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
RS&A, INC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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)

RS&A, INC.
SOLUTECH

5525 GRANITE PARKWAY
SUITE 625
PLANO, TX 75024

2b Employer Identification Number (EIN)
55-0740542

2c Plan Sponsor's telephone number
336-969-0583

2d Business code (see instructions)
541990

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.	10/12/2026	NICOLE PULLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	171
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)**	138
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	124
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	56
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	180
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	180
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)**	141
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)**	163
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	32
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 2G 2J 2K 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [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	**B** Three-digit plan number (PN) ▶	
RS&A, INC 401(K) PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
RS&A, INC.	55-0740542	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	11147	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK EQUITY DIV A - BNY MELLON IN 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.50%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM S&P 500 INDEX - BNY MELLON TR DREYFUS TRANSFER INC 200 PARK AVENUE NEW YORK, NY 10166	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
C&S INST REALTY SHS - SS&C GIDS, I 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.10%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ACORN A - COLUMBIA MGT IN 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.50%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE&COX INTL STK I - SS&C GIDS, 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FKLN HIGH INCOME A1 - FRANKLIN TEM 94-3167260	0.30%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HEARTLAND VAL PLS IV - ALPS FUND S 20-3247785	0.50%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H BALANCED S - JANUS HENDERSON S 151 DETROIT STREET, DENVER, CO 80206	0.50%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H TRITON R - JANUS HENDERSON SER 151 DETROIT STREET, DENVER, CO 80206	0.75%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIF REAL EST SEC IS - PRINCIPAL SH	711 HIGH STREET DES MOINES, IA 50392	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM TOTAL RETURN A - SS&C GLOBAL I	2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.45%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO STABLE INC 3	650 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY S ESTB VAL A - FIS INVESTO FAITH INVESTOR SERVICES, LLC 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.50%

(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
RS&A, 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
RS&A, INC.

D Employer Identification Number (EIN)
55-0740542

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: PUTN LG CP VAL TR IA

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST 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)
82-3639536-275	C	214005

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO STABLE INC 1

b Name of sponsor of entity listed in (a): SEI TRUST 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)
45-4367155-036	C	682117

a Name of MTIA, CCT, PSA, or 103-12 IE: PIF MID CAP EQ IV

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

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)
45-5114041-001	C	31453

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
RS&A, 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
RS&A, INC.

D Employer Identification Number (EIN)
55-0740542

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)	0	0
(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)	125897	231324
(9) Value of interest in common/collective trusts	1c(9)	538902	927575
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7061631	8901630
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	7726430	10060529
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	7726430	10060529

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)	643404	
(B) Participants	2a(1)(B)	926551	
(C) Others (including rollovers)	2a(1)(C)	675089	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2245044
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	11804	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11804
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	535376	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		535376
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		30933
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		839946
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3663103
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1315967	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1315967
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	11147	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	1890	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		13037
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1329004
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2334099
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WEAVER AND TIDWELL, L.L.P **(2)** EIN: 75-0786316

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**		X	

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
RS&A, 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
RS&A, INC.

D Employer Identification Number (EIN)
55-0740542

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

RSA Ultimate Holdings, LLC and Subsidiaries

Independent Auditor's Report and Consolidated Financial Statements

December 31, 2025 and 2024

RSA Ultimate Holdings, LLC and Subsidiaries
Contents
December 31, 2025 and 2024

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Statements of Cash Flows 6

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Forvis Mazars, LLP
4161 Piedmont Parkway, Suite 310
Greensboro, NC 27410
P 336.889.5156 | F 336.889.6168
forvismazars.us

Independent Auditor's Report

Board of Directors
RSA Ultimate Holdings, LLC and Subsidiaries
Plano, Texas

Opinion

We have audited the consolidated financial statements of RSA Ultimate Holdings, LLC and Subsidiaries (the "Company"), which comprise the consolidated balance sheets as of December 31, 2025 and 2024, the related consolidated statements of operations, changes in members' equity, and cash flows for the years 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 the Company as of December 31, 2025 and 2024, and the results of their operations and their cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Consolidated 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 consolidated 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 the Company's ability to continue as a going concern within one year after the date that these consolidated financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Consolidated 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 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 the Company'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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

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

Forvis Mazars, LLP

Greensboro, North Carolina
March 30, 2026

RSA Ultimate Holdings, LLC and Subsidiaries
Consolidated Balance Sheets
December 31, 2025 and 2024

	2025	2024
ASSETS		
Current Assets		
Cash	$ 2,902,620	$ 5,407,284
Trade accounts receivable, net of allowance for credit losses of $482,197 and $454,264 at December 31, 2025 and 2024, respectively	2,382,036	1,957,544
Contract assets	3,073,108	3,072,623
Inventories	13,469,486	10,997,360
Other current assets	1,324,583	646,466
Total Current Assets	23,151,833	22,081,277
Property and equipment, net	2,227,702	1,711,103
Financing lease right-of-use assets	1,038,248	1,546,571
Operating lease right-of-use assets	7,846,523	8,934,610
Intangible assets, net	2,826,289	3,562,324
Goodwill, net	69,514,848	79,890,060
Other assets	301,714	375,989
Total Assets	$ 106,907,157	$ 118,101,934
LIABILITIES AND MEMBERS' EQUITY		
Current Liabilities		
Accounts payable	$ 5,556,503	$ 3,784,659
Accrued expenses	4,587,790	3,459,655
Customer deposits	1,015,769	86,111
Current maturities of senior credit facility	537,500	322,500
Current maturities of note payable	-	151,729
Current maturities of finance lease liabilities	564,815	570,282
Current maturities of operating lease liabilities	1,311,657	1,168,256
Deferred revenue	5,842,588	7,395,502
Demand notes payable	12,920,000	10,420,000
Total Current Liabilities	32,336,622	27,358,694
Senior credit facility, net of current maturities and unamortized debt issuance costs	39,828,751	40,275,504
Revolving line of credit	3,000,000	1,000,000
Finance lease liabilities, net of current maturities	508,578	976,346
Operating lease liabilities, net of current maturities	7,054,947	8,137,144
Total Liabilities	82,728,898	77,747,688
Members' Equity		
Members' equity	97,091,326	97,091,326
Accumulated deficit	(72,913,067)	(56,737,080)
Total Members' Equity	24,178,259	40,354,246
Total Liabilities and Members' Equity	$ 106,907,157	$ 118,101,934

RSA Ultimate Holdings, LLC and Subsidiaries
Consolidated Statements of Operations
Years Ended December 31, 2025 and 2024

	2025	2024
Net Sales	$ 43,056,242	$ 39,283,194
Cost of Sales	27,065,932	26,064,005
Gross Profit	15,990,310	13,219,189
Operating Expense		
Selling, general and administrative expenses	15,038,772	16,294,866
Goodwill impairment	-	7,465,220
Amortization	11,455,878	12,393,761
Total Operating Expenses	26,494,650	36,153,847
Operating Loss	(10,504,340)	(22,934,658)
Other Income (Expense)		
Interest income	81,431	36,006
Interest expense	(5,780,247)	(5,840,617)
Other income (expense)	27,169	(11,910)
Gain on litigation settlement	-	825,828
Other Expense, Net	(5,671,647)	(4,990,693)
Net Loss	$ (16,175,987)	$ (27,925,351)

RSA Ultimate Holdings, LLC and Subsidiaries
Consolidated Statements of Changes in Members' Equity (Deficit)
Years Ended December 31, 2025 and 2024

	Members' Equity	Accumulated Deficit	Total
Balance (Deficit), December 31, 2023	$ 97,091,326	$ (28,811,729)	$ 68,279,597
Net loss	-	(27,925,351)	(27,925,351)
Balance (Deficit), December 31, 2024	97,091,326	(56,737,080)	40,354,246
Net loss	-	(16,175,987)	(16,175,987)
Balance (Deficit), December 31, 2025	$ 97,091,326	$ (72,913,067)	$ 24,178,259

RSA Ultimate Holdings, LLC and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended December 31, 2025 and 2024 **(2 pages)**

	2025	2024
Cash Flows From Operating Activities		
Net loss	$ (16,175,987)	$ (27,925,351)
Adjustments to reconcile net loss to net cash used by operating activities		
Depreciation	549,860	549,725
Amortization	11,111,247	12,132,424
Amortization of debt issuance costs	344,631	261,337
Noncash operating lease expense	1,088,087	1,577,452
Provision for expected credit losses	27,933	(290,703)
Amortization of financing lease right-of-use assets	508,323	385,299
Gain on litigation settlement	-	(825,828)
Goodwill impairment	-	7,465,220
Change in assets and liabilities		
Trade accounts receivable	(452,425)	2,789,071
Contract assets	(485)	(389,707)
Inventories	(2,472,126)	(767,349)
Escrow receivable	-	1,424,338
Prepaid expenses and other assets	(603,842)	199,316
Accounts payable and accrued expenses	2,899,979	597,235
Customer deposits	929,658	(78,334)
Deferred revenue	(1,552,914)	1,163,216
Operating lease liabilities	(816,051)	(1,031,640)
Net Cash Used by Operating Activities	(4,614,112)	(2,764,279)
Cash Flows From Investing Activities		
Purchase of property and equipment	(710,093)	(336,814)
Investment in website development	-	(259,500)
Purchase of software	(356,366)	-
Net Cash Used by Investing Activities	(1,066,459)	(596,314)
Cash Flows From Financing Activities		
Net borrowings (repayments) from revolving line of credit	2,000,000	(2,000,000)
Principal payments on finance leases	(595,980)	(382,325)
Proceeds from demand notes payable	2,500,000	10,420,000
Payments for debt issuance costs	(248,852)	(149,985)
Payments on senior credit facility	(323,333)	(537,500)
Payments on note payable	(155,928)	(153,112)
Net Cash Provided by Financing Activities	3,175,907	7,197,078
Net Change in Cash	(2,504,664)	3,993,153
Cash, Beginning	5,407,284	1,414,131
Cash, Ending	$ 2,902,620	$ 5,407,284

RSA Ultimate Holdings, LLC and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended December 31, 2025 and 2024 **(2 pages)**

	2025	2024
Supplemental Disclosures of Cash Flow Information		
Cash paid for interest	$ 5,759,596	$ 5,819,966
Supplemental Disclosures of Noncash Financing and Investing Activities		
Right-of-use assets obtained in exchange for new financing lease liabilities	$ -	$ 1,931,870
Right-of-use assets obtained in exchange for new operating lease liabilities	$ -	$ 8,719,960

Note 1. Nature of Business and Significant Accounting Policies

Organization and Nature of Operations

RSA, LLC ("RSA") was formed as a result of a change in control transaction on May 27, 2022 ("platform transaction date") whereby RSA Ultimate Holdings, LLC ("Holdings") purchased the membership interests of RSA.

RSA Ultimate Holdings, LLC and Subsidiaries (d/b/a Solutech) operates in the medical equipment independent service organization market. RSA Ultimate Holdings, LLC and Subsidiaries offers repair and maintenance services, spare and replacement parts, equipment sales, installations and removals, and other services to operators of medical equipment.

Principles of Consolidation

The consolidated financial statements include the accounts of RSA Ultimate Holdings, LLC and its wholly owned subsidiaries, RSA and Summit Imaging, Inc. ("Summit"). Collectively, the consolidated group is hereafter referred to as "the Company." All significant intercompany balances have been eliminated.

The accompanying consolidated statements of operations, changes in members' equity, cash flows, and related notes are presented for the years ended December 31, 2025 and 2024.

Basis of Presentation

The Company's consolidated financial statements are prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of 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 disclosure of contingent assets and liabilities at the date of the consolidated financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Estimates are based on several factors including relevant facts and circumstances available when such determinations are made, historical experience, risk of loss, general economic conditions and trends, and probable future outcomes. Estimates and assumptions are reviewed periodically, and the effects of changes, if any, are reflected in current results. The Company's most sensitive accounting estimates include the fair value of tangible and intangible assets and liabilities assumed in business combinations, useful lives of long-lived assets, inventory reserve for obsolescence and allowance for credit losses.

Concentration of Credit Risk

The Company places its cash on deposit with financial institutions in the United States. The Federal Deposit Insurance Corporation covers $250,000 for substantially all depository accounts. From time-to-time the Company has amounts on deposit in excess of such insured limits representing the amount of the Company's exposure to credit loss. The Company has not experienced any losses in such accounts and believes there is little or no exposure to significant credit risk. Trade accounts receivable potentially expose the Company to credit risk. The Company had no customers that represented significant concentrations of total trade accounts receivables as of December 31, 2025. The Company had two customers that represented 17.7% of total trade accounts receivables as of December 31, 2024.

Trade Accounts Receivable

The Company grants credit in the normal course of business, performs evaluations on certain customers' financial condition, and establishes an allowance for credit losses.

Allowance for Credit Losses

The allowance for credit losses on trade accounts receivable is established as losses are estimated to occur through a provision for credit losses to income. Credit losses are charged against the allowance when management believes the uncollectability of a trade accounts receivable balance is confirmed. Subsequent recoveries, if any, are credited to the allowance. The allowance for credit losses on trade accounts receivable is evaluated on a regular basis by management and is based upon management's periodic review of the collectability of the accounts receivable in light of historical experience, the customer's ability to pay and prevailing economic conditions. This evaluation is inherently subjective as it requires estimates that are susceptible to revision as more information becomes available. Groups of trade accounts receivable with similar risk characteristics are collectively evaluated for impairment. Trade accounts receivable that do not share risk characteristics are evaluated on an individual basis. Management recorded an allowance for expected credit losses of $482,197 and $454,264 on December 31, 2025 and 2024, respectively.

Recently Issued Accounting Standards

Effective January 1, 2025, the Company elected to early adopt Accounting Standards Update ("ASU") 2025-05, *Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets*. This update introduces refinements to the current expected credit loss ("CECL") model, permitting all entities to assume current conditions as of the balance sheet do not change for the remaining life of the current accounts receivable and current contract assets from transactions accounted for under Topic 606, *Revenue from Contracts with Customers*. The Company applied the amendments prospectively and updated its methodologies for estimating expected losses for trade receivables and contract assets. The adoption did not have a material impact on the Company's financial statements.

Contract Assets

At times, the Company may bill for service in the month prior to when the performance obligation occurs. These billings are recorded as contract assets. Contract assets of $3,073,108 and $3,072,623 were recorded as of December 31, 2025 and 2024, respectively.

Inventories

Inventories held by the Company consist of new and used medical device equipment and parts. Inventories are valued principally using average cost, which represents either the cost it was purchased from a third party, the cost it was acquired from a full machine asset (as allocated based on the machine price acquisition) or zero value if it was returned and subsequently repaired. Inventory is divided between two costing methods: average cost and specific costing. The inventory under average costing are lower cost and generally purchased in larger quantities. The inventory under specific costing are serialized items that are high-value and uniquely identifiable. Inventories are measured at the lower of cost and net realizable value. Net realizable value is the estimated selling price in the ordinary course of business, less predictable costs of completion, disposal and transportation. The Company accounts for excess or obsolete inventories with a reserve that is established based on management's estimates of the net realizable value of the related products.

Property and Equipment

Property and equipment are initially recorded at cost and at fair value when acquired in a business combination. Major additions and improvements are charged to the property accounts, while replacements, maintenance and repairs, which do not improve or extend the lives of respective assets, are expensed. When property is retired or otherwise disposed, the cost and related accumulated depreciation are removed from the accounts and the

resulting gain or loss, if any, is recognized. Depreciation expense is computed using the straight-line method over the estimated useful lives of the assets. For leasehold improvements, depreciation is recognized over the shorter of the lease term or the estimated useful life of the improvement. Depreciation and amortization are provided utilizing the straight-line method over the following estimated useful lives, in years. Lives are typically shorter for assets acquired in business combinations.

Buildings and improvements	25 to 40 years
Machinery and equipment	3 to 7 years
Furniture and fixtures	2 to 7 years
Software	3 years
Leasehold improvements	Life of lease

Property and equipment are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amounts of the assets exceed the fair value of the assets. There was no impairment of property and equipment during the years ended December 31, 2025 and 2024.

Goodwill and Intangible Assets

Goodwill represents the excess of purchase price over the fair market value of identified net assets acquired in business combinations. Goodwill is primarily attributable to synergies expected from the acquisitions and the assembled workforces. Management performs a qualitative assessment to determine whether further impairment testing is necessary. In the qualitative assessment, management considers macroeconomic conditions, industry and market conditions, overall financial performance and other entity specific events. Based on these assessments, the Company determines the likelihood that a current fair value determination would be less than the current carrying amount. If, as a result of its qualitative assessment, it were more-likely-than-not that the fair value of the business is less than the carrying amount, a quantitative impairment test would be performed. Otherwise, no further testing is required. Because the qualitative assessment is an option, the Company may bypass it in any period and begin the assessment with the quantitative impairment test. From time to time, the Company may elect to perform a quantitative impairment test based on the period of time that has passed since the most recent determination of fair value, even when management does not believe that it is more-likely-than-not that the fair value of the business is less than the carrying amount.

The Company has elected the accounting alternative for customer-related intangible assets available to private companies under Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 805, *Business combinations*, and therefore does not recognize customer-related intangible assets and noncompetition agreements separately from goodwill. An entity that elects this accounting alternative must also adopt the accounting alternative for amortizing goodwill available to private companies under FASB ASC 350, Intangibles Goodwill and Other. The Company amortizes goodwill on a straight-line basis over 10 years, the maximum amortization life allowed under the standard.

Intangible assets consist of the values assigned to certain assets acquired. Tradenames and software were valued using the relief from royalty method which uses significant unobservable inputs. Amortization is recorded utilizing the straight-line method over the following estimated useful lives (in years) which represent the estimated life of the economic benefit.

Tradenames	3 to 10 years
Software	5 to 7 years
Website	3 years

The Company reviews tradenames and software for impairment annually and, along with property and equipment when events or circumstances lead management to believe that the carrying value may not be recoverable.

No impairment charges related to other long-lived assets were recorded for the years ended December 31, 2025 and 2024. An impairment charge of $7,465,220 related to goodwill was recorded for the year ended December 31, 2024. There was no impairment recorded for the year ended December 31, 2025.

Deferred Financing Costs

Deferred financing costs incurred in connection with the issuance of debt have been included as a component of the carrying amount of debt and are amortized over the contractual term of the debt, using the effective interest method.

Revenue Recognition

The Company derives its revenues primarily from the sale and servicing of medical device equipment and parts.

Service Revenues

Service revenues consist of contract revenues, billed for service revenue and software revenue. Revenues for service contracts are recognized over time, as services underlying the performance obligation are transferred to the customer. Contract and software service revenues represent service contracts that are typically 3 to 5 years in duration. Customers are billed periodically for services based on the contract terms. Billed for service revenue represents short-term contracts, whereby the right to payment is for an amount that corresponds directly with the value of performance. The Company invoices customers monthly as the services are complete. The Company does not have any significant financing components as payment is received shortly after the performance obligations are satisfied. Due to the nature of these services, refunds and concessions are rare.

Contract acquisition costs are comprised of costs to obtain and fulfill contracts. Precontract costs, mobilization costs and bond costs, are capitalized if they relate directly to a contract or an anticipated contract that the Company can specifically identify; are expected to generate or enhance resources that will be used in satisfying performance obligations in the future; and are expected to be recovered. Capitalized costs are typically amortized over the life of the contract. The Company has elected the practical expedient to expense these costs if the amortization period is one year or less.

Medical Device Equipment and Parts Revenue

In the course of providing services and upon entering an equipment sales contract, the Company sells medical device equipment and parts to customers. Product and parts sales are invoiced for a single payment at the time of service and delivery of the product. Revenue is recognized at the point in time when control of the product is transferred to the customer, in an amount that reflects the consideration the Company expects to be entitled to in exchange for those products. Sales and other taxes the Company collects concurrent with revenue-producing activities are excluded from revenue. Incidental items that are immaterial in the context of the contract are recognized as expense. The Company does not have any significant financing components as payment is received at or shortly after the performance obligations are satisfied. The nature of these revenues gives rise to variable consideration, including rebates, allowances, and returns that generally decrease the transaction price, which reduces revenue. These variable amounts are generally credited to the customer, based on achieving certain levels of sales activity, product returns or price concessions.

The Company provides limited assurance-type warranties to customers for parts and equipment sold that typically extend 3 to 12 months from the completion of the sale. Warranties are not sold separately and do not constitute a maintenance warranty agreement that provides a separate service. Accordingly, these warranties are not considered to be separate performance obligations. Additionally, warranty claims have not resulted in material costs and a reserve for warranty costs is not considered necessary.

Variable consideration is estimated at the most likely amount that is expected to be earned. Estimated amounts are included in the transaction price to the extent it is probable that a significant reversal of cumulative revenue recognized will not occur when the uncertainty associated with the variable consideration is resolved. Estimates of variable consideration are estimated based upon historical sales data of each customer.

The following approximately disaggregates revenue based on the timing and manner in which products and services are transferred.

	2025	2024
Over time	$ 26,387,539	$ 24,623,349
Point in time	16,668,703	14,659,845
	$ 43,056,242	$ 39,283,194

The Company has elected to account for shipping and handling activities as a fulfillment cost; therefore, freight billed to customers is classified in net sales and the related shipping and handling costs incurred to transport products to customers are included in cost of goods sold.

Sales Tax

The Company has sales in various jurisdictions that impose sales taxes at various rates on the Company's sales to nonexempt customers. The Company collects that sales tax and remits such amounts to the various jurisdictions in accordance with the regulations and at the applicable rates set by those governing bodies. All revenues are recorded net of sales taxes.

Income Taxes

As a limited liability company, the Company’s taxable income or loss is allocated to its members in accordance with the operating agreement and is reflected in its income taxes; accordingly, the accompanying financial statements do not reflect a provision or liability for federal and state income taxes.

Accounting guidance prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in an income tax return. Consideration is given to the recognition and measurement of tax positions that meet a “more-likely-than-not” threshold. A tax position is a position taken in a previously filed tax return or a position expected to be taken in a future tax return that is reflected in measuring current or deferred income tax assets and liabilities. Tax positions include the Company’s status as a pass-through entity. The recognition and measurement of tax positions taken for various jurisdictions consider the amounts and probabilities of outcomes that could be realized upon settlement using the facts, circumstances, and information available at the reporting date. The Company has determined that it does not have any material uncertain tax positions as of December 31, 2025 and 2024.

Leases

The Company determines if an arrangement is a lease or contains a lease at inception. Leases result in the recognition of right-of-use (“ROU”) assets and lease liabilities on the consolidated balance sheets. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Company determines lease classification as operating or finance at the lease commencement date.

The Company combines lease and nonlease components, such as common area and other maintenance costs, in calculating the ROU assets and lease liabilities for its facilities. In addition, for certain equipment leases, the Company applies a portfolio approach to effectively account for the operating lease ROU assets and liabilities.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. The Company uses the implicit rate when readily determinable. As most of the leases do not provide an implicit rate, the Company uses its incremental borrowing rate based on the information available at the commencement date to determine the present value of lease payments. Incremental borrowing rates used to determine the present value of lease payments were derived by reference to the Company's secured debt yields corresponding to the lease commencement date.

The lease term may include options to extend or to terminate the lease that the Company is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

The Company has elected not to record leases with an initial term of 12 months or less on the consolidated balance sheets. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Advertising Costs

Advertising costs are expensed when incurred and are included in selling expenses in the consolidated statements of operations. Advertising costs amounted to $130,316 and $123,000 for the years ended December 31, 2025 and 2024, respectively.

Asset Acquisition

In March 2025, the Company executed an asset purchase agreement to acquire contracts and a radiotherapy system for a purchase price of $1,000,000. The Company entered into the agreement to expand service offerings with the new contracts and with the addition of the radiotherapy system.

Subsequent Events

The Company evaluated the effect subsequent events would have on the consolidated financial statements through March 30, 2026, which is the date the consolidated financial statements were available to be issued.

Note 2. Inventories

Inventories consist of equipment, parts, and supplies in the amount of $13,469,486 and $10,997,360 as of December 31, 2025 and 2024.

Note 3. Property and Equipment

Property and equipment as of December 31, 2025 and 2024 are summarized as follows:

	2025	2024
Building and improvements	$ 411,976	$ 299,754
Machinery and equipment	1,685,167	1,141,919
Furniture and fixtures	1,407,799	1,350,982
Software in-progress	356,366	-
Vehicles	76,092	107,684
	3,937,400	2,900,339
Less accumulated depreciation and amortization	(1,709,698)	(1,189,236)
Property and equipment, net	$ 2,227,702	$ 1,711,103

Depreciation expense amounted to $549,860 and $549,725, for the years ended December 31, 2025 and 2024, respectively.

Note 4. Goodwill and Intangible Assets

Goodwill

Goodwill consisted of the following as of December 31:

	Gross Carrying Amount	Accumulated Amortization	Accumulated Impairment	Net Carrying Amount
December 31, 2024	$112,720,451	$(25,365,171)	$(7,465,220)	$79,890,060
Amortization	-	(10,375,212)	-	(10,375,212)
December 31, 2025	$ 112,720,451	$ (35,740,383)	$ (7,465,220)	$ 69,514,848

Goodwill amortization expense amounted to $10,375,212 and $11,308,368 for the years ended December 31, 2025 and 2024, respectively.

As of December 31, 2025, future estimated amortization of goodwill as follows:

2026	$ 10,301,820
2027	10,301,820
2028	10,301,820
2029	10,301,820
2030	10,301,820
Thereafter	18,005,748
Total	$ 69,514,848

Intangible Assets

Other intangible assets consist of the following at December 31:

	2025	2024
Tradename	$ 3,203,000	$ 3,203,000
Website	259,500	259,500
Rootstock cloud computing arrangements	1,247,547	1,247,547
Internal-use software	470,000	470,000
	5,180,047	5,180,047
Accumulated amortization	(2,353,758)	(1,617,723)
Intangible assets, net	$ 2,826,289	$ 3,562,324

Intangible asset amortization expense amounted to $736,035 and $824,056 for the years ended December 31, 2025 and 2024, respectively. As of December 31, 2025, future estimated amortization of other intangible assets are as follows:

2026	$ 732,228
2027	292,901
2028	222,384
2029	222,384
2030	201,120
Thereafter	1,155,272
	$ 2,826,289

Note 5. Demand Notes Payable

During 2024, the Company entered into two unsecured Demand Promissory Note agreements in the amount of $5,220,000 and $5,200,000 with CIBC Bank USA, amounting to $10,420,000. During 2025, the Company entered into one additional unsecured Demand Promissory Note agreement in the amount of $2,500,000. The notes payable bears interest at the bank's prime rate plus 0.50% (8.00% at December 31, 2025). The demand notes payable require interest only payments, paid monthly, with all outstanding principal and interest due the earlier of July 2026 or explicit written demand of repayment from the bank. At December 31, 2025, there was no indication from the bank that they would call the notes payable within one year.

Note 6. Senior Credit Facility

On September 30, 2022, the Company entered into a Credit and Security Agreement with Oxford Finance LLC ("Oxford"), a related party. The Oxford Credit and Security Agreement provides the Company with a five-year $3,000,000 revolving loan ("Revolver"), a five-year $22,000,000 initial term loan ("Term Loan"), and a five-year $21,000,000 delayed draw term loan ("DDTL"). All loans bear interest at a rate equal to the sum of the Adjusted Term SOFR plus the Applicable Margin (11.03% at December 31, 2025).

On February 9, 2024, the Company entered into the First Amendment to the Credit and Security Agreement with Oxford. The amended agreement provided for a limited waiver of financial covenants and a reduction of the Revolver from $3,000,000 to $1,000,000.

On December 12, 2025, the Company entered into the Fourth Amendment to the Credit and Security Agreement with Oxford. The agreement provided for an increase in the Revolver of $2,000,000 and amendment for the $2,500,000 increase in the aggregate principal amount of the Demand Note Payable with CIBC Bank USA.

	2025	2024
Revolver, maximum borrowings of $3,000,000 with certain limitations based on meeting certain ratios as defined by the Fourth Amendment to the Credit and Security Agreement with Oxford.	$ 3,000,000	$ 1,000,000
Term loan and DDTL, commencing on January 1, 2024 and July 1, 2024, respectively, and continuing on the first business day of each fiscal quarter thereafter through the maturity date, the Company shall make quarterly installments of $55,000 and $52,500, respectively, plus interest, with the remaining principal due at maturity, September 30, 2027.	41,011,098	41,340,430
	44,011,098	42,340,430
Less current maturities	(537,500)	(322,500)
Less unamortized debt issuance costs	(644,847)	(742,426)
	$ 42,828,751	$ 41,275,504

The Oxford Credit and Security Agreement is collateralized by substantially all tangible assets of the Company and requires compliance with both financial and negative covenants. As of December 31, 2024, the Company was not in compliance with required covenants and restrictions under the Oxford Credit and Security Agreement but received a waiver subsequent to year end that amended its Credit and Security Agreement with Oxford to include waiver for certain covenant violations. As of December 31, 2025, the Company was in compliance with required covenants and restrictions.

As of December 31, 2025, principal maturities of debt are as follows:

2026	$ 537,500
2027	42,828,751
	$ 43,366,251

Deferred financing costs are amortized as a component of interest expense over the term of the related debt. Amortization expense amounted to $344,631 and $261,337, for the years ended December 31, 2025 and 2024, respectively.

As of December 31, 2025, future estimated deferred financing cost amortization expense as follows:

2026	$ 369,516
2027	275,331
	$ 644,847

Note 7. Note Payable

In January 2023, the Company entered into a term note payable agreement with a bank to purchase equipment in the amount of $457,240. The note payable bears interest at 8.16% per annum and is secured by the equipment purchased. The note payable required the first month and last month of the principal and interest payments due at commencement. The remaining balance will be paid monthly with principal and interest payments of $14,363. Any remaining principal and interest is due in November 2025. The outstanding balance was $0 and $151,729 as of December 31, 2025 and December 31, 2024, respectively.

Note 8. Leases

The Company has entered into the following lease arrangements:

Operating Leases

The Company leases office and warehouse spaces that expire in various years through 2034. These leases generally contain renewal options for periods ranging from 3 to 5 years and require the Company to pay all executory costs (property taxes, maintenance and insurance). Lease payments have an escalating fee schedule, which range from a two to three percent increase each year. Termination of the leases is generally prohibited unless there is a violation under the lease agreement.

The Company leases Plano, Texas, Woodinville, Washington and Huntersville, North Carolina office and warehouse space under an operating lease from an LLC related through common ownership.

Finance Leases

The Company leases a fleet of vehicles used in its operation of its business under non-cancelable agreements which expire at various dates through November 2034.

Short-Term Leases

The Company leases certain vehicles and equipment for periods less than 12 months. Total lease expense included in operating expenses was $0 and $25,170 for the years ended December 31, 2025 and 2024, respectively.

Quantitative Disclosures

The lease cost and other required information for the period ended December 31, are as follows:

	2025	2024
Operating lease costs	$ 1,463,252	$ 1,168,256
Finance lease costs	508,323	385,299
Short-term lease cost	-	25,170
Total lease cost	$ 1,971,575	$ 1,578,725

	2025	2024
Other information		
Cash paid for amounts included in the measurement of operating lease liabilities		
Operating cash flows from operating leases	$ 1,296,985	$ 3,047,400
Right-of-use assets obtained in exchange for new financing lease liabilities	$ -	$ 1,931,870
Right-of-use assets obtained in exchange for new operating lease liabilities	$ -	$ 8,719,960
Weighted-average remaining lease term	7.77 years	8.47 years
Weighted-average discount rate	9.00%	8.74%

Future minimum lease payments related to operating and financing leases and reconciliation to the consolidated balance sheets at December 31, 2025 are as follows:

	Operating	Finance
2026	1,311,657	564,815
2027	1,358,779	535,249
2028	1,407,684	131,237
2029	1,364,456	-
2030	1,283,632	-
Thereafter	5,288,600	-
Total future minimum lease payments	12,014,808	1,231,301
Imputed interest	(3,648,204)	(157,908)
Total lease liability	$ 8,366,604	$ 1,073,393

Note 9. Related-Party Transactions

The Company has certain leasing and financing transactions with related parties, including members of the Company. See Notes 6 and 8. Due to the relationships between the parties involved, these transactions may not have been consummated on terms that would have been achieved with unrelated third parties.

The Company has an advisory fee arrangement with Sheridan Capital Partners whereby it pays a monthly advisory fee equal to the greater of $300,000 divided by 12 or 5% of EBITDA based on a trailing 12-month period ended December 31 of the prior fiscal year divided by 12. During both 2025 and 2024, the Company incurred $300,000 of expense under this arrangement.

Note 10. Contingencies

In assessing loss contingencies related to pending legal proceedings against the Company or unasserted claims that may result in proceedings, management and legal counsel evaluate the perceived merits of any legal proceedings or unasserted claims as well as all the perceived merits of the amount of the relief sought or expected to be sought therein. If the assessment of a contingency indicates that it is probable that a material loss has been incurred and the amount of liability can be estimated, the estimated liability would be accrued in the consolidated financial statements. As of December 31, 2025 and 2024, there were no known contingencies requiring a liability to be accrued in the consolidated financial statements.

Note 11. Retirement Plan

The Company sponsors a 401(k) retirement plan which covers eligible employees and provides for a discretionary match of compensation contributed by participants. Contributions made by the Company to the plan amounted to $643,404 and $686,813 for the years ended December 31, 2025 and 2024.

Note 12. Management Incentive Plan

The Company's Equity Incentive Plan (the Plan) authorizes the issuance of up to 6,357,940 class P units in the Company. The Company believes such awards better align the interests of its employees with those of its unitholders. 33% of the units granted generally vest based on 5 years of continuous service. 67% of the units granted contain both market and performance vesting conditions related to change in control events that management has determined are not probable of achievement at this time as a change in control event has not yet occurred. During 2024 and 2025, the Company cancelled the previously awarded class P units due to various management level terminations. The terminated unitholders forfeited their class P units with the remaining outstanding units cancelled and reissued during 2025 under the Plan. During the years ended December 31, 2025, the Company has not recorded award-based compensation expense for the time-based vesting awards, as the compensation expense was immaterial to the consolidated financial statements as a whole.

The calculated value of each award was estimated on the grant date using a Black-Scholes option valuation model that used the assumptions noted below and other valuation techniques. Expected volatility was based on historical volatility for guideline public companies that operate in the Company's industry. The expected term of awards granted represents management's estimate for the number of years until a liquidity event as of the grant date. The risk-free rate for the period of the expected term was based on the U.S. Treasury yield curve in effect at the time of grant. In addition, management considered the distribution priority schedule or "waterfall calculation" for the parent in its estimation process.

Expected volatility	31.11%
Expected dividends	0%
Expected term (in years)	1.92
Risk-free rate	4.24%

A summary of the status of the Company's nonvested units as of December 31, 2025, and changes during the year then ended, is presented below:

	Units	Weighted Average Grant-Date Fair Value
Nonvested, January 1, 2024	5,886,149	$ 0.03
Granted	1,694,034	0.03
Forfeited	(2,636,251)	0.03
Nonvested, January 1, 2025	4,943,932	0.03
Granted	4,231,450	0.03
Forfeited	(3,821,800)	0.03
Nonvested, December 31, 2025	5,353,582	0.03

Note 13. Members' Equity

The Company has class A units and class P profit interest units (Note 12). Voting rights are limited to class A unit holders. Class P units ("incentive units") are non-voting and were issued to certain members of the Company and management (Note 12).

In the event of any liquidation, dissolution or winding up of the Company ("event"), the holders of class A units are repaid first, until the unit holders' unreturned capital balance is reduced to zero. Then, the holders of class A units are repaid second, until the unit holders' unpaid class A yield balance has been reduced to zero. The holders of class P incentive units are repaid third, on a pro rata basis, based on their respective vested units at the time of the event, subject to any limitations on incentive units. See Note 12 for vesting requirements of the incentive units.

Note 14. Business Conditions

The Company's consolidated financial statements have been presented on the basis that there is a going concern, which contemplates the realization of assets and the satisfaction of liabilities in the normal course of business. The Company incurred net losses of $16,175,987 and $27,925,351 during the years ended December 31, 2025 and 2024, respectively, and reported net cash used by operating activities of $4,614,112 and $2,764,279 for the years ended December 31, 2025 and 2024, respectively. Additionally, the Company failed to meet certain covenant compliance obligations as of December 31, 2024. However, it has since received a waiver and the Company is in compliance with required covenants and restrictions as of December 31, 2025.

Subsequent to December 31, 2025, the Company received a commitment letter from its majority member, pledging its intent and ability to support the Company's operating, investing and financing activity through a year and a day from April 30, 2026. In addition, the Company amended its Credit and Security Agreement with Oxford which waived the covenant obligations at December 31, 2025 and amended the covenants for December 31, 2025.

The Company will also continue efforts on increasing revenues and limiting unnecessary expenses. However, there can be no assurances that amended covenant obligations can be met by the Company, if at all, and that the Company will achieve positive operating income and positive operating cash flows in future periods.