUS

As this Plan is a pre-approved defined contribution plan, the IRS issued an opinion letter dated June 30, 2020, stating that while they do not issue a determination as to whether a specific employer's plan is qualified, any employer who adopts this plan document will be considered to have a plan qualified under code Section 401(a) of the Internal Revenue Code (IRC) provided all the terms are not more favorable for officers, owners, or highly compensated employees than for other employees. Management believes that the Plan is operating in compliance with all the terms provided in the nonstandardized plan document. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan is subject to examination by the IRS for the statutory period; however, there are currently no audits for any tax periods in progress.

NOTE 8 — RISKS AND UNCERTAINTIES

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

NOTE 9 — NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the net assets relating to the non-participant directed investments is as follows:

	December 31, 2025	December 31, 2024
Mutual funds	$ 1,068,726	$ 1,003,390
Corporate bonds	1,614,889	1,512,912
Common stocks	885,424	777,561
Foreign stocks	73,357	51,782
Exchange-traded funds	31,237	31,445
	$ 3,673,633	$ 3,377,090

Information about the significant components of the changes in net assets relating to the non-participant directed investments for the year ended December 31, 2025 is as follows:

Net appreciation in fair value of investments	$ 248,116
Dividends	42,410
Interest	74,313
Contributions	98,763
Benefits paid to participants	(120,252)
Investment management, plan administration, and other fees	(46,807)
	$ 296,543

SUPPLEMENTAL SCHEDULE

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

EIN # 48-0878135, Plan 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description / Number of Shares of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	{d} Cost	{e} Current Value
		Money Market Funds		
	Northern Institutional Fund	Government Select	$ 556,173	$ 556,173
		Corporate Bonds		
		AT&T Inc. 40,000 4.10% 2/15/28	$ 46,797	$ 40,027
		American Express 49,000 5.085% 1/30/31	49,190	50,542
		Amgen Inc. 39,000 5.25% 3/2/33	39,093	40,425
		Elevance Health Inc. 40,000 4.6% 9/15/32	40,162	39,995
		Aon Corp. 45,000 2.8% 5/15/30	46,754	42,521
		AutoZone 34,000 5.40% 7/15/34	33,914	35,235
		Bank of America Corp 43,000 3.194% 7/23/30	47,095	41,562
		Bank New York Mellon Corp 45,000 4.706% 2/1/34	45,054	45,233
		Broadcom Inc. 40,000 4.11% 9/15/28	43,798	40,119
		CVS Health Corp 45,000 5.3% 6/1/33	44,933	46,478
		Capital One Financial Corp. 50,000 3.75% 3/9/27	50,244	49,857
		Citigroup Inc. 45,000 3.52% 10/27/28	50,248	44,605
		Citizens Financial Group Inc. 39,000 5.718% 7/23/2032	39,015	40,949
		Dell Intel LLC 43,000 5.4% 4/15/2034	42,019	44,235
		Duke Energy Corp 40,000 4.95% 9/15/2035	40,072	39,742
		Meta Platforms Inc. 45,000 4.95% 5/15/2033	44,037	46,400
		Fifth Third Bancorp 50,000 6.361% 10/27/28	51,003	52,024
		GE Healthcare Technologies Inc. 45,000 4.8% 8/14/2029	45,347	46,031
		General Motors Financial Co. Inc. 45,000 1.5% 6/10/26	45,022	44,492
		Goldman Sachs Group Inc. 47,000 3.50% 11/16/26	44,403	47,333
		Hewlett Packard Enterprise Co. 40,000 9/25/2027 4.4%	39,889	40,202
		Huntington Bancshares Inc. 40,000 6.208% 8/21/2029	41,008	41,961

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

EIN # 48-0878135, Plan 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description / Number of Shares of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		{d} Cost	{e} Current Value
		Corporate Bonds (Continued)			
		JP Morgan Chase & Co.			
		43,000 4.203% 7/23/29		47,786	43,134
		Key Corp.			
		45,000 4.10% 4/30/28		45,581	45,035
		Kinder Morgan Inc.			
		42,000 5.85% 6/1/35		44,089	44,540
		Lowes Cos Inc			
		35,000 3.75% 4/1/2032		35,275	33,586
		Marriott International Inc.			
		40,000 4.9% 4/15/29		39,529	40,927
		Morgan Stanley			
		50,000 5.25% 4/21/34		49,888	51,570
		Oracle Corp.			
		48,000 1.65% 3/25/26		48,081	47,136
		PNC Financial Services Group			
		35,000 6.037% 10/28/2033		35,469	37,853
		Charles Schwab Corp.			
		36,000 5.643% 5/19/2029		36,490	37,365
		State Street Corp.			
		49,000 4.821% 1/26/34		49,383	49,718
		Sysco Corp.			
		35,000 5.95% 4/1/30		36,626	37,123
		Truist Financial Corp			
		47,000 4.123% 6/6/2028		47,056	48,326
		Verizon Communications Inc.			
		49,000 4.125% 3/16/27		48,748	48,670
		Wells Fargo & Co.			
		50,000 5.198% 1/23/2030		50,146	51,530
		Williams COS Inc.			
		40,000 3.5% 11/15/2030		36,216	38,408
				$ 1,619,460	$ 1,614,889
		Common Stocks and Exchange Traded Funds			
	Abbvie, Inc.		36	$ 2,884	$ 8,226
	Alphabet Inc. CL C		138	16,854	43,304
	Alphabet Inc. CL A		39	4,223	12,207
	Amazon.com Inc.		189	9,950	43,625
	U-Haul Holding Co.		60	2,081	2,804
	American Tower Corp.		21	4,033	3,687
	Amgen Inc.		18	3,922	5,892
	Amphenol Corp.		61	1,058	8,244
	Apple Inc.		171	6,803	46,488
	Applied Materials, Inc.		29	669	7,453
	Avery Dennison Corp.		18	1,488	3,274
	Becton Dennison & Company		23	4,630	4,464
	Berkshire Hathaway Inc. CL B		19	4,398	9,550

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

EIN # 48-0878135, Plan 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description / Number of Shares of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	{d} Cost	{e} Current Value
		Common Stocks and Exchange Traded Funds (Continued)		
	Booz Allen Hamilton Holding Corp. CL A	59	$ 5,427	$ 4,977
	Broadcom Inc.	67	12,744	23,189
	CSX Corp.	127	1,495	4,604
	Caseys General Stores, Inc.	14	1,902	7,738
	Charles River Labs Intl Inc.	16	2,826	3,192
	Chevron Corp.	27	1,989	4,115
	Chipotle Mexican Grill, Inc. CL A	128	1,358	4,736
	Church & Dwight Co., Inc.	59	3,490	4,947
	Cisco Systems, Inc.	123	4,324	9,475
	Cintas Corp.	28	747	5,266
	Coca Cola Co.	90	4,222	6,292
	Conoco Phillips	29	3,569	2,715
	Copart Inc	100	2,866	3,915
	Costco Wholesale Corp.	5	1,641	4,312
	Curtiss Wright Corp.	12	1,119	6,615
	Datadog Inc. CL A	35	2,186	4,760
	Deere & Co, Inc.	10	855	4,656
	Disney Walt Co.	35	2,960	3,982
	Draftkings, Inc. CL A	50	1,293	1,723
	Emerson Electric Co.	51	2,361	6,769
	Entergy Corp.	81	3,868	7,487
	Requity Lifestyle Properties Inc.	49	3,211	2,970
	Meta Platforms Inc.	39	19,859	25,744
	Fidelity Natl Information Svcs	59	4,174	3,921
	Huntington Bancshares Inc.	444	3,988	7,703
	Indexx Laboratories Inc.	15	8,665	10,148
	Intuit, Inc.	13	2,300	8,611
	Intuitive Surgical, Inc.	20	2,814	11,327
	KKR & Co. Inc.	55	7,127	7,011
	LKQ Corp.	183	4,997	5,527
	Laboratory Corp. America Hldgs	19	2,863	4,767
	Lam Research Corp.	60	1,488	10,271
	Eli Lilly & Co.	25	18,620	26,867
	Lincoln Electric Holdings Inc	25	3,878	5,991
	Mccormick & Co Inc Non Voting	63	4,826	4,291
	McDonalds Corp.	12	1,292	3,668
	Merck & Co, Inc.	41	2,889	4,316
	Microsoft Corp.	113	8,113	54,649
	Monolithic Power Systems, Inc.	7	3,546	6,344
	Morgan Stanley	28	3,160	4,971
	Netflix, Inc.	140	3,589	13,126
	Northrop Grumman Corp.	10	4,996	5,702
	Nvidia Corp.	537	7,725	100,150
	Old Dominion Freight Lines, Inc	33	1,242	5,174
	Palantir Technologies Inc.	43	5,962	7,643
	Palo Alto Networks Inc	60	7,231	11,052
	Paypal Holdings, Inc.	70	5,536	4,087
	Philip Morris International, Inc.	60	4,983	9,624

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

EIN # 48-0878135, Plan 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description / Number of Shares of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	{d} Cost	{e} Current Value
		Common Stocks and Exchange Traded Funds (Continued)		
	Pinnacle West	84	6,176	7,451
	Procter & Gamble Co.	30	2,929	4,299
	Progressive Corp.	23	4,474	5,237
	QualComm Inc.	27	3,596	4,618
	RTX Corp.	38	2,664	6,969
	Regions Financial Corp.	230	1,826	6,233
	S&P Global, Inc.	10	3,106	5,226
	Salesforce Inc.	12	2,036	3,179
	Charles Schwab Corp.	85	5,222	8,492
	Servicenow, Inc.	85	2,873	13,021
	Sherwin Williams Co.	19	2,331	6,156
	Sonoco Products	53	2,224	2,313
	Southern Company	87	3,841	7,586
	Stryker Corp.	16	2,862	5,624
	Synopsys, Inc.	14	2,993	6,576
	Tesla Motors Inc.	70	20,281	31,480
	Travelers Companies, Inc.	26	3,371	7,541
	US Bancorp	144	6,273	7,684
	United Parcel Service, Inc. CL B	33	3,596	3,273
	United Rentals Inc.	8	5,351	6,474
	Unitedhealth Group Inc.	9	4,501	2,971
	Valmont Industries Inc.	5	1,527	2,012
	Visa, Inc. CL A	44	3,182	15,431
	Walmart, Inc.	82	2,391	9,136
	Waste Management Inc.	22	971	4,834
	Williams Cos Inc.	124	2,410	7,454
	Wingstop Inc.	16	3,749	3,816
	Canadian Pacific Railway Ltd.	72	4,401	5,301
	Enbridge, Inc.	176	5,218	8,418
	Magna International Inc.	86	5,437	4,584
	Novartis A G Sponsored ADR	48	3,788	6,618
	Schlumberger	170	5,589	6,525
	Shopify Inc. A	51	3,636	8,209
	Accenture PLC	12	3,793	3,220
	Eaton Corp. PLC	10	623	3,185
	Chubb Limited	24	2,785	7,491
	Spotify Technology	12	5,963	6,968
	ASML Holding	12	7,382	12,838
	Vanguard REIT ETF	353	30,135	31,237
			$ 460,815	$ 990,018

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

EIN # 48-0878135, Plan 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description / Number of Shares of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	{d} Cost	{e} Current Value
	Mutual Funds			
	Fidelity Short-term Treasury Bond Index	17,327	$ 175,000	$ 179,678
	Fidelity Intermediate Treasury Bond Index	11,066	108,000	108,996
	DFA Emerging Markets Core Equity□	3,056	51,889	88,869
	DFA Real Estate Securities□	822	30,639	32,638
	DFA US Small Cap□	2,042	72,163	106,777
	Fidelity International Index□	1,069	37,931	64,982
	ClearBridge International Growth	820	40,837	60,760
	Vanguard Group Mid Cap Index□	613	104,464	220,300
	Dodge and Cox Income	69,065	927,790	887,487
	Vanguard Group Mid Cap Index Admiral□	1,093	269,686	392,937
	Vanguard Group Short-term	2,507	26,292	26,371
	JP Morgan Large Cap Growth	31,418	1,573,684	2,715,733
	Vanguard Group Index 500 Admiral	3,995	1,059,141	2,524,045
	American Funds Europacific Growth	13,162	751,333	797,429
	BlackRock Advantage Small Cap Growth	43,972	1,055,049	1,085,223
	Neuberger Berman Large Cap Value	24,076	1,068,659	1,223,520
			$ 7,352,557	$ 10,515,745
	Common/Collective Trust			
*	Benefit FCI Life Strategy Moderate Growth CL B	88,437	$ 1,425,587	$ 2,865,882
			$ 11,414,592	$ 16,542,707

* Represents a party-in-interest transaction that is not a "prohibited investment" under ERISA.

SUPPLEMENTAL SCHEDULE

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

EIN # 48-0878135, Plan 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description / Number of Shares of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	{d} Cost	{e} Current Value
		Money Market Funds		
	Northern Institutional Fund	Government Select	$ 556,173	$ 556,173
		Corporate Bonds		
		AT&T Inc. 40,000 4.10% 2/15/28	$ 46,797	$ 40,027
		American Express 49,000 5.085% 1/30/31	49,190	50,542
		Amgen Inc. 39,000 5.25% 3/2/33	39,093	40,425
		Elevance Health Inc. 40,000 4.6% 9/15/32	40,162	39,995
		Aon Corp. 45,000 2.8% 5/15/30	46,754	42,521
		AutoZone 34,000 5.40% 7/15/34	33,914	35,235
		Bank of America Corp 43,000 3.194% 7/23/30	47,095	41,562
		Bank New York Mellon Corp 45,000 4.706% 2/1/34	45,054	45,233
		Broadcom Inc. 40,000 4.11% 9/15/28	43,798	40,119
		CVS Health Corp 45,000 5.3% 6/1/33	44,933	46,478
		Capital One Financial Corp. 50,000 3.75% 3/9/27	50,244	49,857
		Citigroup Inc. 45,000 3.52% 10/27/28	50,248	44,605
		Citizens Financial Group Inc. 39,000 5.718% 7/23/2032	39,015	40,949
		Dell Intel LLC 43,000 5.4% 4/15/2034	42,019	44,235
		Duke Energy Corp 40,000 4.95% 9/15/2035	40,072	39,742
		Meta Platforms Inc. 45,000 4.95% 5/15/2033	44,037	46,400
		Fifth Third Bancorp 50,000 6.361% 10/27/28	51,003	52,024
		GE Healthcare Technologies Inc. 45,000 4.8% 8/14/2029	45,347	46,031
		General Motors Financial Co. Inc. 45,000 1.5% 6/10/26	45,022	44,492
		Goldman Sachs Group Inc. 47,000 3.50% 11/16/26	44,403	47,333
		Hewlett Packard Enterprise Co. 40,000 9/25/2027 4.4%	39,889	40,202
		Huntington Bancshares Inc. 40,000 6.208% 8/21/2029	41,008	41,961

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description / Number of Shares of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		{d} Cost	{e} Current Value
		Corporate Bonds (Continued)			
		JP Morgan Chase & Co.			
		43,000 4.203% 7/23/29		47,786	43,134
		Key Corp.			
		45,000 4.10% 4/30/28		45,581	45,035
		Kinder Morgan Inc.			
		42,000 5.85% 6/1/35		44,089	44,540
		Lowes Cos Inc			
		35,000 3.75% 4/1/2032		35,275	33,586
		Marriott International Inc.			
		40,000 4.9% 4/15/29		39,529	40,927
		Morgan Stanley			
		50,000 5.25% 4/21/34		49,888	51,570
		Oracle Corp.			
		48,000 1.65% 3/25/26		48,081	47,136
		PNC Financial Services Group			
		35,000 6.037% 10/28/2033		35,469	37,853
		Charles Schwab Corp.			
		36,000 5.643% 5/19/2029		36,490	37,365
		State Street Corp.			
		49,000 4.821% 1/26/34		49,383	49,718
		Sysco Corp.			
		35,000 5.95% 4/1/30		36,626	37,123
		Truist Financial Corp			
		47,000 4.123% 6/6/2028		47,056	48,326
		Verizon Communications Inc.			
		49,000 4.125% 3/16/27		48,748	48,670
		Wells Fargo & Co.			
		50,000 5.198% 1/23/2030		50,146	51,530
		Williams COS Inc.			
		40,000 3.5% 11/15/2030		36,216	38,408
				$ 1,619,460	$ 1,614,889
		Common Stocks and Exchange Traded Funds			
	Abbvie, Inc.		36	$ 2,884	$ 8,226
	Alphabet Inc. CL C		138	16,854	43,304
	Alphabet Inc. CL A		39	4,223	12,207
	Amazon.com Inc.		189	9,950	43,625
	U-Haul Holding Co.		60	2,081	2,804
	American Tower Corp.		21	4,033	3,687
	Amgen Inc.		18	3,922	5,892
	Amphenol Corp.		61	1,058	8,244
	Apple Inc.		171	6,803	46,488
	Applied Materials, Inc.		29	669	7,453
	Avery Dennison Corp.		18	1,488	3,274
	Becton Dennison & Company		23	4,630	4,464
	Berkshire Hathaway Inc. CL B		19	4,398	9,550

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description / Number of Shares of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	{d} Cost	{e} Current Value
		Common Stocks and Exchange Traded Funds (Continued)		
	Booz Allen Hamilton Holding Corp. CL A	59	$ 5,427	$ 4,977
	Broadcom Inc.	67	12,744	23,189
	CSX Corp.	127	1,495	4,604
	Caseys General Stores, Inc.	14	1,902	7,738
	Charles River Labs Intl Inc.	16	2,826	3,192
	Chevron Corp.	27	1,989	4,115
	Chipotle Mexican Grill, Inc. CL A	128	1,358	4,736
	Church & Dwight Co., Inc.	59	3,490	4,947
	Cisco Systems, Inc.	123	4,324	9,475
	Cintas Corp.	28	747	5,266
	Coca Cola Co.	90	4,222	6,292
	Conoco Phillips	29	3,569	2,715
	Copart Inc	100	2,866	3,915
	Costco Wholesale Corp.	5	1,641	4,312
	Curtiss Wright Corp.	12	1,119	6,615
	Datadog Inc. CL A	35	2,186	4,760
	Deere & Co, Inc.	10	855	4,656
	Disney Walt Co.	35	2,960	3,982
	Draftkings, Inc. CL A	50	1,293	1,723
	Emerson Electric Co.	51	2,361	6,769
	Entergy Corp.	81	3,868	7,487
	Requity Lifestyle Properties Inc.	49	3,211	2,970
	Meta Platforms Inc.	39	19,859	25,744
	Fidelity Natl Information Svcs	59	4,174	3,921
	Huntington Bancshares Inc.	444	3,988	7,703
	Indexx Laboratories Inc.	15	8,665	10,148
	Intuit, Inc.	13	2,300	8,611
	Intuitive Surgical, Inc.	20	2,814	11,327
	KKR & Co. Inc.	55	7,127	7,011
	LKQ Corp.	183	4,997	5,527
	Laboratory Corp. America Hldgs	19	2,863	4,767
	Lam Research Corp.	60	1,488	10,271
	Eli Lilly & Co.	25	18,620	26,867
	Lincoln Electric Holdings Inc	25	3,878	5,991
	Mccormick & Co Inc Non Voting	63	4,826	4,291
	McDonalds Corp.	12	1,292	3,668
	Merck & Co, Inc.	41	2,889	4,316
	Microsoft Corp.	113	8,113	54,649
	Monolithic Power Systems, Inc.	7	3,546	6,344
	Morgan Stanley	28	3,160	4,971
	Netflix, Inc.	140	3,589	13,126
	Northrop Grumman Corp.	10	4,996	5,702
	Nvidia Corp.	537	7,725	100,150
	Old Dominion Freight Lines, Inc	33	1,242	5,174
	Palantir Technologies Inc.	43	5,962	7,643
	Palo Alto Networks Inc	60	7,231	11,052
	Paypal Holdings, Inc.	70	5,536	4,087
	Philip Morris International, Inc.	60	4,983	9,624

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description / Number of Shares of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	{d} Cost	{e} Current Value
		Common Stocks and Exchange Traded Funds (Continued)		
	Pinnacle West	84	6,176	7,451
	Procter & Gamble Co.	30	2,929	4,299
	Progressive Corp.	23	4,474	5,237
	QualComm Inc.	27	3,596	4,618
	RTX Corp.	38	2,664	6,969
	Regions Financial Corp.	230	1,826	6,233
	S&P Global, Inc.	10	3,106	5,226
	Salesforce Inc.	12	2,036	3,179
	Charles Schwab Corp.	85	5,222	8,492
	Servicenow, Inc.	85	2,873	13,021
	Sherwin Williams Co.	19	2,331	6,156
	Sonoco Products	53	2,224	2,313
	Southern Company	87	3,841	7,586
	Stryker Corp.	16	2,862	5,624
	Synopsys, Inc.	14	2,993	6,576
	Tesla Motors Inc.	70	20,281	31,480
	Travelers Companies, Inc.	26	3,371	7,541
	US Bancorp	144	6,273	7,684
	United Parcel Service, Inc. CL B	33	3,596	3,273
	United Rentals Inc.	8	5,351	6,474
	Unitedhealth Group Inc.	9	4,501	2,971
	Valmont Industries Inc.	5	1,527	2,012
	Visa, Inc. CL A	44	3,182	15,431
	Walmart, Inc.	82	2,391	9,136
	Waste Management Inc.	22	971	4,834
	Williams Cos Inc.	124	2,410	7,454
	Wingstop Inc.	16	3,749	3,816
	Canadian Pacific Railway Ltd.	72	4,401	5,301
	Enbridge, Inc.	176	5,218	8,418
	Magna International Inc.	86	5,437	4,584
	Novartis A G Sponsored ADR	48	3,788	6,618
	Schlumberger	170	5,589	6,525
	Shopify Inc. A	51	3,636	8,209
	Accenture PLC	12	3,793	3,220
	Eaton Corp. PLC	10	623	3,185
	Chubb Limited	24	2,785	7,491
	Spotify Technology	12	5,963	6,968
	ASML Holding	12	7,382	12,838
	Vanguard REIT ETF	353	30,135	31,237
			$ 460,815	$ 990,018

ROOT LABORATORY, INC. 401(k) PROFIT SHARING PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2025

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	Mutual Funds			
	Fidelity Short-term Treasury Bond Index	17,327	$ 175,000	$ 179,678
	Fidelity Intermediate Treasury Bond Index	11,066	108,000	108,996
	DFA Emerging Markets Core Equity□	3,056	51,889	88,869
	DFA Real Estate Securities□	822	30,639	32,638
	DFA US Small Cap□	2,042	72,163	106,777
	Fidelity International Index□	1,069	37,931	64,982
	ClearBridge International Growth	820	40,837	60,760
	Vanguard Group Mid Cap Index□	613	104,464	220,300
	Dodge and Cox Income	69,065	927,790	887,487
	Vanguard Group Mid Cap Index Admiral□	1,093	269,686	392,937
	Vanguard Group Short-term	2,507	26,292	26,371
	JP Morgan Large Cap Growth	31,418	1,573,684	2,715,733
	Vanguard Group Index 500 Admiral	3,995	1,059,141	2,524,045
	American Funds Europacific Growth	13,162	751,333	797,429
	BlackRock Advantage Small Cap Growth	43,972	1,055,049	1,085,223
	Neuberger Berman Large Cap Value	24,076	1,068,659	1,223,520
			$ 7,352,557	$ 10,515,745
	Common/Collective Trust			
*	Benefit FCI Life Strategy Moderate Growth CL B	88,437	$ 1,425,587	$ 2,865,882
			$ 11,414,592	$ 16,542,707

* Represents a party-in-interest transaction that is not a "prohibited investment" under ERISA.