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. . . . . ▶ [X]

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
SERVICE LOGIC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2014

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)
MSHC INC. DBA SERVICE LOGIC

650 SOUTH TRYON STREET
SUITE 1000
CHARLOTTE, NC 28202

2b Employer Identification Number (EIN)
20-5277888

2c Plan Sponsor's telephone number
980-296-1700

2d Business code (see instructions)
238220

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.	10/14/2026	SCOTT WULINSKY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4030
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)**	3341
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3857
b	Retired or separated participants receiving benefits	**6b**	13
c	Other retired or separated participants entitled to future benefits	**6c**	780
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4650
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	4658
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)**	3236
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)**	3576
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	316
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:

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
SERVICE LOGIC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MSHC INC. DBA SERVICE LOGIC

D Employer Identification Number (EIN)
20-5277888

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	145529	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

BDO USA LLP

13-5381590

(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?
10	ACCOUNTANT/AUDITOR	65588	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STRATEGIC ADVISERS LLC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	52084	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BAIRD CORE PLUS INST - US BANCORP 39-0281260	0.02%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BAIRD MID CAP INST - US BANCORP FU 39-0281260	0.06%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DFA INTERNATIONAL SMALL COMPANY PO 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SERVICE LOGIC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MSHC INC. DBA SERVICE LOGIC

D Employer Identification Number (EIN)
20-5277888

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: STABLE VALUE FUND R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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)
85-4031707-653	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RT METLIFE STABLE VL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-001	C	101587

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	1470772

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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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
SERVICE LOGIC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MSHC INC. DBA SERVICE LOGIC

D Employer Identification Number (EIN)
20-5277888

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	3373469	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1704362	2059414
(2) Participant contributions	1b(2)	69093	127346
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2977127	4504171
(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	17981
(B) Common	1c(4)(B)	56548	168410
(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)	3356228	4098252
(9) Value of interest in common/collective trusts	1c(9)	2091797	1572359
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	212294986	283132412
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	55

		(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	225923610	295680400
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	225923610	295680400

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)	8824891	
(B) Participants	2a(1)(B)	23749684	
(C) Others (including rollovers)	2a(1)(C)	5961539	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		38536114
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	132971	
(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)	326128	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		459099
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	1364	
(B) Common stock	2b(2)(B)	1247	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9380483	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		9383094
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	195592	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	195471	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		121
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-34344	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-34344

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		305
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		32715951
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		81060340
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23422551	
(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)		23422551
f Corrective distributions (see instructions)	2f		4894
g Certain deemed distributions of participant loans (see instructions)	2g		18214
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	2400	
(3) Recordkeeping fees	2i(3)	143130	
(4) IQPA audit fees	2i(4)	65588	
(5) Investment advisory and investment management fees	2i(5)	52084	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	-1	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		263201
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		23708860
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		57351480
l Transfers of assets:			
(1) To this plan	2l(1)		12405310
(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: BDO USA, P.C. **(2)** EIN: 13-5381590

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		156846
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		5000000
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
SERVICE LOGIC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MSHC INC. DBA SERVICE LOGIC

D Employer Identification Number (EIN)
20-5277888

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

Service Logic 401(k) Plan

Financial Statements
and Supplemental Schedules
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Service Logic 401(k) Plan

Financial Statements and Supplemental Schedules

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Service Logic 401(k) Plan

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Schedule H (Form 5500), Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 23

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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303 East 17th Avenue
Suite 600
Denver, CO 80203

Independent Auditor's Report

The Plan Administrator
Service Logic 401(k) Plan
Charlotte, North Carolina

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

We have performed audits of the financial statements of Service Logic 401(k) 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). 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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 the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report:

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

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



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 GAAP, 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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 GAAP.

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 GAAP.

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 Schedules Required by ERISA

The ERISA-required supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 and the ERISA-required supplemental Schedule H, line 4a- Schedule of Delinquent Participant Contributions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

BDO USA, P.C.

October 12, 2026

Service Logic 401(k) Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value	**$ 289,395,388**	$ 217,420,458
Receivables:		
Participant contributions	**127,346**	69,093
Employer-matching and profit-sharing contributions, net of forfeitures	**2,059,414**	1,704,362
Notes receivable from participants	**4,098,252**	3,356,228
Total Receivables	**6,285,012**	5,129,683
Net Assets Available for Benefits	**$ 295,680,400**	$ 222,550,141

See accompanying notes to financial statements.

Service Logic 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

Additions		
Contributions:		
Participant	$	23,749,684
Employer matching and profit sharing, net of forfeitures		8,824,891
Rollover		5,961,539
Total Contributions		38,536,114
Interest earned on notes receivable from participants		326,128
Investment income:		
Net appreciation in fair value of investments		32,656,057
Interest and dividends		9,542,041
Total Investment Income		42,198,098
Total Additions		81,060,340
Deductions		
Benefits paid to participants and loans deemed distributed		23,445,659
Administrative expenses		263,201
Total Deductions		23,708,860
Net Increase, prior to considerations of plan mergers		57,351,480
Transfer from Other Plans Due to Plan Mergers (Note 1)		15,778,779
Net Assets Available for Benefits, beginning of year		222,550,141
Net Assets Available for Benefits, end of year	$	295,680,400

See accompanying notes to financial statements.

1. Description of Plan

The following description of the Service Logic 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan, established by MSHC Inc. dba Service Logic (Service Logic) on October 1, 2014, is a defined contribution plan. As of December 31, 2025, the Plan is available for qualifying employees of the following:

- Accel Air Systems, Inc (ACCL)
- Air Force One, LLC (AFO)
- Air Texas Mechanical, LLC (AIRT)
- AirTight FaciliTech, LLC (ATFT)
- Alliance Comfort Systems, LLC (Alliance)
- Alpha Mechanical Services, LLC (Alpha)
- American Energy Management, LLC (AEM)
- Automated Solutions Group (ASG)
- Boiler Repair & Service, LLC (Boiler)
- Breen and Sullivan, Inc. (Breen)
- Capitol Boiler Works, LLC (CBW)
- Caswell Mechanical LLC (CWME)
- Commercial Express HVAC, LLC (CE)
- Connecticut Temperature Controls, LLC (CTC)
- Cornerstone Mechanical Inc. (CORN)
- Delta Building Technologies, LLC (Delta)
- Demand Mechanical LLC (Demand)
- Diversified Thermal Services, LLC (DTS)
- Gentry Heating, LLC (Gentry)
- HSA Mechanical Services, LLC (HSA)
- HVH Mechanical Partners LLC (HVH)
- Kerney and Associates, LLC (Kerney)
- Maxair Mechanical, LLC (Maxair)
- Midwest Mechanical Group, LLC (Midwest)
- Midwest Parts, LLC (Midwest Parts)
- Modern Heating & Air Conditioning, LLC (Modern)
- NAC Mechanical Services, LLC (NAC)
- National H.V.A.C. Services, Ltd (National)
- Piedmont Service Group, LLC (Piedmont)
- PSR Mechanical, LLC (PSR)
- Service Logic Strategic Services, LLC (Strategic Services)
- Shawsheen Air Services, LLC (Shawsheen)
- Thornton Service, LLC (Thornton)
- Tolin Mechanical Systems Company, LLC (Tolin)
- Ultrapleat, LLC dba Troy Filters (Ultrapleat)

Collectively, the participating employers are known as the "Company" or "Adopting Employers." The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Trustee and Administration of the Plan

The trustee of the Plan is Fidelity Management Trust Company (Fidelity or the Trustee). The recordkeeper of the Plan is Fidelity Employer Services Corporation. The administrator of the Plan is the Company. The Trustee holds all assets of the Plan in accordance with the provisions of the trust agreement and service provider contract with the Company. All assets of the Plan are in investment plan accounts of Fidelity. The Service Logic 401(k) Investment Committee (Investment Committee) determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Plan Mergers

Effective January 1, 2025, the Automated Solutions Group 401(k) Plan and Connecticut Temperature Controls, LLC 401(k) Plan were merged into the Plan through direct trust-to-trust transfers. Approximately $3.4 million and $7.5 million, respectively, including notes receivable from participant loans, were merged into the Plan.

Effective May 1, 2025, the Cornerstone Mechanical Inc. 401(k) Savings Plan was merged into the Plan through a direct trust-to-trust transfer. Approximately $1.2 million, including notes receivable from participant loans, were merged into the Plan.

Effectively October 15, 2025, the Apex Mechanical Services, Inc. 401(k) Profit Sharing Plan and Justworks Retirement Savings Plan (portion adopted by Service Professional Group) were merged into the Plan through direct trust-to-trust transfers. Approximately $3.4 million and $170,000, respectively, including notes receivable from participant loans, were merged into the Plan.

Eligibility

Employees of the Company become eligible participants in the Plan after three months of service. The date of Plan entry for newly eligible participants is the first day of each quarter of the calendar year.

Collectively bargained employees, except union employees of NAC, union employees of Maxair and union employees of HVH, and independent contractors are not eligible for the Plan.

Employees of certain participating employers, as defined in the Plan Document, shall receive credit for purposes of eligibility and vesting for service with the participating employer.

Contributions

Participants may contribute on a pre-tax basis or after-tax Roth basis up to 90% of their eligible compensation, subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained or will attain the age of 50 by the last day of the plan year may elect to make catch-up contributions, as defined by the Plan, subject to IRC limitations. Participants may terminate or change their salary deferral agreements (pre-tax and after-tax Roth) according to procedures and limitations as determined by the Plan Document.

The Plan includes an automatic-enrollment provision whereby eligible employees will be automatically enrolled in the Plan. Employees are automatically enrolled at a pre-tax deferral rate of 5% on their date of plan entry, as defined in the Plan Document. Participants may affirmatively elect a different percentage or elect not to contribute to the Plan.

The Plan includes an Annual Increase Program (AIP) whereby plan participants will have their pre-tax deferral rate (unless all of the participant's deferral is a Roth deferral, and then the increase will be a Roth deferral) increased by 1% annually on July 1st of each year. Participant's deferral rate will be increased until deferrals reach a cap of 10%. Participants may affirmatively elect not to participate in the AIP.

The Adopting Employers, except as noted below, make an employer-matching contribution in an amount equal to 50% of the participant's pre-tax, after-tax Roth, and catch-up contributions, subject to a maximum of 4% of the participant's eligible compensation.

CE and Piedmont make an employer-matching contribution in an amount equal to 50% of the participant's pre-tax, after-tax Roth, and catch-up contributions, subject to a maximum of 5% of the participant's compensation.

AFO, ATFT, CORN, Delta, DTS, Midwest, National, and Ultrapleat make an employer-matching contribution in an amount equal to 50% of the participant's pre-tax, after-tax Roth, and catch-up contributions, subject to a maximum of 6% of the participant's eligible compensation.

HSA makes an employer-matching contribution in an amount equal to 50% of the participant's pre-tax, after-tax Roth, and catch-up contributions, subject to a maximum of 8% of the participant's eligible compensation.

ACCL and Shawsheen make an employer-matching contribution in an amount equal to 100% of the participant's pre-tax, after-tax Roth, and catch-up contributions, subject to a maximum of 3% of the participant's eligible compensation.

AEM, ASG, CTC, Demand, Gentry, HVH for non-union employees and Maxair for non-union employees make an employer-matching contribution in an amount equal to 100% of the participant's pre-tax, after-tax Roth, and catch-up contributions, subject to a maximum of 4% of the participant's eligible compensation.

Breen, CBW and CWME make an employer-matching contribution in an amount equal to flat 25% participant's pre-tax, after-tax Roth, and catch-up contributions.

NAC, HVH for union employees and Maxair for union employees do not make an employer-matching contribution.

The Adopting Employers may make a discretionary employer profit-sharing contribution, at their election, to eligible participants with at least 1,000 hours of service during the Plan year and who are employed on the last day of the Plan year. The discretionary employer profit-sharing contribution is allocated to participants based upon the ratio the participant's compensation bears to the compensation of all eligible employees within the group, as defined in the Plan Document. For the year ended December 31, 2025, Service Logic, Piedmont, Midwest, PSR, Delta, Maxair, Modern, Strategic Services, National, Tolin and CORN elected to make a discretionary employer profit-sharing contribution totaling $1,667,371, which was subsequently funded in 2026.

CTC made prevailing wage contributions on behalf of eligible participants.

Rollover contributions transferred from other qualified retirement plans or from Individual Retirement Accounts (IRA) are accepted as permitted by the Plan Document.

Participant's Accounts and Investment Options

Each participant's account is credited with (1) the participant's pre-tax, after-tax Roth, catch-up, and rollover contributions; (2) the Company's employer-matching, discretionary employer profit-sharing and prevailing wage contributions; and (3) an allocation of the Plan earnings or losses. Each participant's account is charged with withdrawals and expenses. Participants are charged an administrative fee for participant requested transactions. Earnings or losses from investment funds are allocated to each participant's account in the proportion that the balance of each participant's account bears to the total balance of all participants in each fund.

Participants may direct the investment of their account balances into various investment options offered by the Plan. The Plan offers various registered investment companies, a money market account, and a collective investment trust for participants; in addition, the Plan offers participants the option to invest in a self-directed brokerage account. Participants may make investment election changes at any time. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

Vesting

Participants pre-tax, after-tax Roth, catch-up, and rollover contributions are 100% vested at all times. The Adopting Employers' employer-matching and employer discretionary profit-sharing contributions vest 20% per year beginning after two years of vesting service and an additional 20% per year thereafter until fully vested after six years of service.

Participants are fully vested upon attaining normal retirement (59½), early retirement (55), becoming disabled (as defined in the Plan Document), or death. The Plan provides for certain additional vesting and service provisions for previously contributed employer contributions, as further described in the Plan Document.

Vesting service is calculated using the elapsed time method, based on the time a participant has worked for a participating employer. Only whole years of service are counted to compute a year of service for vesting purposes. Participants employed prior to the date of Plan inception (October 1, 2014) shall receive vesting credit for their years of service with their respective employer.

Forfeitures

Forfeitures may first be used to reduce administrative expenses paid by the Plan. Any remaining balance may be used to reduce future employer contributions payable under the Plan. The forfeitures account had a balance of $262,832 and $191,013 at December 31, 2025 and 2024, respectively. For the year ended December 31, 2025, the Plan used $164,194 of forfeitures to reduce administrative expenses payable under the Plan and $317,104 to offset employer contributions.

Benefit Payment

A participant's vested interest in the Plan is payable upon termination of service due to death, disability, normal retirement (age 59½), early retirement (age 55), or termination of employment. Upon termination of service, a participant may elect to (1) receive a lump-sum amount equal to the vested value of the participant's account; (2) rollover the amount to another qualified retirement plan or an IRA; or (3) leave the account in the Plan up to age 73, at which time one of the above distribution options must be selected, if no longer employed.

For terminated participants whose account balance is less than $1,000, a lump-sum cash distribution will be made, if the participant does not elect another form of distribution. For terminated participants whose account balance is greater than $1,000 but less than $7,000, the account balance will be rolled over into an IRA in the name of the participant if the participant does not elect another form of distribution.

Actively employed participants can begin drawing their vested balance without penalty at age 59½. In-service hardship and other in-service distributions are allowed if certain criteria are met.

Notes Receivable from Participants

Participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested interest in the Plan. Participants may have two notes outstanding at any given time. Notes shall bear a reasonable rate of interest as determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. The interest rate shall remain fixed throughout the duration of the note. All notes must be repaid ratably through payroll deductions over a period of five years or less, unless it is for the purchase of a principal residence in which case the note repayment period may not extend beyond ten years from the date of the note. The notes are subject to certain restrictions, as defined by the Plan Document, and applicable restrictions under the IRC. Notes are considered delinquent 90 days after due. Participant notes held by the Plan bear an interest rate between 3.25% and 10.50% at December 31, 2025.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. Adopting Employers may choose to no longer offer the Plan to their employees and may cease participating in the Plan. To the extent not already vested, participants would be fully vested upon termination of the Plan.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions

that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and Trustee. See Note 4 for a discussion of fair value measurements.

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

Contributions

Participant contributions and related employer contributions are recognized in the period during which the Company makes payroll deductions from the participant's compensation or to which year the compensation was paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Any accrued but unpaid interest was de minimis. 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.

Benefit Payments

Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid as of year-end.

Expenses of the Plan

All reasonable costs and expenses (including legal, accounting, and employee communication fees) incurred by the plan administrator and the Trustee in administering the Plan and trust may be paid from the plan forfeitures. Flat fees are charged to participants for the initiation and processing of a participant loan, quarterly loan maintenance services, certain participant distributions, and for external legal expense of review and qualification of a Domestic Relations Order. Certain other fees and expenses may be charged within the investments (as an expense ratio) and are reflected in the net appreciation (depreciation) in fair value of investments. All other expenses of the Plan incurred during the year ended December 31, 2025 were paid by the Company and are excluded from these financial statements.

3. Certified Investment Information

The plan administrator has elected the method of annual reporting compliance permitted ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, a qualified institution, has certified that the following data included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Net appreciation in fair value of investments, interest and dividend income, and interest earned on notes receivable from participants as shown on the statement of changes in net assets available for benefits for the year ended December 31, 2025.
- Investment balances and information included in the notes to financial statements.
- All investment information included in the supplemental Schedule H (Form 5500), Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025.

At the request of the plan administrator, the Plan's independent auditors did not perform any auditing procedures with respect to this certified information, except for comparing such information to the related information presented and disclosed in the financial statements and supplemental schedule, reading the disclosures relating to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP, and whether the supplemental schedule is in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 – At this level, inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – At this level, inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

Self-Directed Brokerage Account – This asset category represents a separate brokerage account that offers a wide range of investment opportunities. As of December 31, 2025 and 2024, the brokerage account held investments in common stocks and mutual funds listed on major U.S. exchanges and cash equivalents. The fair value of common stocks and other exchange traded investments that are publicly traded is based on the closing price per the principal stock exchange on which they are traded.

Money Market Account - This asset seeks to maintain a stable NAV at $1.00 per share. As of December 31, 2025 and 2024, the asset traded at $1.00.

Collective Investment Trusts (CITs) - These assets are valued at the NAV of units of the CIT. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities held by the fund. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions may occur daily at NAV with no notice requirements. Were the Plan to initiate full redemption of the CIT, the trustee reserves the right to temporarily delay withdrawal in order to ensure liquidation is carried out in an orderly business manner. These investments are direct filing entities.

The preceding methods described may produce a fair value calculation 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 other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

December 31, 2025

	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 282,585,958	$ -	$ -	$ 282,585,958
Self-directed brokerage account	772,348	-	-	772,348
Money market account	4,464,723	-	-	4,464,723
Total Assets, in the fair value hierarchy	$ 287,823,029	$ -	$ -	287,823,029
Investments, measured at NAV*				1,572,359
Total Investments, at fair value				$ 289,395,388

December 31, 2024

	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 212,088,786	$ -	$ -	$ 212,088,786
Self-directed brokerage account	331,961	-	-	331,961
Money market account	2,907,914	-	-	2,907,914
Total Assets, in the fair value hierarchy	$ 215,328,661	$ -	$ -	215,328,661
Investments, measured at NAV*				2,091,797
Total Investments, at fair value				$ 217,420,458

* In accordance with Subtopic 820-10, certain investments that were measured at NAV value per share (or its equivalent) as a practical expedient 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 NAV per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

December 31, 2025

Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
CITs	$ 1,572,359	None	Daily	Up to 12 months

December 31, 2024

Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
CITs	$ 2,091,797	None	Daily	Up to 12 months

5. Related Party and Parties-in-Interest Transactions

Certain Plan investments are shares of registered investment companies, a money market account and collective investment trust managed by Fidelity. The Plan has a service agreement with Fidelity that renews annually unless cancelled by either party with prior written notice. Certain administrative fees related to the plan year were paid to Fidelity from plan assets. Fidelity may also receive certain indirect compensation related to the Plan's investments. The Plan also issues loans to participants which are secured by the vested balance of the participant's accounts. The above transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

6. Concentrations, Risks, and Uncertainties

The Plan provides for various investment options in registered investment companies, a collective investment trust and a self-directed brokerage account. Investments, in general, are exposed to various risks such as interest rate, credit, and overall market volatility risk. Additionally, the value, liquidity, and related income of the investment securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investments and the level of uncertainty related to the changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

As of December 31, 2025 and 2024, the Plan held four and three investments, respectively, each of which individually exceeded 10% of net assets available for benefits. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2025.

7. Income Tax Status

The company has adopted a Pre-Approved Profit Sharing Plan sponsored by Fidelity. The Internal Revenue Service (IRS) has determined and informed Fidelity, by advisory opinion letter dated June 30, 2020, that the Non-Standardized Pre-Approved Profit Sharing Plan with CODA qualifies under Code Section 401. The Plan has since been amended; however, the plan Administrator and Company 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 was qualified, and the related trust was tax-exempt as of the financial statement date, and no provision for income taxes has been included in the Plan's financial statements.

GAAP requires 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 by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Delinquent Participant Contributions

During 2025, 2024, 2023 and 2022, certain employee contributions and loan repayments were not remitted to the Plan in a timely manner. The Adopting Employers are in the process of finalizing

the calculation and remittance of lost earnings on the untimely deposits. See the supplemental Schedule of Delinquent Participant Contributions for the year ended December 31, 2025.

9. Reconciliations of Financial Statements to Form 5500

As noted in Note 1 Plan Mergers, effective January 1, 2025 certain Adopting Employers became eligible for the plan, including Automated Solutions Group (ASG). Prior to January 1, 2025, employees of ASG participated in the Automated Solutions Group 401(k) Plan which was merged into the Plan on January 1, 2025. The ASG transfer is shown as of December 31, 2024. See reconciliation below:

December 31,	**2025**	2024
Net Assets, per financial statements	**$ 295,680,400**	$ 222,550,141
Cash, in transit due to transfers	**-**	3,373,469
Net Assets, per Form 5500	**$ 295,680,400**	$ 225,923,610

Year ended December 31, 2025	
Total Transfers, per financial statements	$ 15,778,779
Less: ASG transfer	(3,373,469)
Total Transfers, per Form 5500	$ 12,405,310

10. Subsequent Events

The Plan has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued. There were no events or transactions discovered during the evaluation that require recognition or disclosure in the financial statements, other than those events noted below:

Effective January 1, 2026, the Plan was amended for the following changes:

- The HVAC Incorporated 401(k) Profit Sharing Plan and Envirocon, Inc. 401(k) Retirement Plan were merged into the Plan through direct trust-to-trust transfers. Approximately $5.5 million and $1.1 million, respectively, including notes receivable from participant loans, were merged into the Plan.
- The following participating employers adopted the Plan: Automatic Controls Equipment Systems, Inc. and Comfort Flow Heating Co.
- The participating employers noted above also had various matching and vesting provisions based on each employer as further described in the amendment.

Effective March 1, 2026 , the Comfort Flow Heating Co. 401(k) Profit Sharing Plan was merged into the Plan through a direct trust-to-trust transfer. Approximately $13.5 million, including notes receivable from participant loans, were merged into the Plan.

Effective April 1, 2026, the Hammond Electric, Inc. 401(k) Plan was merged into the Plan through a direct trust-to-trust transfer. Approximately $812,000, including notes receivable from participant loans, were merged into the Plan.

Effective June 1, 2026, the Galgon HVAC & Mechanical Service, Inc. 401(k) Plan was merged into the Plan through a direct trust-to-trust transfer. Approximately $4.7 million, including notes receivable from participant loans, were merged into the Plan.

Supplemental Schedules

Service Logic 401(k) Plan

Schedule H (Form 5500), Line 4a –
Schedule of Delinquent Participant Contributions

EIN: 20-5277888 **Plan No.: 001**

Year ended December 31, 2025

	Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP** and PTE*** 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP**	Contributions Pending Correction in VFCP**	
Check here if late participant loan repayments are included: ☒					
2025 contributions:					
ATM*	$ 37,272	$ -	$ 37,948	$ -	$ -
ASG*	154	154	-	-	-
Breen*	348	348	-	-	-
CWM*	18,309	18,309	-	-	-
CTC*	62	62	-	-	-
DTS*	263	263	-	-	-
Kerney*	510	510	-	-	-
Midwest*	235	235	-	-	-
National*	155	155	-	-	-
PSR*	55	55	-	-	-
Midwest Parts*	117	117	-	-	-
ALPHA*	15,925	15,925	-	-	-
AFO Hourly*	35	35	-	-	-
Maxair*	25	25	-	-	-
	$ 73,465	$ 36,194	$ 37,948	$ -	$ -
2024 contributions:					
AFO*	$ 18,966	$ -	$ 19,009	$ -	$ -
Breen*	878	-	998	-	-
CWME*	4,397	-	4,409	-	-
CWSE*	1,243	-	1,243	-	-
Delta*	59	59	-	-	-
DTS*	45,304	-	45,457	-	-
HSA*	47	47	-	-	-
Gentry*	109	-	119	-	-
	$ 71,003	$ 106	$ 71,235	$ -	$ -
2023 contributions:					
National*	$ 4,744	$ -	$ 4,744	$ -	$ -
	$ 4,744	$ -	$ 4,744	$ -	$ -
2022 contributions:					
Hawks*	$ 7,634	$ -	$ 7,634	$ -	$ -
	$ 7,634	$ -	$ 7,634	$ -	$ -

* A party in interest as defined by ERISA.

** Voluntary Fiduciary Correction Program (DOL).

*** Prohibited Transaction Exemption (DOL).

Service Logic 401(k) Plan

Schedule H (Form 5500), Line 4i – Schedule of Assets (Held at End of Year)

EIN: 20-5277888 Plan No.: 001

December 31, 2025

(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
	Self-Directed Brokerage Account			
*	Various	Self-directed brokerage account		$ 772,348
	Money Market Account			
*	Fidelity	Money Market Trust Retirement Government Money Market II Portfolio		4,464,723
	Registered Investment Companies			
	Vanguard	Institutional Target Retirement 2030 Fund		43,635,701
	Vanguard	Institutional Target Retirement 2035 Fund		35,905,812
	Vanguard	Institutional Target Retirement 2040 Fund		32,577,247
	Vanguard	Institutional Target Retirement 2045 Fund		29,797,640
	Vanguard	Institutional Target Retirement 2025 Fund		21,524,499
	Vanguard	Institutional Target Retirement 2050 Fund		19,533,689
*	Fidelity	Blue Chip Growth Fund Class K		13,379,068
	Vanguard	Institutional Target Retirement 2055 Fund		13,725,812
	Vanguard	Institutional Target Retirement 2020 Fund		7,907,658
*	Fidelity	500 Index Fund		18,636,560
	Vanguard	Institutional Target Retirement 2060 Fund		10,864,142
	Putnam	Large Cap Value R6		2,971,846
	Baird	Core Plus Bond Inst		2,606,134
	Vanguard	Institutional Target Retirement INC		2,954,341
	Artisan	International Fund Institutional Class		3,592,746
	Vanguard	Institutional Target Retirement 2065 Fund		4,637,074
*	Fidelity	Global ex U.S. Index Fund		4,276,504
	MFS	Mid Cap Value Fund Class R6		1,265,285
*	Fidelity	Small-Cap Index Fund		2,563,667
*	Fidelity	Mid-Cap Index Fund		3,611,307
*	Fidelity	Balanced Fund Class K		2,091,094
*	Fidelity	US Bond Index Fund		2,475,994
	Baird	Mid-Cap Fund Institutional Class		442,874
	Vanguard	Institutional Target Retirement 2070 Fund		972,298
	Natixis	AEW Global Focused Real Estate Class N		267,463
	BlackRock	Advantage Small Cap Core K		369,503
	Total Registered Investment Companies			282,585,958
	Collective Investment Trusts			
*	Fidelity	Managed Income Portfolio Class 1		1,470,772
	Reliance Trust	MetLife Stable Value series 25053		101,587
	Total Collective Investment Trusts			1,572,359
	Total Investments, per financial statements			289,395,388
*	**Participant Loans**	Interest rates were 3.25% to 10.50%	-	4,098,252
	Total Investments, per Form 5500			$ 293,493,640

* A party in interest as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.