# 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
RISER FITNESS 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2023

**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)
RISER FITNESS

340 S LEMON AVE
STE 2797
WALNUT, CA 91789

**2b** Employer Identification Number (EIN)
83-2965280

**2c** Plan Sponsor's telephone number
949-216-6170

**2d** Business code (see instructions)
713900

**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 | OPHELIA NAZARYAN |
| | **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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 714 |
| **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)** | 666 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1140 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 138 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1278 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1278 |
| **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)** | 626 |
| **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)** | 1135 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 81 |
| **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 2J 2K 2G 3D 2T 2S 3B

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| RISER FITNESS 401(K) PLAN | | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| RISER FITNESS | 83-2965280 | |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BETTERMENT FOR BUSINESS, LLC

8 W. 24TH STREET
6TH FLOOR
NEW YORK, NY 10010

47-4872674

| (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 64 | RECORDKEEPER | 5208 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

| **(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 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
RISER FITNESS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
RISER FITNESS

**D** Employer Identification Number (EIN)
83-2965280

## 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 | 4 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 45711 | 45664 |
| **(2)** Participant contributions | 1b(2) | 25 | 116 |
| **(3)** Other | 1b(3) | 0 | 26512 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(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) | 3195 | 10597 |
| **(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) | 1465963 | 4134858 |
| **(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 | 1514898 | 4217747 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 1514898 | 4217747 |

## 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) | 712902 | |
| **(B)** Participants | 2a(1)(B) | 1549736 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 167892 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2430530 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(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) | 486 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 486 |
| **(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) | 70675 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 70675 |
| **(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) | | 432118 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2933809 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 225752 | |
| (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) | | 225752 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 5208 | |
| (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) | | 5208 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 230960 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2702849 |
| 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: CONSIDINE & CONSIDINE **(2)** EIN: 95-2694444

**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
RISER FITNESS 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
RISER FITNESS

**D** Employer Identification Number (EIN)
83-2965280

## 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): 74-3132639

**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 Q703912A .

CONSIDINE & CONSIDINE
CERTIFIED PUBLIC ACCOUNTANTS

# RISER FITNESS 401(K) PLAN
# FINANCIAL STATEMENTS
# DECEMBER 31, 2025 AND 2024

**RISER FITNESS 401(K) PLAN**


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**INDEPENDENT AUDITOR'S REPORT**

To the Administrative Committee
Riser Fitness 401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of Riser Fitness 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in note 5 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, 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 related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

We conducted our audit 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 Riser Fitness 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 Riser Fitness 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Riser Fitness 401(k) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Riser Fitness 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 of assets (held at the end of the year) and schedule of delinquent participant contributions as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or

is derived from the certified investment information, we compared such information to the related certified investment information.

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

- the information in the supplemental 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).



CONSIDINE & CONSIDINE
An accountancy corporation

October 8, 2026

**RISER FITNESS 401(K) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2025 AND 2024**



| | 2025 | 2024 |
|---|---|---|
| ASSETS | | |
| CASH (note 5) | $ - | $ 4 |
| INVESTMENTS AT FAIR VALUE (note 5 and 6) | | |
| Exchange traded funds | 4,134,858 | 1,465,963 |
| RECEIVABLES | | |
| Notes receivable from participants (note 5) | 10,597 | 3,195 |
| Employee contributions receivable | 116 | 25 |
| Employer contributions receivable | 45,664 | 45,711 |
| Other employer contributions receivable | 26,512 | - |
| | 82,889 | 48,931 |
| TOTAL ASSETS | 4,217,747 | 1,514,898 |
| TOTAL LIABILITIES | - | - |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 4,217,747 | $ 1,514,898 |

See accompanying notes

**RISER FITNESS 401(K) PLAN**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2025 AND 2024**



| | 2025 | 2024 |
|---|---|---|
| CHANGES TO NET ASSETS ATTRIBUTED TO: | | |
| NET INVESTMENT INCOME (note 5) | | |
| Net appreciation in fair value of investments | $ 432,118 | $ 62,180 |
| Interest and dividends | 70,675 | 23,091 |
| | 502,793 | 85,271 |
| Interest income on notes receivable from participants (note 5) | 486 | 69 |
| CONTRIBUTIONS | | |
| Employee | 1,549,736 | 705,583 |
| Employer | 712,902 | 316,911 |
| Rollover | 167,892 | 24,265 |
| | 2,430,530 | 1,046,759 |
| TOTAL CHANGES | 2,933,809 | 1,132,099 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | | |
| Benefits paid to participants | 225,752 | 51,736 |
| Administration and investment fees (note 3) | 5,208 | 1,388 |
| TOTAL DEDUCTIONS | 230,960 | 53,124 |
| NET INCREASE | 2,702,849 | 1,078,975 |
| NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR | 1,514,898 | 435,923 |
| NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR | $ 4,217,747 | $ 1,514,898 |

## NOTE 1 DESCRIPTION OF PLAN

The following description of Riser Fitness 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan's Sponsor is Riser Fitness, LLC (the Company, Plan Sponsor, or the Employer).

### GENERAL

The Plan, initially effective January 1, 2023, is a single-employer, defined contribution plan covering all employees of the Company who have completed three months of service by the next plan entry date. An eligible employee may enter the Plan on the first day of the month following completion of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### CONTRIBUTIONS

Contributions to the Plan are as follows:

1) Participant contributions - Participants may contribute 1% to 100% of their eligible pre-tax compensation, as defined by the Plan, up to the Internal Revenue Service (IRS) annual maximum limit of $23,500 and $23,000 ($31,000 and $30,500 for participants age 50 or older) for 2025 and 2024, respectively. In addition, participants aged 60-63 are eligible for a special catch-up contribution of $3,750 in 2025, increasing their annual maximum limit to $34,750 for 2025.

2) Rollover contributions - The Plan allows for the participants in a former employer's qualified plan to contribute direct rollovers to this plan. During the years ended December 31, 2025 and 2024, $167,892 and $24,265, respectively, of rollovers were received.

3) Matching contributions - The Company makes safe harbor matching contributions that are allocated as a percentage of the participant's elective deferrals. During 2025 and 2024, management elected to match 100% of the elective deferrals that do not exceed 1% of compensation, and 50% of the remaining elective deferrals that do not exceed 6% of compensation.

4) Non-elective contributions - The Company may decide to make a non-elective contribution to the Plan, although the Company is not required to do so. The non-elective contribution, if made, will be allocated pro-rata to eligible participants, as defined, based on their compensation to total compensation of all such participants for the plan year. During the years ended December 31, 2025 and 2024, no non-elective contributions were made by the Company.

### PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and the Plan earnings, and charged with any fees related to distributions. Allocations are based on participant earnings, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

VESTING

Participants are immediately vested in their elective contributions plus actual earnings thereon. Vesting in the Company's non-elective employer contributions and matching contributions is based on years of continuous service as follows:

| Years of vesting service | Vesting percentage |
|---|---|
| Less than 2 | 0% |
| 2 or more | 100% |

INVESTMENT OPTIONS

Upon enrollment into the Plan, participants may direct their account balances to any investment options approved by the trustee. All earnings and losses on the directed investments are credited directly to the participants' accounts.

PAYMENT OF BENEFITS

Vested benefits are payable in one lump-sum distribution of the entire account balance or in a lump sum payment of a portion of the account balance.

For purposes of determining whether or not a withdrawal is being used to provide benefits in accordance with the Plan document, the term "benefits" is limited to amounts becoming payable to the participant due to:

(A) termination of employment
(B) retirement
(C) disability
(D) death
(E) hardship as defined in the plan document

Withdrawals for reasons other than those listed above are allowed but may be subject to certain charges and adjustments.

In the event of a mandatory distribution greater than $0, but no more than $5,000, in accordance with the payment provisions of the Plan, if the Participant does not elect to have such distributions paid directly to an eligible retirement plan specified by the Participant in a direct rollover or to receive the distribution directly under any form of payment allowed under the Plan, then the distribution will be paid in a direct rollover to an individual retirement plan designated by the plan administrator.

NOTES RECEIVABLE FROM PARTICIPANTS

The participants may borrow money from the Plan provided the loan is adequately secured. They may use up to 50% of their vested balance as security for the loan. All loans must bear a reasonable rate of interest. Participants can borrow no more than the lesser of $50,000 minus the difference between the

highest outstanding balance of loans in the past 12 months and the outstanding balance of loans from the Plan on the date the loan is made, or 50% of their vested account balance. In addition, no loan in an amount less than $1,000 will be made.

FORFEITED ACCOUNTS

In the event that non-vested accounts are forfeited, such accounts are used to pay administrative fees. Any remaining forfeitures are used to reduce matching contributions and non-elective employer contributions. At December 31, 2025 and 2024, the forfeiture account balance totaled $0 and $4, respectively. The amount of forfeitures applied towards contributions totaled $76,456 and $21,577 for the years ended December 31, 2025 and 2024, respectively. The amount of forfeitures applied towards administrative fees totaled $0 for the years ended December 31, 2025 and 2024.

SUSPENSE ACCOUNTS

In the event that the plan administrator corrects excess employer contributions through suspense accounts, such accounts are used to reduce matching contributions and non-elective employer contributions. At December 31, 2025 and 2024, the suspense account balance totaled $0. The amount of suspense funds applied towards contributions totaled $117 and $0 for the years ended December 31, 2025 and 2024, respectively. The amount of suspense funds applied towards administrative fees totaled $0 for the years ended December 31, 2025 and 2024.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The accompanying financial statements have been prepared using the accrual method in conformity with generally accepted accounting principles (GAAP) in the United States of America.

Use of estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investments valuation and income recognition - Investments in exchange traded funds are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gain and losses on investments bought and sold as well as held during the year.

Fair value measurement - The Plan follows accounting standards consistent with the Financial Accounting Standards Board (FASB) Codification which defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements for all financial assets and liabilities.

Classification and measurement of financial instruments - The Plan follows applicable accounting guidance for the recognition, measurement, and disclosure of financial instruments, where most equity

investments are measured at fair value. Additionally, the Plan is not required to disclose the method and significant assumptions used to estimate the fair value for instruments not recognized at fair value in the Plan's financial statements.

Notes receivable from participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Notes receivable from participants are reported net of an allowance of $0 as of December 31, 2025 and 2024.

Credit losses - The Plan follows standards applicable to accounting for credit losses, which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The measurement of expected credit losses under the current expected credit loss methodology is applicable to trading receivables, financing receivables, held-to-maturity debt securities, and receivables relating to repurchase agreements and securities lending agreements. It also applies to off-balance sheet credit exposures not accounted for as insurance (loan commitments, standby letters of credit, financial guarantees, and other similar instruments) and net investments in leases recognized by a lessor in accordance with Topic 842 on leases. At December 31, 2025 and 2024, the Plan had no allowance for credit losses.

Benefits - Benefits are recorded when paid.

Income taxes - The pension plan is tax exempt under the Internal Revenue Code (IRC) Section 401(a) and consequently pays no income tax.

The Plan uses a prototype 401(k) agreement provided by the Custodian. The prototype agreement obtained its most recent determination letter on June 30, 2020, in which the IRS stated that the agreement as then designed, was in compliance with the applicable requirements of the IRC. The plan adopted this agreement effective January 1, 2023. The agreement has been amended since receiving its IRS determination letter in order to conform to more recent pension laws and regulations. The plan administrator and the trustee believe the Plan is operating in accordance with applicable requirements of the IRC; however no formal determination letter has been received for the amended Plan.

The Plan follows accounting standards for uncertainty in income taxes recognized in the Plan's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. It also provides guidance on derecognition and measurement of a tax position taken or to be taken in a tax return. As of December 31, 2025 and 2024, the Plan has not accrued interest or penalties related to uncertain tax positions.

## NOTE 3 ADMINISTRATIVE EXPENSES

All expenses incident to the administration, termination, or protection of the Plan, including, but not limited to, legal, accounting, and Custodian fees, shall be paid by the Company or, if not paid by the Company, shall be paid by the administrator from the Plan assets. A participant's account balance will be charged with certain fees and expenses. Certain investment related expenses are included as a reduction of investment return and are not separately reflected. In addition, the Company provides administrative services to the Plan at no cost to the Plan.

## NOTE 4 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, the rights of all employees to account balances accrued to the date of the termination are fully vested and non-forfeitable.

## NOTE 5 INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The Company has obtained certification from Inspira Financial Trust, LLC (the Trustee) that all of the information provided to the Company by the Trustee is complete and accurate. The Trustee's certification applies to substantially all of the Plan's investment assets, transactions, and supplemental schedules. The Trustee reports such information primarily on a cash basis while the accompanying financial statements and supplemental schedules are presented on an accrual basis. Therefore, certain amounts reflected in the financial statements and supplemental schedules may differ from the information certified by the Trustee.

The following is information prepared and certified at December 31, 2025 and 2024 by the Trustee:

| Investments at fair value | 2025 | 2024 |
|---|---|---|
| Exchange traded funds | $ 4,134,858 | $ 1,465,963 |
| Other | | |
| Forfeiture cash | - | 4 |
| Notes receivable from participants | 10,597 | 3,195 |
| | $ 4,145,455 | $ 1,469,162 |
| Investment income: | | |
| Net appreciation in fair value of investments | $ 432,118 | $ 62,180 |
| Interest and dividends | 70,675 | 23,091 |
| Interest income on notes receivable from participants | 486 | 69 |
| | $ 503,279 | $ 85,340 |

During 2025 and 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) changed in value by $432,118 and $62,180, respectively.

## NOTE 6 FAIR VALUE MEASUREMENT

The Company follows the methods of fair value measurement to value its financial assets and liabilities. Fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels has been established, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Exchange traded fund shares are based on the unit value as determined from the daily price traded on an active market, dividends declared, and capital gains and are classified as Level 1 investments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Financial assets carried at fair value at December 31, 2025 are classified below in one of the three categories described above. The table below presents the balances of assets measured at fair value on a recurring basis:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Assets | | | | |
| Exchange traded funds | $ 4,134,858 | $ - | $ - | $ 4,134,858 |

Financial assets carried at fair value at December 31, 2024 are classified below in one of the three categories described above. The table below presents the balances of assets measured at fair value on a recurring basis:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Assets | | | | |
| Exchange traded funds | $ 1,465,963 | $ - | $ - | $ 1,465,963 |

## NOTE 7 RISK AND UNCERTAINTIES

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

## NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Fees paid by the Plan to Betterment for Business LLC for administrative and recordkeeping services amounted to $5,208 and $1,388 for the years ended December 31, 2025 and 2024, respectively. The Company also pays certain administrative fees of the Plan, which are not reimbursed. In addition, the Company provides administrative services to the Plan at no cost to the Plan.

Inspira Financial Trust LLC (Inspira) serves as both a directed trustee and custodian for the Plan assets, with Betterment Securities, a registered broker-dealer, authorized to hold plan assets and act as Inspira's servicing agent.

## NOTE 9 SELF-CORRECTION OF OPERATIONAL FAILURES

During 2026, the Company identified an operational failure relating to its inadequate fidelity bond coverage for the 2025, 2024, and 2023 plan years. On November 14, 2025, the Company obtained a fidelity bond that satisfies ERISA's bonding requirements.

During 2026, the Company identified an operational failure relating to the use of incorrect deferral rates for participants for the year ended December 31, 2025. The Company has calculated lost earnings and is in the process of depositing the missed deferrals and lost earnings into affected participant accounts.

During 2026, the Company identified an operational failure relating to participant compensation not properly included in the calculation for deferrals for the year ended December 31, 2025. The Company has calculated lost earnings and is in the process of depositing the missed deferrals and lost earnings into affected participant accounts.

During 2026, the Company identified an operational failure relating to loans issued from the Plan to a terminated employee for the year ended December 31, 2025. This note receivable will be offset and deemed as a distribution in the 2026 plan year.

Based on such actions, Plan management and the Company believe the operational failures will not cause the Plan to be disqualified by the IRS and that the self-corrective actions allow the Plan to be in compliance with the Plan documents and ERISA. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

## NOTE 10 NONEXEMPT PROHIBITED TRANSACTIONS

During 2024, the Company identified nonexempt prohibited transactions relating to participant contributions not being remitted to the Plan timely during the years ended December 31, 2024 and 2023. On November 24, 2025, the Company corrected the issue by calculating and remitting lost earnings into the Plan. See page 16, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, for additional details.

## NOTE 11 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 8, 2026, the date which the financial statements were available to be issued. There were no material subsequent events which affected the amounts or disclosures in the financial statements.

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**REQUIRED SUPPLEMENTAL INFORMATION**
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**DECEMBER 31, 2025**



Plan Sponsor's EIN: 83-2965280
Plan Number: 001

| | Participant contributions transferred late to plan | Total that constitute nonexempt prohibited transactions | | | |
|---|---|---|---|---|---|
| | ☐ Check here if Late Participant Loan Repayments are included: | Contributions not corrected | Contributions corrected outside VFCP | Contributions pending correction in VFCP | Total fully corrected under VFCP and PTE 2002-51 |
| Plan year end 12/31/24 | $ 21,627 | $ - | $ 21,627 | $ - | $ - |
| Plan year end 12/31/23 | 35,645 | - | 35,645 | - | - |
| | $ 57,272 | $ - | $ 57,272 | $ - | $ - |

**RISER FITNESS 401(K) PLAN**
**REQUIRED SUPPLEMENTAL INFORMATION**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2025**



Plan Sponsor's EIN: 83-2965280
Plan Number: 001

| (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 |
|---|---|---|---|---|
| | State Street SPDR Portfolio S&P 500 ETF | Exchange traded fund | ** | $ 1,598,520 |
| | Vanguard FTSE Developed Markets ETF | Exchange traded fund | ** | 975,418 |
| | iShares Core U.S. Aggregate Bond ETF | Exchange traded fund | ** | 442,010 |
| | Vanguard FTSE Emerging Markets ETF | Exchange traded fund | ** | 308,245 |
| | State Street SPDR Portfolio S&P 400 Mid Cap ETF | Exchange traded fund | ** | 210,736 |
| | Vanguard Total Stock Market ETF | Exchange traded fund | ** | 190,809 |
| | State Street SPDR Portfolio S&P 600 Small Cap ETF | Exchange traded fund | ** | 157,500 |
| | Vanguard Total International Bond ETF | Exchange traded fund | ** | 80,347 |
| | Vanguard Emerging Markets Government Bond ETF | Exchange traded fund | ** | 60,450 |
| | iShares 0-5 Year TIPS Bond ETF | Exchange traded fund | ** | 17,705 |
| | JPMorgan Ultra-Short Income ETF | Exchange traded fund | ** | 12,116 |
| | Vanguard Large-Cap ETF | Exchange traded fund | ** | 11,987 |
| | iShares J.P. Morgan USD Emerging Markets Bond ETF | Exchange traded fund | ** | 9,379 |
| | Vanguard Value ETF | Exchange traded fund | ** | 6,241 |
| | Vanguard Growth ETF | Exchange traded fund | ** | 6,164 |
| | State Street SPDR S&P Kensho New Economies Composite ETF | Exchange traded fund | ** | 5,681 |
| | Goldman Sachs Access Treasury 0-1 Year ETF | Exchange traded fund | ** | 5,558 |
| | iShares Low Carbon Optimized MSCI ACWI ETF | Exchange traded fund | ** | 3,246 |
| | Schwab U.S. REIT ETF | Exchange traded fund | ** | 2,808 |
| | iShares ESG Aware MSCI USA ETF | Exchange traded fund | ** | 2,497 |
| | AB Disruptors ETF | Exchange traded fund | ** | 2,247 |
| | Invesco Nasdaq 100 ETF | Exchange traded fund | ** | 1,865 |
| | iShares Core MSCI Emerging Markets ETF | Exchange traded fund | ** | 1,807 |
| | Xtrackers USD High Yield Corporate Bond ETF | Exchange traded fund | ** | 1,666 |
| | Vanguard Mid-Cap Value ETF | Exchange traded fund | ** | 1,649 |
| | Vanguard Small-Cap Value ETF | Exchange traded fund | ** | 1,643 |
| | iShares Core Universal USD Bond ETF | Exchange traded fund | ** | 1,451 |
| | iShares ESG Aware U.S. Aggregate Bond ETF | Exchange traded fund | ** | 1,423 |
| | iShares ESG Aware MSCI EAFE ETF | Exchange traded fund | ** | 1,362 |

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



Plan Sponsor's EIN: 83-2965280
Plan Number: 001

| (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 |
|---|---|---|---|---|
| | State Street SPDR S&P 500 Fossil Fuel Reserves Free ETF | Exchange traded fund | ** | 1,355 |
| | Vanguard Dividend Appreciation ETF | Exchange traded fund | ** | 1,249 |
| | GraniteShares Bloomberg Commodity Broad Strategy No K-1 ETF | Exchange traded fund | ** | 1,142 |
| | State Street SPDR MSCI EAFE Fossil Fuel Reserves Free ETF | Exchange traded fund | ** | 892 |
| | TCW Transform 500 ETF | Exchange traded fund | ** | 735 |
| | iShares USD Green Bond ETF | Exchange traded fund | ** | 642 |
| | iShares ESG Aware MSCI USA Small-Cap ETF | Exchange traded fund | ** | 564 |
| | Goldman Sachs ActiveBeta U.S. Large Cap Equity ETF | Exchange traded fund | ** | 545 |
| | iShares ESG Aware MSCI EM ETF | Exchange traded fund | ** | 533 |
| | Goldman Sachs JUST US Large Cap Equity ETF | Exchange traded fund | ** | 488 |
| | iShares Investment Grade Systematic Bond ETF | Exchange traded fund | ** | 390 |
| | iShares Broad USD High Yield Corporate Bond ETF | Exchange traded fund | ** | 369 |
| | iShares ESG Aware USD Corporate Bond ETF | Exchange traded fund | ** | 345 |
| | Schwab U.S. Mid-Cap ETF | Exchange traded fund | ** | 312 |
| | State Street SPDR MSCI Emerging Markets Fossil Fuel Reserves Free ETF | Exchange traded fund | ** | 311 |
| | iShares Core MSCI EAFE ETF | Exchange traded fund | ** | 247 |
| | iShares 0-5 Year High Yield Corporate Bond ETF | Exchange traded fund | ** | 186 |
| | iShares Treasury Floating Rate Bond ETF | Exchange traded fund | ** | 147 |
| | iShares Flexible Income Active ETF | Exchange traded fund | ** | 140 |
| | iShares 1-5 Year Investment Grade Corporate Bond ETF | Exchange traded fund | ** | 126 |
| | Invesco Emerging Markets Sovereign Debt ETF | Exchange traded fund | ** | 111 |
| | iShares AAA CLO Active ETF | Exchange traded fund | ** | 97 |
| | iShares Aaa - A Rated Corporate Bond ETF | Exchange traded fund | ** | 96 |
| | Vanguard Small-Cap ETF | Exchange traded fund | ** | 89 |
| | iShares 7-10 Year Treasury Bond ETF | Exchange traded fund | ** | 89 |
| | iShares High Yield Systematic Bond ETF | Exchange traded fund | ** | 84 |
| | iShares Broad USD Investment Grade Corporate Bond ETF | Exchange traded fund | ** | 84 |
| | Goldman Sachs ActiveBeta International Equity ETF | Exchange traded fund | ** | 81 |
| | Vanguard Short-Term Inflation-Protected Securities ETF | Exchange traded fund | ** | 76 |

**RISER FITNESS 401(K) PLAN**
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**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2025**



Plan Sponsor's EIN: 83-2965280
Plan Number: 001

| (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 |
|---|---|---|---|---|
| | iShares 1-3 Year Treasury Bond ETF | Exchange traded fund | ** | 75 |
| | iShares 10+ Year Investment Grade Corporate Bond ETF | Exchange traded fund | ** | 71 |
| | iShares 20+ Year Treasury Bond ETF | Exchange traded fund | ** | 63 |
| | State Street SPDR MSCI USA Gender Diversity ETF | Exchange traded fund | ** | 63 |
| | Goldman Sachs ActiveBeta Emerging Markets Equity ETF | Exchange traded fund | ** | 61 |
| | Goldman Sachs ActiveBeta Europe Equity ETF | Exchange traded fund | ** | 57 |
| | iShares Floating Rate Bond ETF | Exchange traded fund | ** | 52 |
| | Vanguard Intermediate-Term Treasury ETF | Exchange traded fund | ** | 45 |
| | iShares 0-1 Year Treasury Bond ETF | Exchange traded fund | ** | 44 |
| | Goldman Sachs ActiveBeta US Small Cap Equity ETF | Exchange traded fund | ** | 43 |
| | Goldman Sachs ActiveBeta Japan Equity ETF | Exchange traded fund | ** | 39 |
| | State Street SPDR Portfolio Developed World ex-US ETF | Exchange traded fund | ** | 34 |
| | iShares 0-3 Month Treasury Bond ETF | Exchange traded fund | ** | 33 |
| | iShares Interest Rate Hedged Corporate Bond ETF | Exchange traded fund | ** | 28 |
| | Academy Veteran Bond ETF | Exchange traded fund | ** | 25 |
| | Goldman Sachs Access US Aggregate Bond ETF | Exchange traded fund | ** | 23 |
| | Goldman Sachs Access Inflation Protected USD Bond ETF | Exchange traded fund | ** | 11 |
| | Goldman Sachs Access Emerging Markets USD Bond ETF | Exchange traded fund | ** | 11 |
| | iShares 3-7 Year Treasury Bond ETF | Exchange traded fund | ** | 9 |
| | Schwab US Small-Cap ETF | Exchange traded fund | ** | 6 |
| | Vanguard Global ex-U.S. Real Estate ETF | Exchange traded fund | ** | 5 |
| | iShares Russell 1000 ETF | Exchange traded fund | ** | 2 |
| | | | | $ 4,134,858 |

* Indicates an identified person known to be a party-in-interest to the Plan.
** Cost has been omitted as investment is participant directed.

**RISER FITNESS 401(K) PLAN**
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Plan Sponsor's EIN: 83-2965280
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| (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 |
|---|---|---|---|---|
| * | Notes receivable from participants | Various maturity dates<br>Interest at 8.5% | $ - | $ 10,597 |

* Indicates an identified person known to be a party-in-interest to the Plan.

**RISER FITNESS 401(K) PLAN**
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**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**
**DECEMBER 31, 2025**



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| | Participant contributions transferred late to plan | Total that constitute nonexempt prohibited transactions | | | |
|---|---|---|---|---|---|
| | ☐ Check here if Late Participant Loan Repayments are included: | Contributions not corrected | Contributions corrected outside VFCP | Contributions pending correction in VFCP | Total fully corrected under VFCP and PTE 2002-51 |
| Plan year end 12/31/24 | $ 21,627 | $ - | $ 21,627 | $ - | $ - |
| Plan year end 12/31/23 | 35,645 | - | 35,645 | - | - |
| | $ 57,272 | $ - | $ 57,272 | $ - | $ - |

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



Plan Sponsor's EIN: 83-2965280
Plan Number: 001

| (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 |
|---|---|---|---|---|
| | State Street SPDR Portfolio S&P 500 ETF | Exchange traded fund | ** | $ 1,598,520 |
| | Vanguard FTSE Developed Markets ETF | Exchange traded fund | ** | 975,418 |
| | iShares Core U.S. Aggregate Bond ETF | Exchange traded fund | ** | 442,010 |
| | Vanguard FTSE Emerging Markets ETF | Exchange traded fund | ** | 308,245 |
| | State Street SPDR Portfolio S&P 400 Mid Cap ETF | Exchange traded fund | ** | 210,736 |
| | Vanguard Total Stock Market ETF | Exchange traded fund | ** | 190,809 |
| | State Street SPDR Portfolio S&P 600 Small Cap ETF | Exchange traded fund | ** | 157,500 |
| | Vanguard Total International Bond ETF | Exchange traded fund | ** | 80,347 |
| | Vanguard Emerging Markets Government Bond ETF | Exchange traded fund | ** | 60,450 |
| | iShares 0-5 Year TIPS Bond ETF | Exchange traded fund | ** | 17,705 |
| | JPMorgan Ultra-Short Income ETF | Exchange traded fund | ** | 12,116 |
| | Vanguard Large-Cap ETF | Exchange traded fund | ** | 11,987 |
| | iShares J.P. Morgan USD Emerging Markets Bond ETF | Exchange traded fund | ** | 9,379 |
| | Vanguard Value ETF | Exchange traded fund | ** | 6,241 |
| | Vanguard Growth ETF | Exchange traded fund | ** | 6,164 |
| | State Street SPDR S&P Kensho New Economies Composite ETF | Exchange traded fund | ** | 5,681 |
| | Goldman Sachs Access Treasury 0-1 Year ETF | Exchange traded fund | ** | 5,558 |
| | iShares Low Carbon Optimized MSCI ACWI ETF | Exchange traded fund | ** | 3,246 |
| | Schwab U.S. REIT ETF | Exchange traded fund | ** | 2,808 |
| | iShares ESG Aware MSCI USA ETF | Exchange traded fund | ** | 2,497 |
| | AB Disruptors ETF | Exchange traded fund | ** | 2,247 |
| | Invesco Nasdaq 100 ETF | Exchange traded fund | ** | 1,865 |
| | iShares Core MSCI Emerging Markets ETF | Exchange traded fund | ** | 1,807 |
| | Xtrackers USD High Yield Corporate Bond ETF | Exchange traded fund | ** | 1,666 |
| | Vanguard Mid-Cap Value ETF | Exchange traded fund | ** | 1,649 |
| | Vanguard Small-Cap Value ETF | Exchange traded fund | ** | 1,643 |
| | iShares Core Universal USD Bond ETF | Exchange traded fund | ** | 1,451 |
| | iShares ESG Aware U.S. Aggregate Bond ETF | Exchange traded fund | ** | 1,423 |
| | iShares ESG Aware MSCI EAFE ETF | Exchange traded fund | ** | 1,362 |

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**DECEMBER 31, 2025**



Plan Sponsor's EIN: 83-2965280
Plan Number: 001

| (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 |
|---|---|---|---|---|
| | State Street SPDR S&P 500 Fossil Fuel Reserves Free ETF | Exchange traded fund | ** | 1,355 |
| | Vanguard Dividend Appreciation ETF | Exchange traded fund | ** | 1,249 |
| | GraniteShares Bloomberg Commodity Broad Strategy No K-1 ETF | Exchange traded fund | ** | 1,142 |
| | State Street SPDR MSCI EAFE Fossil Fuel Reserves Free ETF | Exchange traded fund | ** | 892 |
| | TCW Transform 500 ETF | Exchange traded fund | ** | 735 |
| | iShares USD Green Bond ETF | Exchange traded fund | ** | 642 |
| | iShares ESG Aware MSCI USA Small-Cap ETF | Exchange traded fund | ** | 564 |
| | Goldman Sachs ActiveBeta U.S. Large Cap Equity ETF | Exchange traded fund | ** | 545 |
| | iShares ESG Aware MSCI EM ETF | Exchange traded fund | ** | 533 |
| | Goldman Sachs JUST US Large Cap Equity ETF | Exchange traded fund | ** | 488 |
| | iShares Investment Grade Systematic Bond ETF | Exchange traded fund | ** | 390 |
| | iShares Broad USD High Yield Corporate Bond ETF | Exchange traded fund | ** | 369 |
| | iShares ESG Aware USD Corporate Bond ETF | Exchange traded fund | ** | 345 |
| | Schwab U.S. Mid-Cap ETF | Exchange traded fund | ** | 312 |
| | State Street SPDR MSCI Emerging Markets Fossil Fuel Reserves Free ETF | Exchange traded fund | ** | 311 |
| | iShares Core MSCI EAFE ETF | Exchange traded fund | ** | 247 |
| | iShares 0-5 Year High Yield Corporate Bond ETF | Exchange traded fund | ** | 186 |
| | iShares Treasury Floating Rate Bond ETF | Exchange traded fund | ** | 147 |
| | iShares Flexible Income Active ETF | Exchange traded fund | ** | 140 |
| | iShares 1-5 Year Investment Grade Corporate Bond ETF | Exchange traded fund | ** | 126 |
| | Invesco Emerging Markets Sovereign Debt ETF | Exchange traded fund | ** | 111 |
| | iShares AAA CLO Active ETF | Exchange traded fund | ** | 97 |
| | iShares Aaa - A Rated Corporate Bond ETF | Exchange traded fund | ** | 96 |
| | Vanguard Small-Cap ETF | Exchange traded fund | ** | 89 |
| | iShares 7-10 Year Treasury Bond ETF | Exchange traded fund | ** | 89 |
| | iShares High Yield Systematic Bond ETF | Exchange traded fund | ** | 84 |
| | iShares Broad USD Investment Grade Corporate Bond ETF | Exchange traded fund | ** | 84 |
| | Goldman Sachs ActiveBeta International Equity ETF | Exchange traded fund | ** | 81 |
| | Vanguard Short-Term Inflation-Protected Securities ETF | Exchange traded fund | ** | 76 |

**RISER FITNESS 401(K) PLAN**
**REQUIRED SUPPLEMENTAL INFORMATION**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2025**



Plan Sponsor's EIN: 83-2965280
Plan Number: 001

| (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 |
|---|---|---|---|---|
| | iShares 1-3 Year Treasury Bond ETF | Exchange traded fund | ** | 75 |
| | iShares 10+ Year Investment Grade Corporate Bond ETF | Exchange traded fund | ** | 71 |
| | iShares 20+ Year Treasury Bond ETF | Exchange traded fund | ** | 63 |
| | State Street SPDR MSCI USA Gender Diversity ETF | Exchange traded fund | ** | 63 |
| | Goldman Sachs ActiveBeta Emerging Markets Equity ETF | Exchange traded fund | ** | 61 |
| | Goldman Sachs ActiveBeta Europe Equity ETF | Exchange traded fund | ** | 57 |
| | iShares Floating Rate Bond ETF | Exchange traded fund | ** | 52 |
| | Vanguard Intermediate-Term Treasury ETF | Exchange traded fund | ** | 45 |
| | iShares 0-1 Year Treasury Bond ETF | Exchange traded fund | ** | 44 |
| | Goldman Sachs ActiveBeta US Small Cap Equity ETF | Exchange traded fund | ** | 43 |
| | Goldman Sachs ActiveBeta Japan Equity ETF | Exchange traded fund | ** | 39 |
| | State Street SPDR Portfolio Developed World ex-US ETF | Exchange traded fund | ** | 34 |
| | iShares 0-3 Month Treasury Bond ETF | Exchange traded fund | ** | 33 |
| | iShares Interest Rate Hedged Corporate Bond ETF | Exchange traded fund | ** | 28 |
| | Academy Veteran Bond ETF | Exchange traded fund | ** | 25 |
| | Goldman Sachs Access US Aggregate Bond ETF | Exchange traded fund | ** | 23 |
| | Goldman Sachs Access Inflation Protected USD Bond ETF | Exchange traded fund | ** | 11 |
| | Goldman Sachs Access Emerging Markets USD Bond ETF | Exchange traded fund | ** | 11 |
| | iShares 3-7 Year Treasury Bond ETF | Exchange traded fund | ** | 9 |
| | Schwab US Small-Cap ETF | Exchange traded fund | ** | 6 |
| | Vanguard Global ex-U.S. Real Estate ETF | Exchange traded fund | ** | 5 |
| | iShares Russell 1000 ETF | Exchange traded fund | ** | 2 |
| | | | | $ 4,134,858 |

* Indicates an identified person known to be a party-in-interest to the Plan.
** Cost has been omitted as investment is participant directed.

**RISER FITNESS 401(K) PLAN**
**REQUIRED SUPPLEMENTAL INFORMATION**
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| (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 |
|---|---|---|---|---|
| * | Notes receivable from participants | Various maturity dates<br>Interest at 8.5% | $ - | $ 10,597 |

* Indicates an identified person known to be a party-in-interest to the Plan.