Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
R & R CONSTRUCTION, INC. 401K PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
R & R CONSTRUCTION, INC.

P.O. BOX 66
SULPHUR, LA 70664

2b Employer Identification Number (EIN)
72-1286693

2c Plan Sponsor's telephone number
337-558-7362

2d Business code (see instructions)
237990

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.	10/15/2026	ANDRE BUISSON
	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**	238
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)**	184
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	170
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	52
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	227
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	228
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)**	182
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)**	187
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	18
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
R & R CONSTRUCTION, INC. 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R & R CONSTRUCTION, INC.

D Employer Identification Number (EIN)
72-1286693

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

1 Coverage Information:

(a) Name of insurance carrier
MASSMUTUAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	757602-01	185	06/18/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1234661
5	Current value of plan's interest under this contract in separate accounts at year end	5	8826758

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONRACT

b	Balance at the end of the previous year			7b	1119336
c	Additions: (1) Contributions deposited during the year	7c(1)	141444		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	34117		
	(4) Transferred from separate account	7c(4)	179497		
	(5) Other (specify below)	7c(5)	21450		
	▶ LOAN REPAYMENTS, FORFEITURES				
	(6)Total additions			7c(6)	376508
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1495844
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	31600		
	(2) Administration charge made by carrier	7e(2)	2435		
	(3) Transferred to separate account	7e(3)	227148		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	261183
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1234661

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
R & R CONSTRUCTION, INC. 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R & R CONSTRUCTION, INC.

D Employer Identification Number (EIN)
72-1286693

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

EMPOWER ANNUITY INSURANCE CO OF AME

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORD KEEPER	30873	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MERRILL LYNCH PIERCE FENNER SMITH I

1400 AMERICAN BLVD., BLDG 4
PRINCETON PLACE AT HOPEWELL
PENNINGTON, NJ 08534

(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	INVESTMENT ADVISOR	18077	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE PLAN COMPLIANCE COMPANY

P.O. BOX 80319
BATON ROUGE, LA 70898

(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?
13	CONTRACT ADMIN	2856	Yes [X] No [ ]	Yes [ ] No [X]	4457	Yes [ ] No [X]

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
EMPLOYEE PLAN COMPLIANCE COMPANY	13	4457

(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.
EMPOWER ANNUITY INSURANCE CO. OF AM 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
R & R CONSTRUCTION, INC. 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
72-1286693

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: SEPARATE ACCOUNT SCAI

b Name of sponsor of entity listed in (a): MASSMUTUAL LIFE INSURANCE CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850-000	P	8826758

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
R & R CONSTRUCTION, INC. 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R & R CONSTRUCTION, INC.

D Employer Identification Number (EIN)
72-1286693

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18930	1462
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	270863	276881
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8519798	10059957
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	8809591	10338300
Liabilities			
1g Benefit claims payable	1g	32356	25885
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	32356	25885
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8777235	10312415

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)	378752	
(B) Participants	2a(1)(B)	753664	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1132416
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	594	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	23055	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		23649
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	585646	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		585646
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		678159
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2419870
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	812146	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		812146
f Corrective distributions (see instructions)	2f		25885
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	46659	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		46659
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		884690
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1535180
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WRIGHT, MOORE, DEHART, DUPUIS & HUT **(2)** EIN: 72-1108576

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
R & R CONSTRUCTION, INC. 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R & R CONSTRUCTION, INC.

D Employer Identification Number (EIN)
72-1286693

Part I Distributions

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

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

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

EIN(s): 26-1589907 84-0467907

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 Q702333A .

R & R CONSTRUCTION, INC.
401(k) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

FOR THE YEAR ENDED DECEMBER 31, 2025

R & R CONSTRUCTION, INC.
401(k) PROFIT SHARING PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

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** A LIMITED LIABILITY COMPANY

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To the Administrative Committee of
R & R Construction, Inc. 401(k) Profit Sharing Plan and Trust

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of R & R Construction, Inc., 401(k) Profit Sharing Plan and Trust's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification 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 E to the financial statements, is complete and accurate.

Opinion

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

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

This communication and any accompanying documents are confidential and privileged. They are intended for the sole use of the addressee. If you receive this transmission in error, you are advised that any disclosure, copying, distribution, or the taking of any action in reliance upon this communication is strictly prohibited. Moreover, any such disclosure shall not compromise or waive the attorney-client, accountant-client, or other privileges as to this communication or otherwise.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of R & R Construction, Inc. 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about R & R Construction, Inc. 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of R & R Construction, Inc. 401(k) Profit Sharing Plan and Trust'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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about R & R Construction, Inc. 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 auditing standards generally accepted in the United States of America. 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, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

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

Wright, Moore, Dehart,
Dupuis & Hutchinson, LLC

WRIGHT, MOORE, DEHART,
DUPUIS & HUTCHINSON, LLC
Certified Public Accountants

October 14, 2026
Lafayette, Louisiana

R & R CONSTRUCTION, INC.
401(k) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at Fair Value (See Note C)	$ 8,826,758	$ 7,419,392
Investments, at Contract Value (See Note D)	1,234,661	1,119,336
Receivables:		
Notes Receivable from Participants	276,881	270,863
TOTAL ASSETS	10,338,300	8,809,591
LIABILITIES		
Excess Contributions Payable (See Note J)	25,885	32,356
TOTAL LIABILITIES	25,885	32,356
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,312,415	$ 8,777,235

The Accompanying Notes are an Integral Part of This Statement.

R & R CONSTRUCTION, INC.
401(k) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS:	
Additions to Net Assets Attributed to:	
Net Appreciation in Fair Value of Investments	$ 678,159
Interest and Dividends	586,240
Total	1,264,399
Interest Income on Notes Receivable from Participants	23,055
Contributions:	
Participant	727,780
Employer	378,752
Total	1,106,532
Total Additions	2,393,986
DEDUCTIONS:	
Deductions From Net Assets Attributed to:	
Benefits Paid to Participants	812,146
Administrative Expenses	46,660
Total	858,806
Total Deductions	858,806
NET INCREASE	1,535,180
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of Year	8,777,235
End of Year	$ 10,312,415

The Accompanying Notes are an Integral Part of This Statement.

R & R CONSTRUCTION, INC.
401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 and 2024

(A) DESCRIPTION OF PLAN

The following brief description of the R & R Construction, Inc. 401(k) Profit Sharing Plan and Trust (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 is a defined contribution plan sponsored by R & R Construction, Inc. (the "Company") covering employees of the Company who have attained age 21 and completed one year of service. The Plan was established effective January 1, 1999, and has since been amended and restated. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility – The Plan is provided for all eligible employees of the Company, as defined, who are at least 21 years of age and have completed one year of service. The Plan includes a savings feature designed to permit employees and the Company to contribute to the Plan, at amounts allowable under Section 401(k) of the Internal Revenue Code (IRC).

Contributions – Participants may contribute employee pre-tax and Roth contributions of up to 90% of their annual compensation, as defined, subject to the maximum limits allowed by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans and certain other qualified sources as defined in the plan document. benefit or contribution plans. The Plan currently offers pooled separate accounts and a general account investment option under a group annuity contract with Empower.

The Company may make a discretionary matching contribution each pay period, based on the first 1% of compensation that participants elect to defer. All participants who make elective deferrals are eligible to share in the discretionary matching contribution. The Company may also make a discretionary employer contribution each plan year allocated as a percentage of compensation of eligible participants for the plan year. The amount of employer contributions is determined annually by the Company's Board of Directors. Contributions are subject to certain limitations.

Participant Accounts – Individual accounts are maintained for each participant. Participants direct the investment of their contributions into various investment options offered by the Plan. Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of Plan expenses. Allocations are based on participant earnings or account balances, as defined.

Vesting and Forfeitures – Participants are immediately vested in their contributions plus actual earnings thereon. Forfeited balances of terminated participants' non-vested accounts are available to reduce employer contributions and offset administrative expenses of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Vesting in the Company's contributions plus actual earnings thereon is based on years of continuous service. Employees begin vesting at 20% after one year of service and receive an additional 20% after each additional year of service until they are 100% vested after five years of service. Regardless of the vesting schedule, participants become fully vested upon death, disability, normal retirement age (65), or termination of the Plan.

(A) DESCRIPTION OF PLAN – continued

Forfeitures are used to pay plan expenses or to reduce Company contributions. At December 31, 2025 and 2024, forfeited nonvested accounts totaled $1,462 and $18,930, respectively. During 2025, employer contributions were reduced by $37,037 from forfeited nonvested accounts, and $48 of forfeited nonvested accounts was used to pay administrative expenses.

Investment Options – Participants are solely responsible for directing the investment of contributions and existing account balances among the pooled separate accounts and the general account (fixed) investment option offered by the Plan. The Plan is intended to comply with ERISA Section 404(c). Participants who do not make an investment election are invested in the Plan's qualified default investment alternative, which effective May 14, 2025, is the American Funds Target Date Retirement Series based on the participant's year of birth.

Notes Receivable from Participants – Notes receivable from participants are loans to participants secured by the vested portion of their accounts as permitted by the Plan. A participant may not have more than one loan outstanding at a time. Loans issued are not less than $1,000, with a maximum value limited to the lesser of $50,000 or one-half of the participant's vested balance. Loans are to be repaid within five years unless the purpose of the loan is to acquire a principal residence, in which case the term can be extended to thirty years. Interest rates are based on the U.S. prime rate plus 1% at the time of issuance. Principal and interest are repaid ratably through payroll deductions. Participants are allowed to make additional direct payments of principal and interest.

Payment of Benefits – Distributions may be made to participants upon termination of employment, death, disability, or retirement. distributions of an amount equal to the value of the participant's vested account balance are to be paid to the participant as soon as administratively feasible following the date the participant requests a distribution. Under certain circumstances, participants may withdraw a portion of their account while still employed for reasons of financial hardship, upon the attainment of age 59 ½ and for other permitted reasons, as defined. Withdrawals from the Plan may be subject to income tax on contributions and income earned.

(B) SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America ("GAAP").

Use of Estimates – The preparation of financial statements in accordance with GAAP requires the plan administrator to make estimates, judgements, and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates.

Investment Valuations and Income Recognition – The Plan's investments are held under a group annuity contract and consist of pooled separate accounts, which invest in underlying mutual funds, and a general account investment option (the "General Account"). The pooled separate accounts are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note C for a discussion of fair value measurements.

(B) SUMMARY OF ACCOUNTING POLICIES - continued

The General Account, including the Plan's forfeiture account held in the General Account, is a fully benefit-responsive investment contract reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because it is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. See Note D.

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

Notes Receivable from Participants – Notes receivable from participants represent loans to participants made against their vested balance as permitted by the Plan. Notes receivable from participants are valued at their principal amount outstanding plus any accrued but unpaid interest. Interest income on these notes is recorded on the accrual basis. Loans not repaid within the timeframe specified are considered to be in default and treated as a distribution.

Contributions – Participant contributions are recorded in the period in which the Company makes payroll deductions from participants' earnings. Employer contributions, including matching and profit-sharing contributions, are accrued in accordance with the terms of the Plan and are recorded in the period in which they become obligations of the Company. Contributions are recognized in the financial statements in the period to which they relate.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Company, while other expenses are paid from the assets of the Plan. Expenses paid from Plan assets are either shared by all participants or charged directly to the account of the participant who incurred the expense. Administrative expenses paid by the Plan totaled $46,660 for the year ended December 31, 2025.

Costs paid by the Plan's sponsor for the year ended December 31, 2025 were $24,000. The Plan does not reimburse the Sponsor for these expenses.

Reclassifications – Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

(C) FAIR VALUE MEASUREMENTS

The authoritative guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The guidance also establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described as follows:

(C) FAIR VALUE MEASUREMENTS - continued

Level 1 – Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly, such as 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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The asset's or liability's fair value measurement 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Pooled separate accounts – Valued at the unit value reported by Empower, which is based on the fair value of the underlying mutual fund portfolios held by each separate account. The underlying portfolios are valued at their daily published net asset values. Unit values are observable and calculated daily, and participants may transact at unit value daily without significant redemption restrictions; accordingly, the pooled separate accounts are classified within Level 2 of the fair value hierarchy.

The preceding methods 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 those of 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 General Account is reported at contract value and therefore is not included in the fair value hierarchy (see Note D).

The Plan's assets measured at fair value on a recurring basis were as follows:

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	$ -	$ 8,826,758	$ -	$ 8,826,758
Total Investments at fair value				$ 8,826,758

(C) FAIR VALUE MEASUREMENTS - continued

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	$ -	$ 7,419,392	$ -	$ 7,419,392
Total Investments at fair value				$ 7,419,392

(D) FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds an investment in a group funding agreement. The contract issuer maintains the contributions in a general account. The account is credited with earnings on the underlying investment and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 1.00%. Interest crediting rates are reset at least annually and no more frequently than quarterly. The guaranteed investment contract does not permit the company to terminate the agreement prior to the scheduled maturity date.

Because the General Account meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the General Account. Contract value represents contributions made under the contract, plus interest credited, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the General Account, including the Plan's forfeiture account, was $1,234,661 and $1,119,336 at December 31, 2025 and 2024, respectively.

The Plan’s ability to receive amounts due is dependent on the issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the Plan’s ability to transact at contract value. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan’s prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan’s investment guidelines, (b) a material amendment to the contract without the issuer’s consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan’s ability to transact at contract value with Plan participants or the issuer are probable of occurring.

(D) FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT - continued

The issuer may terminate the contract and settle at an amount different from contract value in certain limited circumstances. As discussed in Note M, the Plan transferred its General Account balance in connection with a change in recordkeeper during 2026. Other than this event, the plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with participants are probable of occurring.

(E) INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Annuity Insurance Company of America, the insurance company holding the Plan's investments, has certified that the following information included in the accompanying financial statements and supplemental schedules is complete and accurate: investments held as of December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2025.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplementary schedules.

(F) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become one hundred percent (100%) vested in their accounts.

(G) TAX STATUS

The pre-approved plan document adopted by the Plan received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that it was in compliance with the applicable requirements of the IRC. The pre-approved plan document has been amended since receiving its IRS letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, 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 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 process.

(H) CONCENTRATIONS AND RISKS

Substantially all of the Plan's assets are invested under a group annuity contract with Empower in pooled separate accounts, which invest in a diversified range of mutual funds and are segregated from the general assets of the insurance company, and in the General Account, which is subject to the claims-paying ability of the insurance company. Investments in the pooled separate accounts are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is 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 financial statements. the extent each fund is invested in U.S. Government backed securities. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investments will occur in the near term and may impact participants' account balances and the amounts reported in the financial statements.

(I) VESTED BENEFITS OF TERMINATED PARTICIPANTS

Certain participants had separated from employment with the Company but had not requested a distribution of their vested account balances. The vested account balances of these participants totaled $1,380,098 and $766,208 at December 31, 2025, and 2024, respectively. In accordance with GAAP, no accrual has been established for these benefits payable. There were no amounts allocated to accounts of participants who had elected to withdraw from the Plan but had not been paid at December 31, 2025.

(J) PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are held under a group annuity contract issued by Empower, which also serves as the Plan's recordkeeper; therefore, these investment transactions qualify as party-in-interest transactions. Fees paid by the Plan to service providers, including Empower, for recordkeeping, investment advisory, and administrative services totaled $46,660 for the year ended December 31, 2025. Notes receivable from participants also qualify as party-in-interest transactions. In addition, the Company paid certain administrative expenses on behalf of the Plan, as described in Note B. These transactions are exempt from the prohibited transaction rules of ERISA and the IRC.

(K) EXCESS CONTRIBUTIONS PAYABLE

Corrective distributions represent refunds to certain active participants of contributions in excess of the amounts permitted under the Plan's nondiscrimination testing requirements and the statutory limit on elective deferrals. Such amounts are reported as excess contributions payable in the statement of net assets available for benefits, and participant contributions in the statement of changes in net assets available for benefits are presented net of such amounts. Excess contributions payable totaled $25,885 and $32,356 at December 31, 2025 and 2024, respectively, and were distributed to the affected participants subsequent to each respective year-end.

(L) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 10,312,415	$ 8,777,235
Less: Deemed distributed participant loans	(9,230)	(3,892)
Net assets per the Form 5500	$ 10,303,185	$ 8,773,343

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per the Form 5500 for the year ended December 31, 2025:

Net increase in net assets available for benefits per the financial statements	$ 1,535,180
Less: Current-year deemed distributions of participant loans	(4,910)
Less: Interest on deemed distributed participant loans	(428)
Net income per the Form 5500	$ 1,529,842

Participant loans that are deemed distributed for tax purposes, and for which the participant is not continuing repayment, are excluded from plan assets on the Form 5500 but remain notes receivable from participants in the financial statements until a distributable event occurs.

(M) SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued.

During 2026, the Plan transitioned its recordkeeping services from Empower to ADP Retirement Services. In connection with this transition, Reliance Trust Company was appointed as the Plan's trustee, succeeding the Plan's individual trustee. This change did not impact the financial statements for the Plan Year ended December 31, 2025.

SUPPLEMENTARY SCHEDULES

R & R CONSTRUCTION, INC.
401(k) PROFIT SHARING PLAN AND TRUST
EIN #: 72-1286693 PLAN #: 001

SCHEDULE H, LINE 4i. - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Group Annuity Contract:		
		Pooled separate accounts:		
*	Empower Annuity Insurance Company of America	American Funds 2025 Target Date Retirement Fund R6	**	$1,774,760
*	Empower Annuity Insurance Company of America	American Funds 2030 Target Date Retirement Fund R6	**	1,862,851
*	Empower Annuity Insurance Company of America	American Funds 2035 Target Date Retirement Fund R6	**	1,877,712
*	Empower Annuity Insurance Company of America	American Funds 2040 Target Date Retirement Fund R6	**	577,295
*	Empower Annuity Insurance Company of America	American Funds 2045 Target Date Retirement Fund R6	**	318,475
*	Empower Annuity Insurance Company of America	American Funds 2050 Target Date Retirement Fund R6	**	390,132
*	Empower Annuity Insurance Company of America	American Funds 2055 Target Date Retirement Fund R6	**	322,623
*	Empower Annuity Insurance Company of America	American Funds 2060 Target Date Retirement Fund R6	**	576,861
*	Empower Annuity Insurance Company of America	American Funds 2065 Target Date Retirement Fund R6	**	113,363
*	Empower Annuity Insurance Company of America	American Funds American Balanced Fund R6	**	239,040
*	Empower Annuity Insurance Company of America	American Funds Capital World Growth and Income Fund R6	**	16,857
*	Empower Annuity Insurance Company of America	American Funds New World Fund R6	**	8,651
*	Empower Annuity Insurance Company of America	BlackRock Core Bond Fund K	**	10,894
*	Empower Annuity Insurance Company of America	Hartford Schroders International Multi-Cap Value Fund SDR	**	5,090
*	Empower Annuity Insurance Company of America	Invesco Diversified Dividend Fund R6	**	18,908
*	Empower Annuity Insurance Company of America	Invesco Small Cap Growth Fund R6	**	3,712
*	Empower Annuity Insurance Company of America	JPMorgan Government Bond Fund R6	**	8,635
*	Empower Annuity Insurance Company of America	MFS Blended Research Core Equity Fund R6	**	25,345
*	Empower Annuity Insurance Company of America	MFS Growth Fund R6	**	254,292
*	Empower Annuity Insurance Company of America	MFS Lifetime Income Fund R6	**	2,126
*	Empower Annuity Insurance Company of America	PGIM High Yield Fund R6	**	7,930
*	Empower Annuity Insurance Company of America	PIMCO Income Fund Institutional	**	6,122
*	Empower Annuity Insurance Company of America	PIMCO Real Return Fund Institutional	**	6,093
*	Empower Annuity Insurance Company of America	Vanguard 500 Index Fund Admiral	**	183,587
*	Empower Annuity Insurance Company of America	Vanguard Mid-Cap Growth Index Fund Admiral	**	3,752
*	Empower Annuity Insurance Company of America	Vanguard Mid-Cap Index Fund Admiral	**	142,115
*	Empower Annuity Insurance Company of America	Vanguard Small-Cap Index Fund Admiral	**	6,968
*	Empower Annuity Insurance Company of America	Vanguard Small-Cap Value Index Fund Admiral	**	7,287
*	Empower Annuity Insurance Company of America	Vanguard Total International Stock Index Fund Admiral	**	55,282
		Total pooled separate accounts		**8,826,758**
		General account:		
*	Empower Annuity Insurance Company of America	General Account – participant-directed fixed investment option, at contract value	**	1,233,199
*	Empower Annuity Insurance Company of America	General Account – Plan forfeiture account, at contract value	437	1,462
		Total general account, at contract value		**1,234,661**
		Total group annuity contract		**10,061,419**
*	Participants	Participant loans, interest rates ranging from 4.25% to 9.50%, maturing through 2030 (1)	**	276,881
				$10,338,300

* Party-in-interest as defined by ERISA.

** Cost information is not required for participant-directed investments and, therefore, is not included.

(1) Includes participant loans of $9,230 that have been deemed distributed for tax purposes but remain notes receivable from participants for financial statement purposes. See Note L to the financial statements.

R & R CONSTRUCTION, INC.
401(k) PROFIT SHARING PLAN AND TRUST
EIN #: 72-1286693 PLAN #: 001

SCHEDULE H, LINE 4j. - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - Single transactions in excess of 5% of the current value of plan assets:								
Empower Annuity Insurance Company of America	MFS Lifetime 2025 Fund R6 – 1 sale	$ -	$ 1,047,402	$ -	$ -	$ 1,019,070	$ 1,047,402	$ 28,332
Empower Annuity Insurance Company of America	American Funds 2025 Target Date Retirement Fund R6 – 1 purchase	1,047,402	-	-	-	1,047,402	1,047,402	-
Empower Annuity Insurance Company of America	MFS Lifetime 2030 Fund R6 – 1 sale	-	1,676,666	-	-	1,571,880	1,676,666	104,786
Empower Annuity Insurance Company of America	American Funds 2030 Target Date Retirement Fund R6 – 1 purchase	1,676,666	-	-	-	1,676,666	1,676,666	-
Empower Annuity Insurance Company of America	MFS Lifetime 2035 Fund R6 – 1 sale	-	1,621,479	-	-	1,415,429	1,621,479	206,050
Empower Annuity Insurance Company of America	American Funds 2035 Target Date Retirement Fund R6 – 1 purchase	1,621,479	-	-	-	1,621,479	1,621,479	-
Empower Annuity Insurance Company of America	MFS Lifetime 2040 Fund R6 – 1 sale	-	499,191	-	-	445,309	499,191	53,882
Empower Annuity Insurance Company of America	American Funds 2040 Target Date Retirement Fund R6 – 1 purchase	499,191	-	-	-	499,191	499,191	-
Empower Annuity Insurance Company of America	MFS Lifetime 2060 Fund R6 – 1 sale	-	537,084	-	-	475,714	537,084	61,370
Empower Annuity Insurance Company of America	American Funds 2060 Target Date Retirement Fund R6 – 1 purchase	537,084	-	-	-	537,084	537,084	-
Empower Annuity Insurance Company of America	MFS Lifetime Income Fund R6 – 1 sale	-	627,594	-	-	630,623	627,594	(3,029)
Empower Annuity Insurance Company of America	American Funds 2025 Target Date Retirement Fund R6 – 1 sale	-	554,664	-	-	551,506	554,664	3,158
Empower Annuity Insurance Company of America	American Funds 2025 Target Date Retirement Fund R6 – 1 purchase	1,182,257	-	-	-	1,182,257	1,182,257	-
Category (iii) - Series of transactions in the same security in excess of 5% of plan assets:								
Empower Annuity Insurance Company of America	Pooled separate account – American Funds 2025 Target Date Retirement Fund R6 – 2 purchases	$ 2,229,659	$ -	$ -	$ -	$ 2,229,659	$ 2,229,659	$ -
Empower Annuity Insurance Company of America	Pooled separate account – American Funds 2025 Target Date Retirement Fund R6 – 1 sale	-	554,664	-	-	551,506	554,664	3,158

There were no Category (ii) or Category (iv) reportable transactions during the year.

See Independent Auditors' Report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
R & R CONSTRUCTION, INC. 401K PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

R & R CONSTRUCTION, INC.

P.O. BOX 66

SULPHUR LA 70664

2b Employer Identification Number (EIN) 72-1286693

2c Plan Sponsor's telephone number 337-558-7362

2d Business code (see instructions) 237990

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	Andre' J Buisson	10.15.2026	Andre Buisson
	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**	238
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)**	184
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	170
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	52
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	227
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	228
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)**	182
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)**	187
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

R&R CONSTRUCTION INC. 401K PLAN

01-JAN-25 to 31-DEC-25

14-JAN-26 21:05:57

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3MHPJA1	19,023.95	0.000000	37	(37,084.93)	0.000000	21	(37,084.93)	SERIES
4MHPJA1	0.00	0.000000	0	(0.16)	0.000000	8	(0.16)	SERIES
1RFDTX	2,536,812.99	159,948.815829	1067	(800,247.25)	(50,124.536264)	422	(788,943.16)	SERIES
1RFETX	3,615,869.55	200,824.475599	1713	(1,838,133.37)	(101,578.281736)	700	(1,818,849.38)	SERIES
1RFFTX	2,770,015.88	139,215.365707	1638	(992,012.33)	(49,800.524522)	608	(983,808.71)	SERIES
1RFGTX	1,011,146.95	46,765.297316	947	(475,029.70)	(21,817.356167)	307	(467,331.29)	SERIES
1RFHTX	762,195.27	33,854.926112	1070	(479,828.29)	(20,623.724678)	411	(463,946.60)	SERIES
1RFITX	830,813.52	37,892.046659	896	(476,245.82)	(21,458.521242)	355	(466,843.12)	SERIES
1RFKTX	663,295.61	23,853.791284	1324	(368,593.62)	(13,149.631273)	570	(362,178.81)	SERIES
1RFUTX	1,051,039.22	55,790.955535	2026	(520,613.70)	(27,678.827469)	911	(516,365.15)	SERIES
1RFVTX	110,128.60	5,879.572682	831	(5,079.64)	(261.985932)	325	(4,804.64)	SERIES
1MFJKX	64,230.71	3,918.981164	1297	(597,046.88)	(35,380.297549)	1085	(525,273.81)	SERIES
1LTTKX	32,940.64	2,509.235402	399	(1,238,890.43)	(93,280.828836)	343	(1,209,439.22)	SERIES
1MLTKX	76,652.29	4,837.463477	851	(1,690,266.43)	(104,876.440633)	664	(1,585,249.14)	SERIES
1LFEKX	91,239.33	5,155.369192	863	(1,650,115.33)	(90,856.209925)	625	(1,441,137.43)	SERIES
1MLFKX	42,329.46	2,158.019058	412	(518,728.03)	(25,639.349468)	294	(464,997.03)	SERIES
1LTMLX	46,206.81	2,369.324214	481	(335,943.90)	(16,864.468587)	416	(286,476.75)	SERIES
1MFFKX	31,115.40	1,338.438209	501	(401,719.56)	(16,657.739390)	363	(329,449.04)	SERIES
1LFIKX	26,715.25	1,319.275888	547	(298,887.39)	(14,215.062498)	538	(256,171.24)	SERIES
1MLLKX	42,279.99	3,470.547000	456	(701,532.71)	(57,158.894975)	249	(704,790.59)	SERIES
1RWIGX	16,856.54	243.881619	593	(606.64)	(8.047727)	255	(539.26)	SERIES
1RNWGX	4,294.59	47.413520	283	(728.13)	(8.026558)	280	(594.56)	SERIES
1BKBDX	3,384.84	279.701580	300	(9,345.88)	(755.332997)	168	(9,032.17)	SERIES
1SIDRX	4,976.53	423.411328	91	(633.06)	(47.752393)	153	(555.90)	SERIES
1FTFGX	162.79	20.713503	45	(4,884.26)	(578.725946)	92	(4,008.78)	SERIES
1VTIAX	3,496.92	95.473766	215	(1,146.91)	(31.440386)	360	(933.62)	SERIES
1RRRZX	0.00	0.000000	0	(42.25)	(1.904366)	12	(44.33)	SERIES
1GTSFX	1,006.20	27.634946	160	(501.07)	(12.158799)	208	(440.90)	SERIES
1VSMAX	2,751.93	24.132990	568	(368.27)	(2.990242)	294	(282.51)	SERIES
1VSIAX	5,011.28	61.737547	295	(6,274.57)	(86.286801)	111	(7,108.31)	SERIES
1HFMVX	408.72	12.698681	88	(3,695.94)	(105.702247)	63	(3,771.86)	SERIES
1VMGMX	4,083.47	35.201764	153	(488.66)	(3.977846)	98	(459.46)	SERIES
1VIMAX	39,480.57	119.066345	1522	(21,020.34)	(71.248160)	618	(21,605.19)	SERIES
1LCEFX	10,470.23	562.107644	893	(990.69)	(52.074042)	337	(989.90)	SERIES
1MUEVX	10,496.90	283.240990	490	(1,771.67)	(44.784669)	399	(1,494.55)	SERIES
1MFEKX	70,158.46	342.724039	571	(16,042.52)	(82.081824)	470	(16,302.88)	SERIES
1VFIAX	132,435.36	233.242078	1126	(40,841.51)	(82.808392)	634	(37,436.89)	SERIES
1RLBGX	232,013.43	6,382.724920	141	(381.01)	(10.039554)	30	(351.16)	SERIES
1MSFKX	4,607.66	241.091858	69	(133,468.90)	(6,994.005241)	34	(129,877.02)	SERIES
1CCBBX	3,237.04	389.646846	554	(392.52)	(47.270756)	199	(435.32)	SERIES
1OGGYX	3,625.81	376.586804	492	(316.18)	(32.849602)	167	(336.87)	SERIES
1PIMIX	1,152.51	106.939734	278	(399.51)	(37.073224)	159	(412.65)	SERIES
1PRRIX	1,122.21	108.781246	312	(342.25)	(33.226987)	137	(366.74)	SERIES
1PHYQX	3,585.57	742.647244	609	(1,042.90)	(216.319165)	193	(1,052.34)	SERIES
1MHPJA1	323,367.53	0.000000	3468	(224,098.27)	0.000000	1444	(224,098.27)	SERIES
5% TRANSACTIONS								
1RFDTX	1,047,402.01	66,628.626591	29	0.00	0.000000	0	0.00	14-MAY-25
1RFETX	1,676,665.74	93,720.835099	59	0.00	0.000000	0	0.00	14-MAY-25
1RFFTX	1,621,479.12	82,141.799392	52	0.00	0.000000	0	0.00	14-MAY-25
1RFGTX	499,190.68	23,359.414131	26	0.00	0.000000	0	0.00	14-MAY-25
1RFUTX	537,083.65	28,813.500536	105	0.00	0.000000	0	0.00	14-MAY-25

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

R&R CONSTRUCTION INC. 401K PLAN

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1MFJKX	0.00	0.000000	0	(537,083.65)	(31,630.369153)	105	(475,713.72)	14-MAY-25
1LTTKX	0.00	0.000000	0	(1,047,402.01)	(78,811.286596)	29	(1,019,070.34)	14-MAY-25
1MLTKX	0.00	0.000000	0	(1,676,665.74)	(104,011.523542)	59	(1,571,879.73)	14-MAY-25
1LFEKX	0.00	0.000000	0	(1,621,479.12)	(89,239.359102)	52	(1,415,429.16)	14-MAY-25
1MLFKX	0.00	0.000000	0	(499,190.68)	(24,602.793620)	26	(445,308.79)	14-MAY-25
1RFDTX	1,182,257.48	74,779.094247	35	(554,663.91)	(35,083.106235)	18	(551,506.43)	15-MAY-25
1MLLKX	0.00	0.000000	0	(627,593.57)	(51,106.968525)	17	(630,622.66)	15-MAY-25

LEGEND

INVESTMENT OPTION:

3MHPJA1	General Account
1RFDTX	American Funds 2025 Trgt Date Ret Inc R6
1RFFTX	American Funds 2035 Trgt Date Retire R6
1RFHTX	American Funds 2045 Trgt Date Retire R6
1RFKTX	American Funds 2055 Trgt Date Retire R6
1RFVTX	American Funds 2065 Trgt Date Retire R6
1LTTKX	MFS Lifetime 2025 R6
1LFEKX	MFS Lifetime 2035 R6
1LTMLX	MFS Lifetime 2045 R6
1LFIKX	MFS Lifetime 2055 R6
1RWIGX	American Funds Capital World Gr&Inc R6
1BKBDX	BlackRock Global Dividend K
1FTFGX	Templeton Foreign R6
1RRRZX	DWS RREEF Real Estate Securities R6
1VSMAX	Vanguard Small Cap Index Adm
1HFMVX	Hartford MidCap R6
1VIMAX	Vanguard Mid Cap Index Admiral
1MUEVX	MFS Blended Research Core Equity R6
1VFIAX	Vanguard 500 Index Admiral
1MSFKX	MFS Total Return R6
1OGGYX	JPMorgan Government Bond R6
1PRRIX	PIMCO Real Return Instl
1MHPJA1	General Account
4MHPJA1	General Account
1RFETX	American Funds 2030 Trgt Date Retire R6
1RFGTX	American Funds 2040 Trgt Date Retire R6
1RFITX	American Funds 2050 Trgt Date Retire R6
1RFUTX	American Funds 2060 Trgt Date Retire R6
1MFJKX	MFS Lifetime 2060 R6
1MLTKX	MFS Lifetime 2030 R6
1MLFKX	MFS Lifetime 2040 R6
1MFFKX	MFS Lifetime 2050 R6
1MLLKX	MFS Lifetime Income R6
1RNWGX	American Funds New World R6
1SIDRX	Hartford Schroders Intl Multi-Cp Val SDR
1VTIAX	Vanguard Total Intl Stock Index Admiral
1GTSFX	Invesco Small Cap Growth R6
1VSIAX	Vanguard Small Cap Value Index Admiral
1VMGMX	Vanguard Mid-Cap Growth Index Admiral
1LCEFX	Invesco Diversified Dividend R6
1MFEKX	MFS Growth R6
1RLBGX	American Funds American Balanced R6
1CCBBX	BlackRock Core Bond K
1PIMIX	PIMCO Income Instl
1PHYQX	PGIM High Yield R6

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

R&R CONSTRUCTION INC. 401K PLAN

01-JAN-25 to 31-DEC-25

14-JAN-26 21:05:57

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RFDTX			1,747,869.92	1,774,760.39
1RFETX			1,797,020.13	1,862,851.09
1RFFTX			1,786,206.99	1,877,711.70
1RFGTX			543,815.77	577,295.37
1RFHTX			298,248.85	318,475.00
1RFITX			363,970.57	390,131.91
1RFKTX			301,116.76	322,623.38
1RFUTX			534,674.60	576,860.85
1RFVTX			105,324.09	113,362.90
1MLLKX			2,113.51	2,125.99
1RWIGX			16,317.33	16,857.41
1RNWGX			7,686.06	8,651.24
1SIDRX			4,420.57	5,090.18
1VTIAX			40,302.36	55,281.47
1GTSFX			3,683.32	3,712.38
1VSMAX			5,853.99	6,968.14
1VSIAX			6,525.50	7,286.73
1VMGMX			3,624.10	3,752.18
1VIMAX			96,588.64	142,114.60
1LCEFX			19,208.80	18,907.42
1MUEVX			21,944.82	25,345.41
1MFEKX			230,199.88	254,291.47
1VFIAX			151,105.04	183,587.33
1RLBGX			231,662.25	239,039.42
1CCBBX			11,702.37	10,893.62
1OGGYX			8,943.97	8,635.37
1PIMIX			6,195.23	6,122.07
1PRRIX			6,447.95	6,093.13
1PHYQX			8,125.38	7,929.71
1MHPJA1		2.900	1,155,235.61	1,233,198.79
			9,516,134.36	**10,059,956.65**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	269,289.09	267,651.02
FORFEITURES			437.35	1,462.41

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 721286693

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

R&R CONSTRUCTION INC. 401K PLAN

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1RFDTX	American Funds 2025 Trgt Date Ret Inc R6
1RFFTX	American Funds 2035 Trgt Date Retire R6
1RFHTX	American Funds 2045 Trgt Date Retire R6
1RFKTX	American Funds 2055 Trgt Date Retire R6
1RFVTX	American Funds 2065 Trgt Date Retire R6
1RWIGX	American Funds Capital World Gr&Inc R6
1SIDRX	Hartford Schroders Intl Multi-Cp Val SDR
1GTSFX	Invesco Small Cap Growth R6
1VSIAX	Vanguard Small Cap Value Index Admiral
1VIMAX	Vanguard Mid Cap Index Admiral
1MUEVX	MFS Blended Research Core Equity R6
1VFIAX	Vanguard 500 Index Admiral
1CCBBX	BlackRock Core Bond K
1PIMIX	PIMCO Income Instl
1PHYQX	PGIM High Yield R6
1RFETX	American Funds 2030 Trgt Date Retire R6
1RFGTX	American Funds 2040 Trgt Date Retire R6
1RFITX	American Funds 2050 Trgt Date Retire R6
1RFUTX	American Funds 2060 Trgt Date Retire R6
1MLLKX	MFS Lifetime Income R6
1RNWGX	American Funds New World R6
1VTIAX	Vanguard Total Intl Stock Index Admiral
1VSMAX	Vanguard Small Cap Index Adm
1VMGMX	Vanguard Mid-Cap Growth Index Admiral
1LCEFX	Invesco Diversified Dividend R6
1MFEKX	MFS Growth R6
1RLBGX	American Funds American Balanced R6
1OGGYX	JPMorgan Government Bond R6
1PRRIX	PIMCO Real Return Instl
1MHPJA1	General Account

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year