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
ROCK HOUSE 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/31/1981

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)
THE COMPANY OF ROCK HOUSE

125 RIVER NORTH BLVD
STEPHENVILLE, TX 76401

2b Employer Identification Number (EIN) 75-2416849

2c Plan Sponsor's telephone number 254-968-4004

2d Business code (see instructions) 623000

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.	10/08/2026	JOHN MATT ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	JOHN MATT ALLEN
	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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	502
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)**	358
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	317
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	153
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	470
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	472
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)**	287
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)**	288
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ROCK HOUSE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE COMPANY OF ROCK HOUSE

D Employer Identification Number (EIN)
75-2416849

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	81F207	254	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
9852	0

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

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

TBS AGENCY INC
1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9852	0		3

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

DUNCAN ACCOUNTING AND TAX SERVICES
311 MAIN STREET
IRWIN, PA 15642

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	115733
5	Current value of plan's interest under this contract in separate accounts at year end	5	60015575

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	131486
c	Additions: (1) Contributions deposited during the year	7c(1)	19133		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2140		
	(4) Transferred from separate account	7c(4)	2289		
	(5) Other (specify below)	7c(5)	507		
	▶				
	(6)Total additions			7c(6)	24069
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	155555
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	39039		
	(2) Administration charge made by carrier	7e(2)	783		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	39822
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	115733

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
ROCK HOUSE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE COMPANY OF ROCK HOUSE

D Employer Identification Number (EIN)
75-2416849

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY
PO BOX 990067
HARTFORD, CT 06199-0067

71-0294708

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

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

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

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

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

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

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

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

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

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

(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)

DUNCAN ACCOUNTING AND TAX SERVICES

311 MAIN ST STE 2
IRWIN, PA 15642

61-1959547

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	TPA	0	Yes [X] No [ ]	Yes [ ] No [X]	2859	Yes [ ] No [X]

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

VOYA RETIREMENT INSURANCE & ANNUITY

PO BOX 990067
HARTFORD, CT 06199-0067

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	1037	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(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
DUNCAN ACCOUNTING & TAX SERVICES IN	49	2859

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VOYA RETIREMENT INSURANCE & ANNUITY PO BOX 990067 HARTFORD, CT 06199-0067 71-0294708	TPA ALLOWANCE PAYMENT

(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
ROCK HOUSE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE COMPANY OF ROCK HOUSE

D Employer Identification Number (EIN)
75-2416849

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:	AMERICAN FUNDS AM BALANCED R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1473
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS BOND FD AM R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3268
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS CAP INC BLD R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4142
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS CAP WD BD R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3689
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS CAP WLD G&I R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29499
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS EUROPACIFIC R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14872
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS FDMNTL INV R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4376

a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS GROWTH FND R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13555
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS HI-INCOME TR R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3821
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS IN GR & IN F R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24162
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS INF LNK BD R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6530
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS NEW WORLD R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9917
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS NW PRSPCTV R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40883
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS SMALLCAP R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1006
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS WASH MUTUAL R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2320
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA COMMODITY STRATEGY PRT INS		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8019
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA US TARGETED VL PORT INS		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2307

a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY 500 INDEX FUND		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48202
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY INTM TRS BD FD		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12957
a Name of MTIA, CCT, PSA, or 103-12 IE:	INV GOLD & SPEC MIN FD R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24820
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMORGAN EMRG MKTS EQTY FD R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2960
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMORGAN EQUITY INCOME FUND R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6048
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMORGAN LGCP GRW FND R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9637
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMORGAN SMCP GROWTH FND R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4425
a Name of MTIA, CCT, PSA, or 103-12 IE:	MFS MID CAP GROWTH FD R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	998
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND AGG 2045 FD R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9677
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND AGG RET FD R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9527

a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND CNS 2035 F R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3531
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND CNS 2045 F R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2636
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND CNS 2055 F R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2791
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND CNS RET F R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18780
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND MOD 2035 FD R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	34696
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND MOD 2045 FD R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7583
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND MOD 2055 FD R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7675
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND MOD 2065 FD R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1299
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYCOMPASS IND MOD RET FD R		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15290
a Name of MTIA, CCT, PSA, or 103-12 IE:	PIMCO INCOME FUND INS		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11029

a Name of MTIA, CCT, PSA, or 103-12 IE:	PIMCO RL EST RL RTN STR FD INS		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2364
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRWPR HEALTH SCIENCES FUND I		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7215
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD ENERGY FUND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	796
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD ENERGY INDEX FUND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5537
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD INFO TECH INDX FD ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10655
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD LG-TRM TREASURY FD ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2872
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD LIFESTRAT CNS GR FD INV		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	110335
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD LIFESTRAT GRW FD INV		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	613035
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD LIFESTRAT INC FD INV		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	93737
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD LIFESTRAT MD GRW FD INV		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4630702

a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD MID-CAP INDEX FUND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14817
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD SMALL-CAP INDEX FND ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30247
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD TOT BD MKT IND FD ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27006
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGRD TOT ST MKT INDX FD ADM		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35868
a Name of MTIA, CCT, PSA, or 103-12 IE:	VIRTUS CRDX LC VL FD 46		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1867
a Name of MTIA, CCT, PSA, or 103-12 IE:	VIRTUS CRDX MC VL EQ FD R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3520
a Name of MTIA, CCT, PSA, or 103-12 IE:	VOYA FIXED ACCOUNT (4450)		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	115733
a Name of MTIA, CCT, PSA, or 103-12 IE:	VOYA GV MNY MKT F A (HLD ACCT)		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	450
a Name of MTIA, CCT, PSA, or 103-12 IE:	VOYA INTERMEDIATE BOND FUND R6		
b Name of sponsor of entity listed in (a):	VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16154
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
ROCK HOUSE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE COMPANY OF ROCK HOUSE

D Employer Identification Number (EIN)
75-2416849

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)	14478	18727
(2) Participant contributions	1b(2)	13252	8462
(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)	44445	43440
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	5613220	6131308
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	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	5685395	6201937
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	751	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	751	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5684644	6201937

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)	162816	
(B) Participants	2a(1)(B)	241105	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		403921
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)	4348	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4348
(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)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		866809
(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)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1275078
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	727475	
(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)		727475
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)	28872	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(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)	1038	
(11) Other expenses	2i(11)	400	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		30310
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		757785
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		517293
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: PATTILLO BROWN AND HILL LLP **(2)** EIN: 74-1130599

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
ROCK HOUSE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE COMPANY OF ROCK HOUSE

D Employer Identification Number (EIN)
75-2416849

Part I Distributions

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

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

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

EIN(s): 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 05 / 27 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q702927A .

ROCK HOUSE
401(k) SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

WITH INDEPENDENT AUDITOR'S REPORT

ROCK HOUSE 401(k) SAVINGS PLAN

TABLE OF CONTENTS

	Page Number
Independent Auditor's Report	1 – 3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to the Financial Statements	6 – 12
SUPPLEMENTAL INFORMATION	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	13 - 14

THIS PAGE LEFT BLANK INTENTIONALLY

PATTILLO, BROWN & HILL, L.L.P.
401 West State Highway 6
Waco, Texas 76710
254.772.4901 | pbhcpa.com

INDEPENDENT AUDITOR'S REPORT

To Plan Administrator and Participants of
Rock House 401(k) Savings Plan
Stephenville, Texas

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

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

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

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H Item 4i Schedule of Assets (Held at End of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Pattillo, Brown & Hill, L.L.P.

Waco, Texas
October 9, 2026

THIS PAGE LEFT BLANK INTENTIONALLY

FINANCIAL STATEMENTS

ROCK HOUSE 401(k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Participant-directed investments, at fair value:	$ 6,131,308	$ 5,613,220
Receivables:		
Participant contribution	8,462	13,252
Employer contribution	18,727	14,478
Notes receivable from participants	43,440	44,445
Total receivables	70,629	72,175
Total assets	6,201,937	5,685,395
LIABILITIES		
Operating payables	-	751
Net assets available for benefits	$ 6,201,937	$ 5,684,644

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

ROCK HOUSE 401(k) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2025

	2025
ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment income:	
Net appreciation in fair value of investments	$ 864,669
Interest and dividend income	2,140
Total investment income	866,809
Interest income on notes receivable from participants	4,348
Contributions:	
Employer contributions	162,816
Participant contributions	241,105
Total contributions	403,921
Total additions	1,275,078
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	727,475
Administrative expenses	30,310
Total deductions	757,785
NET INCREASE	517,293
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	5,684,644
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 6,201,937

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

THIS PAGE LEFT BLANK INTENTIONALLY

1. DESCRIPTION OF PLAN

The following description of the Rock House 401(k) Savings Plan (the "Plan"), sponsored by The Company of Rock House (the "Company"), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of the Company who have completed one year of service, worked more than 1,000 hours during the year and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Board of Directors oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Directors.

Employee Contributions

Pursuant to Section 401(k) of the Internal Revenue Code (the "IRC"), participants may contribute up to the lesser of 100% of their compensation or $23,500 for 2025. Participants who have attained age 50 before end of the Plan year are eligible to make catch-up contributions of up to $7,500 for 2025. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Effective January 1, 2025, participants ages 60 through 63 became eligible to make enhanced catch-up contributions under the SECURE 2.0 Act. For 2025, the enhanced catch-up contribution limit is the greater of $100,000 or $150% of the regular age 50 catch-up contribution limit, as adjusted for inflation. Accordingly, eligible participants may defer an additional $11,250 during 2025 beyond the standard elective deferral limit.

Participants direct the investment of their contributions into various options offered by the Plan. All participants' contributions are fully vested at all times.

Employer Contributions

Effective February 1, 2010, the Plan became a "safe harbor" plan. Each year the Company will make safe harbor matching contributions of 100% of the first 3% deferred plus 50% of the next 2% deferred for the Plan year in order to maintain the Plan's safe harbor status. Additional discretionary profit-sharing contributions may be made at the option of the employer provided the participant was employed on last day of plan year and completed a year of service.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's safe harbor contribution, (b) the Company's discretionary profit-sharing contributions, (c) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit of which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested in both their contributions plus actual earnings thereon, as well as in the Company's safe harbor matching contribution. Vesting in the Company's discretionary profit-sharing contribution plus earnings thereon is based on years of continuous service. A participant is 20% vested after 2 years of credited service, 20% for each year of credited service thereafter and 100% vested after six years of credited service for post-2006 and pre-2007 profit sharing contributions.

Notes Receivable from Participants

Under the terms of the Plan, participants may borrow from their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of (a) 50% of their vested account balance or (b) $50,000. The loans are secured by the participant's balance under the Plan and bear interest at 8.50%-9.50%, which is commensurate with prevailing rates set by the market. Principal and interest are paid back ratably by payroll deductions over a period not to exceed 5 years except for residential type loans.

Payment of Benefits

Distributions from the account are not permitted before age 55 except in the event of death, disability or retirement. Upon termination of service due to death, disability, or retirement on or after normal retirement age, a participant will automatically receive a life annuity or may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or installments over a period of not more than the participant's assumed life expectancy if the vested account balance exceeds $5,000. If a participant's vested account balance does not exceed $5,000, participants will receive a lump-sum distribution. For termination of service for other reasons or before normal retirement age, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution as soon as administratively feasible, however, if the vested account balance exceeds $1,000, participants may elect to postpone distribution until the required beginning date.

Forfeitures

A forfeiture is the non-vested portion of a terminated participant's account balance. The forfeited amount remains to first pay any Plan administrative expenses and then used to reduce any subsequent employer safe harbor or discretionary profit-sharing contributions. As of December 31, 2025, and 2024, there are $450 and $1,125 of unallocated forfeitures left in the Plan, respectively. Also, in 2025, $843 of forfeitures was used to pay administrative fees.

Investment Options

The assets of the Plan are allocated to the various funds at the direction of the participant.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Estimates

The preparation of the financial statements in accordance with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025, or 20234 If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded on the Schedule H of the 5500. Under GAAP, the defaulted loan will remain a note receivable from participant until a distributable event occurs. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the plan document.

Investment Valuation and Income Recognition

The investments in all of the pooled separate accounts are presented at fair value, based on the quoted market prices of the underlying securities within each fund at December 31, 2025 and 2024. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and the insurance company. See Note 4 for discussion on fair value measurements.

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

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation from the Plan. Certain administrative expenses can be paid directly by the Company, such as recordkeeping, trustee, legal and accounting fees.

Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

3. ASSET INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

At December 31, 2025 and 2024, the Plan's investments were held by Voya Retirement Insurance and Annuity Company (the "Trustee").

The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The fair value of investments as of December 31, 2025 and 2024, as reported by the Trustee is summarized as follows:

	2025	2024
Pooled separate accounts	$ 6,131,308	$ 5,613,220
	$ 6,131,308	$ 5,613,220

During 2025, the Plan's investments (including gains and losses on investments bought, sold, as well as held during the year), appreciated in value by $864,669.

4. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for similar assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair values using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Investments Measured at Net Asset Value

Pooled Separate Accounts: valued at the net asset value ("NAV") of units of the underlying investments at the insurance company. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant's transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the accounts, no notification is required.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

Fair Value Measurements at the End of the Reporting Period Using:

December 31, 2025	Quoted Prices for Similar Assets (Level 2)	Total
Investments measured at NAV (a)	$ -	$ 6,131,308
Total assets at fair value	$ -	$ 6,131,308

Fair Value Measurements at the End of the Reporting Period Using:

December 31, 2024	Quoted Prices for Similar Assets (Level 2)	Total
Investments measured at NAV (a)	$ -	$ 5,613,220
Total assets at fair value	$ -	$ 5,613,220

(a) In accordance with Subtopic 820-10, certain investments that were measured at the NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025, and 2024, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
American Funds Am Balanced R6	$ 1,473	n/a	Daily	None required
American Funds Capital Income Bld R6	4,142	n/a	Daily	None required
American Funds Capital World G&I R6	29,499	n/a	Daily	None required
American Funds Euro Pacific R6	14,872	n/a	Daily	None required
American Funds Fundamental Investors R6	4,376	n/a	Daily	None required
American Funds Growth Fund R6	13,555	n/a	Daily	None required
American Funds Hi-Income Trust R6	3,821	n/a	Daily	None required
American Funds In Growth & Income Fund R6	24,162	n/a	Daily	None required
American Funds Inflation Lnk Bond R6	6,530	n/a	Daily	None required
American Funds New World R6	9,917	n/a	Daily	None required
American Funds New Perspective R6	40,883	n/a	Daily	None required
American Funds Washington Mutual R6	2,320	n/a	Daily	None required
DFA Commodity Strategy Prt Ins	8,019	n/a	Daily	None required
DFA US Trageted VI Port Ins	2,307	n/a	Daily	None required
Fidelity 500 Index Fund	48,202	n/a	Daily	None required
Fidelity Intm Trs Bond Fund	12,957	n/a	Daily	None required
Invesco Gold & Spec Minerals Fund R6	24,820	n/a	Daily	None required
JP Morgan Emerging Markets Equity Fund R6	2,960	n/a	Daily	None required
JP Morgan Equity Income Fund R6	6,048	n/a	Daily	None required
JP Morgan Large Cap Growth Fund R6	9,637	n/a	Daily	None required
JP Morgan Small Cap Growth Fund R6	4,425	n/a	Daily	None required
MFS Mid Cap Growth Fund R6	998	n/a	Daily	None required
MyCompass Ind Agg 2045 Fund	9,677	n/a	Daily	None required
MyCompass Ind Agg Retirement Fund	9,527	n/a	Daily	None required
MyCompass Ind Cns 2035 Fund	3,531	n/a	Daily	None required
MyCompass Ind Cns 2045 Fund	2,636	n/a	Daily	None required
MyCompass Ind Cns 2055 Fund	2,791	n/a	Daily	None required
MyCompass Ind Cns Retirement Fund	18,780	n/a	Daily	None required
MyCompass Ind Mod 2035 Fund	34,696	n/a	Daily	None required
MyCompass Ind Mod 2045 Fund	7,582	n/a	Daily	None required
MyCompass Ind Mod 2055 Fund	7,675	n/a	Daily	None required
MyCompass Ind Mod 2065 Fund	1,299	n/a	Daily	None required
MyCompass Ind Mod Retirement Fund	15,290	n/a	Daily	None required
PIMCO Income Fund Ins	11,029	n/a	Daily	None required
PIMCO Real Estate Real Return Str Fund	2,364	n/a	Daily	None required
T Rowe Price Health Sciences Fund I	7,215	n/a	Daily	None required
Vanguard Long-Term Treasury Fund Adm	2,872	n/a	Daily	None required
Vanguard LifeStrat Consrv Frw Fd Inv	110,335	n/a	Daily	None required
Vanguard LifeStrat Growth Fund Inv	613,035	n/a	Daily	None required
Vanguard LifeStrat Income Fund Inv	93,737	n/a	Daily	None required
Vanguard LifeStrat Mod Growth Fund Inv	4,630,702	n/a	Daily	None required
Vanguard Mid-Cap Index Fund Adm	14,817	n/a	Daily	None required
Vanguard Small-Cap Index Fund Adm	30,247	n/a	Daily	None required
Vanguard Total Bond Market Index Fund	27,006	n/a	Daily	None required
Vanguard Total Stock Market Index Fund	35,868	n/a	Daily	None required
Virtus Cerdex MC VI Equity Fund R6	3,520	n/a	Daily	None required
Virtus Cerdex LC Val Equity Fund R6	1,867	n/a	Daily	None required
Voya Fixed Account	115,733	n/a	Daily	None required
Voya GV Money Market Fund A	450	n/a	Daily	None required
Voya Intermediate Bond Fund R6	16,154	n/a	Daily	None required
Vanguard Energy Fund Adm	795	n/a	Daily	None required
Vanguard Info Tech Indx Fd Adm	10,655	n/a	Daily	None required
American Funds SmallCap World R6	1,006	n/a	Daily	None required
American Funds Bond Fnd Amer R6	3,268	n/a	Daily	None required
American Funds Cap Wld Bd R6	3,689	n/a	Daily	None required
Vanguard Energy Index Fund Adm	5,537	n/a	Daily	None required

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Ameican Funds SmallCap World R6	$ 625	n/a	Daily	None required
American Funds Am Balanced R6	3,652	n/a	Daily	None required
American Funds Bond Fnd Amer R6	3,530	n/a	Daily	None required
American Funds Cap Inc Bld R6	6,505	n/a	Daily	None required
American Funds Cap Wld G&I R6	20,160	n/a	Daily	None required
American Funds EuroPacific R6	7,163	n/a	Daily	None required
American Funds Fdmntl Inv R6	5,487	n/a	Daily	None required
American Funds Growth Fnd R6	19,280	n/a	Daily	None required
American Funds Hi-Income Tr R6	5,540	n/a	Daily	None required
American Funds In Gr & In F R6	12,842	n/a	Daily	None required
American Funds Inf Lnk Bd R6	4,748	n/a	Daily	None required
American Funds New World R6	6,545	n/a	Daily	None required
American Funds Nw Prspctv R6	26,701	n/a	Daily	None required
American Funds Wash Mtual R6	2,978	n/a	Daily	None required
Americna Funds Cap Wld Bd R6	5,348	n/a	Daily	None required
DFA Commodity Strategy Prt Ins	7,756	n/a	Daily	None required
DFA US Targeted VI Port Ins	2,295	n/a	Daily	None required
Fidelity 500 Index Fund	38,876	n/a	Daily	None required
Fidelity Intm Trs Bd Fd	3,335	n/a	Daily	None required
Inv Gold & Spec Min Fd R6	12,177	n/a	Daily	None required
JP Morgan Lg Cp Grw Fund R6	6,038	n/a	Daily	None required
JP Morgan SmCp Growth Fnd R6	3,567	n/a	Daily	None required
JPMorgan Emrg Mkts Eqty Fd R6	1,431	n/a	Daily	None required
JPMorgan Equity Income Fund R6	6,326	n/a	Daily	None required
MFS Mid Cap Growth Fund R6	4,972	n/a	Daily	None required
MyCompass Ind Agg 2045 Fd r	6,645	n/a	Daily	None required
MyCompass Ind Aggressive Ret Fd R	16,554	n/a	Daily	None required
MyCompass Ind Cns 2035 F R	1,755	n/a	Daily	None required
MyCompass Ind Cns 2045 F R	822	n/a	Daily	None required
MyCompass Ind Cns 2055 F R	689	n/a	Daily	None required
MyCompass Ind Cns Ret Fd R	9,680	n/a	Daily	None required
MyCompass Ind Mod 2035 Fd R	24,211	n/a	Daily	None required
MyCompass Ind Mod 2045 Fd R	6,415	n/a	Daily	None required
MyCompass Ind Mod 2055 Fd R	1,229	n/a	Daily	None required
MyCompass Ind Mod 2065 Fd R	656	n/a	Daily	None required
MyCompass Ind Mod Ret Fd R	12,721	n/a	Daily	None required
PIMCO Income Fund Ins	9,877	n/a	Daily	None required
PIMCO Rl Est Rl Rtn Str Fd Ins	4,249	n/a	Daily	None required
TRwPr Health Sciences Fund I	10,656	n/a	Daily	None required
Vangrd Energy Fund Adm	496	n/a	Daily	None required
Vangrd Info Tech Indx Fd Adm	4,559	n/a	Daily	None required
Vangrd Lg-Trm Treasury Fd Adm	3,901	n/a	Daily	None required
Vangrd LifeStrat Cns Frw Fd Inv	94,997	n/a	Daily	None required
Vangrd LifeStrat GW Fd Inv	492,569	n/a	Daily	None required
Vangrd LifeStrat INC Fd Inv	123,187	n/a	Daily	None required
Vangrd LifeStrat Md Grw Fd Inv	4,347,871	n/a	Daily	None required
Vangrd Mid-Cap Index Fund Adm	2,924	n/a	Daily	None required
Vangrd Small-Cap Index Fnd Adm	15,159	n/a	Daily	None required
Vangrd Tot Bd Mkt Ind Fd Adm	11,685	n/a	Daily	None required
Vangrd Tot St Mkt Indx Fd Adm	29,692	n/a	Daily	None required
Vanguard Energy Index Fund Adm	9,271	n/a	Daily	None required
Virtus Crdx Lg-Cp Val Eqty Fd R6	2,248	n/a	Daily	None required
Virtus Crdx MC VI Eq Fd R6	4,035	n/a	Daily	None required
Voya Fixed Account (4550)	131,486	n/a	Daily	None required
Voya Gv Mny Mkt F A (Hld Acct)	1,125	n/a	Daily	None required
Voya Intermediate Bond Fund R6	13,979	n/a	Daily	None required

5. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The statements of net assets available for benefits and statement of changes in net assets available for benefits per the financial statements agree to the Schedule H of Form 5500 in its entirety.

6. RELATED PARTY AND PARTY IN INTERST TRANSACTIONS

Certain Plan investments are shares of pooled separate accounts managed by the Trustee of the Plan. These transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan as direct compensation for the investment management services amounted to $30,310 for the year ended December 31, 2025.

7. TAX STATUS

The Plan obtained its latest opinion letter on May 27, 2021, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, was in compliance with applicable requirements of the IRC. Although the Plan has been amended since receiving the determination letter, the most recent plan amendment date being December 2021, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for three years after filing.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

9. RISKS AND UNCERTAINTIES

The Plan invests in a variety of investment securities. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

10. SUBSEQUENT EVENT

For the year ended December 31, 2025, management of the Company has evaluated subsequent events for potential recognition and disclosure through October 9, 2026, the date of financial statement issuance. No events requiring disclosure were noted.

THIS PAGE LEFT BLANK INTENTIONALLY

SUPPLEMENTAL INFORMATION

ROCK HOUSE
401(k) SAVINGS PLAN
EIN: 75-2416849
PLAN NUMBER: 001
ATTACHMENT TO FORM 5500
DECEMBER 31, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
**	Voya Retirement Insurance and Annuity Company	American Funds Am Balanced R6	*	$ 1,473
**	Voya Retirement Insurance and Annuity Company	American Funds Capital Income Bld R6	*	4,142
**	Voya Retirement Insurance and Annuity Company	American Funds Capital World G&I R6	*	29,499
**	Voya Retirement Insurance and Annuity Company	American Funds Euro Pacific R6	*	14,872
**	Voya Retirement Insurance and Annuity Company	American Funds Fundamental Investors R6	*	4,376
**	Voya Retirement Insurance and Annuity Company	American Funds Growth Fund R6	*	13,555
**	Voya Retirement Insurance and Annuity Company	American Funds Hi-Income Trust R6	*	3,821
**	Voya Retirement Insurance and Annuity Company	American Funds In Growth & Income Fund R6	*	24,162
**	Voya Retirement Insurance and Annuity Company	American Funds Inflation Lnk Bond R6	*	6,530
**	Voya Retirement Insurance and Annuity Company	American Funds New World R6	*	9,917
**	Voya Retirement Insurance and Annuity Company	American Funds New Perspective R6	*	40,883
**	Voya Retirement Insurance and Annuity Company	American Funds Washington Mutual R6	*	2,320
**	Voya Retirement Insurance and Annuity Company	DFA Commodity Strategy Prt Ins	*	8,019
**	Voya Retirement Insurance and Annuity Company	DFA US Trageted VI Port Ins	*	2,307
**	Voya Retirement Insurance and Annuity Company	Fidelity 500 Index Fund	*	48,202
**	Voya Retirement Insurance and Annuity Company	Fidelity Intm Trs Bond Fund	*	12,957
**	Voya Retirement Insurance and Annuity Company	Invesco Gold & Spec Minerals Fund R6	*	24,820
**	Voya Retirement Insurance and Annuity Company	JP Morgan Emerging Markets Equity Fund R6	*	2,960
**	Voya Retirement Insurance and Annuity Company	JP Morgan Equity Income Fund R6	*	6,048
**	Voya Retirement Insurance and Annuity Company	JP Morgan Large Cap Growth Fund R6	*	9,637
**	Voya Retirement Insurance and Annuity Company	JP Morgan Small Cap Growth Fund R6	*	4,425
**	Voya Retirement Insurance and Annuity Company	MFS Mid Cap Growth Fund R6	*	998
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg 2045 Fund	*	9,677
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg Retirement Fund	*	9,527
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2035 Fund	*	3,531
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2045 Fund	*	2,636
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2055 Fund	*	2,791
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns Retirement Fund	*	18,780
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2035 Fund	*	34,696
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2045 Fund	*	7,582
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2055 Fund	*	7,675
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2065 Fund	*	1,299
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod Retirement Fund	*	15,290
**	Voya Retirement Insurance and Annuity Company	PIMCO Income Fund Ins	*	11,029
**	Voya Retirement Insurance and Annuity Company	PIMCO Real Estate Real Return Str Fund	*	2,364
**	Voya Retirement Insurance and Annuity Company	T Rowe Price Health Sciences Fund I	*	7,215
**	Voya Retirement Insurance and Annuity Company	Vanguard Long-Term Treasury Fund Adm	*	2,872
**	Voya Retirement Insurance and Annuity Company	Vanguard LifeStrat Consrv Frw Fd Inv	*	110,335
**	Voya Retirement Insurance and Annuity Company	Vanguard LifeStrat Growth Fund Inv	*	613,035
**	Voya Retirement Insurance and Annuity Company	Vanguard LifeStrat Income Fund Inv	*	93,737
**	Voya Retirement Insurance and Annuity Company	Vanguard LifeStrat Mod Growth Fund Inv	*	4,630,702
**	Voya Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund Adm	*	14,817
**	Voya Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund Adm	*	30,247

ROCK HOUSE
401(k) SAVINGS PLAN
EIN: 75-2416849
PLAN NUMBER: 001
ATTACHMENT TO FORM 5500
DECEMBER 31, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
**	Voya Retirement Insurance and Annuity Company	Vanguard Total Bond Market Index Fund Adm	*	$ 27,006
**	Voya Retirement Insurance and Annuity Company	Vanguard Total Stock Market Index Fund Adm	*	35,868
**	Voya Retirement Insurance and Annuity Company	Virtus Cerdex MC VI Equity Fund R6	*	3,520
**	Voya Retirement Insurance and Annuity Company	Virtus Cerdex LC Val Equity Fund R6	*	1,867
**	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	*	115,733
**	Voya Retirement Insurance and Annuity Company	Voya GV Money Market Fund A	*	450
**	Voya Retirement Insurance and Annuity Company	Voya Intermediate Bond Fund R6	*	16,154
**	Voya Retirement Insurance and Annuity Company	Vanguard Energy Fund Adm	*	795
**	Voya Retirement Insurance and Annuity Company	Vanguard Info Tech Indx Fd Adm	*	10,655
**	Voya Retirement Insurance and Annuity Company	American Funds SmallCap World R6	*	1,006
**	Voya Retirement Insurance and Annuity Company	American Funds Bond Fnd Amer R6	*	3,268
**	Voya Retirement Insurance and Annuity Company	American Funds Cap Wld Bd R6	*	3,689
**	Voya Retirement Insurance and Annuity Company	Vanguard Energy Index Fund Adm	*	5,537
		Total investment funds		6,131,308
	Notes receivable from participants	Bearing interest at 8.50% - 9.50%, secured by participant's account, various maturities		43,440
		Total		$ 6,174,748

* Represents participant-directed investment

** Represents a party-in-interest

THIS PAGE LEFT BLANK INTENTIONALLY

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

► **Complete all entries in accordance with the Instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Rock House 401(k) Savings Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 10/31/1981

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)

The Company of Rock House

125 River North Blvd

US Stephenville TX 76401

2b Employer Identification Number (EIN)
75-2416849

2c Plan Sponsor's telephone number
(254) 968-4004

2d Business code (see instructions)
623000

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	[signature]	10/8/26	John Matt Allen
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/8/26	John Matt Allen
	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 and 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**	502
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)**	358
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	317
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	153
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	470
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	472
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)**	287
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)**	288
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

ROCK HOUSE
401(k) SAVINGS PLAN
EIN: 75-2416849
PLAN NUMBER: 001
ATTACHMENT TO FORM 5500
DECEMBER 31, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
**	Voya Retirement Insurance and Annuity Company	American Funds Am Balanced R6	*	$ 1,473
**	Voya Retirement Insurance and Annuity Company	American Funds Capital Income Bld R6	*	4,142
**	Voya Retirement Insurance and Annuity Company	American Funds Capital World G&I R6	*	29,499
**	Voya Retirement Insurance and Annuity Company	American Funds Euro Pacific R6	*	14,872
**	Voya Retirement Insurance and Annuity Company	American Funds Fundamental Investors R6	*	4,376
**	Voya Retirement Insurance and Annuity Company	American Funds Growth Fund R6	*	13,555
**	Voya Retirement Insurance and Annuity Company	American Funds Hi-Income Trust R6	*	3,821
**	Voya Retirement Insurance and Annuity Company	American Funds In Growth & Income Fund R6	*	24,162
**	Voya Retirement Insurance and Annuity Company	American Funds Inflation Lnk Bond R6	*	6,530
**	Voya Retirement Insurance and Annuity Company	American Funds New World R6	*	9,917
**	Voya Retirement Insurance and Annuity Company	American Funds New Perspective R6	*	40,883
**	Voya Retirement Insurance and Annuity Company	American Funds Washington Mutual R6	*	2,320
**	Voya Retirement Insurance and Annuity Company	DFA Commodity Strategy Prt Ins	*	8,019
**	Voya Retirement Insurance and Annuity Company	DFA US Trageted VI Port Ins	*	2,307
**	Voya Retirement Insurance and Annuity Company	Fidelity 500 Index Fund	*	48,202
**	Voya Retirement Insurance and Annuity Company	Fidelity Intm Trs Bond Fund	*	12,957
**	Voya Retirement Insurance and Annuity Company	Invesco Gold & Spec Minerals Fund R6	*	24,820
**	Voya Retirement Insurance and Annuity Company	JP Morgan Emerging Markets Equity Fund R6	*	2,960
**	Voya Retirement Insurance and Annuity Company	JP Morgan Equity Income Fund R6	*	6,048
**	Voya Retirement Insurance and Annuity Company	JP Morgan Large Cap Growth Fund R6	*	9,637
**	Voya Retirement Insurance and Annuity Company	JP Morgan Small Cap Growth Fund R6	*	4,425
**	Voya Retirement Insurance and Annuity Company	MFS Mid Cap Growth Fund R6	*	998
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg 2045 Fund	*	9,677
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg Retirement Fund	*	9,527
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2035 Fund	*	3,531
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2045 Fund	*	2,636
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2055 Fund	*	2,791
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns Retirement Fund	*	18,780
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2035 Fund	*	34,696
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2045 Fund	*	7,582
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2055 Fund	*	7,675
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2065 Fund	*	1,299
**	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod Retirement Fund	*	15,290
**	Voya Retirement Insurance and Annuity Company	PIMCO Income Fund Ins	*	11,029
**	Voya Retirement Insurance and Annuity Company	PIMCO Real Estate Real Return Str Fund	*	2,364
**	Voya Retirement Insurance and Annuity Company	T Rowe Price Health Sciences Fund I	*	7,215
**	Voya Retirement Insurance and Annuity Company	Vanguard Long-Term Treasury Fund Adm	*	2,872
**	Voya Retirement Insurance and Annuity Company	Vanguard LifeStrat Consrv Frw Fd Inv	*	110,335
**	Voya Retirement Insurance and Annuity Company	Vanguard LifeStrat Growth Fund Inv	*	613,035
**	Voya Retirement Insurance and Annuity Company	Vanguard LifeStrat Income Fund Inv	*	93,737
**	Voya Retirement Insurance and Annuity Company	Vanguard LifeStrat Mod Growth Fund Inv	*	4,630,702
**	Voya Retirement Insurance and Annuity Company	Vanguard Mid-Cap Index Fund Adm	*	14,817
**	Voya Retirement Insurance and Annuity Company	Vanguard Small-Cap Index Fund Adm	*	30,247

ROCK HOUSE
401(k) SAVINGS PLAN
EIN: 75-2416849
PLAN NUMBER: 001
ATTACHMENT TO FORM 5500
DECEMBER 31, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
**	Voya Retirement Insurance and Annuity Company	Vanguard Total Bond Market Index Fund Adm	*	$ 27,006
**	Voya Retirement Insurance and Annuity Company	Vanguard Total Stock Market Index Fund Adm	*	35,868
**	Voya Retirement Insurance and Annuity Company	Virtus Cerdex MC VI Equity Fund R6	*	3,520
**	Voya Retirement Insurance and Annuity Company	Virtus Cerdex LC Val Equity Fund R6	*	1,867
**	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	*	115,733
**	Voya Retirement Insurance and Annuity Company	Voya GV Money Market Fund A	*	450
**	Voya Retirement Insurance and Annuity Company	Voya Intermediate Bond Fund R6	*	16,154
**	Voya Retirement Insurance and Annuity Company	Vanguard Energy Fund Adm	*	795
**	Voya Retirement Insurance and Annuity Company	Vanguard Info Tech Indx Fd Adm	*	10,655
**	Voya Retirement Insurance and Annuity Company	American Funds SmallCap World R6	*	1,006
**	Voya Retirement Insurance and Annuity Company	American Funds Bond Fnd Amer R6	*	3,268
**	Voya Retirement Insurance and Annuity Company	American Funds Cap Wld Bd R6	*	3,689
**	Voya Retirement Insurance and Annuity Company	Vanguard Energy Index Fund Adm	*	5,537
		Total investment funds		6,131,308
	Notes receivable from participants	Bearing interest at 8.50% - 9.50%, secured by participant's account, various maturities		43,440
		Total		$ 6,174,748

* Represents participant-directed investment

** Represents a party-in-interest