

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                    |                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                 |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                  |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>CWPM, LLC 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                                                                                                          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>1c</b> Effective date of plan<br/><u>01/01/2001</u></td> </tr> </table>                                                         | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/2001</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                       | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2001</u>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CWPM, LLC</u><br><br><u>25 NORTON PLACE</u><br><u>PLAINVILLE, CT 06062</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"><b>2b</b> Employer Identification Number (EIN)<br/><u>06-1600557</u></td> </tr> <tr> <td style="padding: 2px;"><b>2c</b> Plan Sponsor's telephone number<br/><u>860-747-1335</u></td> </tr> <tr> <td style="padding: 2px;"><b>2d</b> Business code (see instructions)<br/><u>562000</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>06-1600557</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>860-747-1335</u> | <b>2d</b> Business code (see instructions)<br><u>562000</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>06-1600557</u>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>860-747-1335</u>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>562000</u>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                  |                                                             |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2022 | STEVE REWENKO                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2022 | STEVE REWENKO                                                |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>4</b> 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><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 264 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 215 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 205 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 23  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 46  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 274 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 275 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 267 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T 3D                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                      |
| A Name of plan<br>CWPM, LLC 401(K) PROFIT SHARING PLAN                                     | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CWPM, LLC                        | D Employer Identification Number (EIN)<br>06-1600557 |

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

1 Coverage Information:

(a) Name of insurance carrier  
GREAT-WEST LIFE & ANNUITY INS. CO.

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 84-0467907 | 68322         | 332649-01                             | 22                                                                          | 01/01/2021              | 12/31/2021 |

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

|                                             |                                    |
|---------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>263 | (b) Total amount of fees paid<br>0 |
|---------------------------------------------|------------------------------------|

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
SECURITIES SERVICE NETWORK INC 433 SOUTH MAIN STREET, SUITE 110  
WEST HARTFORD, CT 06110

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 263                                           |                                 |             | 3                     |

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |        |
|----------|-----------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 156874 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 0      |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

|          |                                               |           |        |
|----------|-----------------------------------------------|-----------|--------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 625938 |
|----------|-----------------------------------------------|-----------|--------|

|          |                                                              |              |        |  |
|----------|--------------------------------------------------------------|--------------|--------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 26422  |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> | 0      |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 4045   |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 508380 |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 6605   |  |

▶ **FORFEITURES**

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 545452 |
|---------------------------|--------------|--------|

|          |                                                                              |           |         |
|----------|------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 1171390 |
|----------|------------------------------------------------------------------------------|-----------|---------|

**e** Deductions:

|  |                                                                                 |              |         |  |
|--|---------------------------------------------------------------------------------|--------------|---------|--|
|  | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 1880    |  |
|  | (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> | 237     |  |
|  | (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 1012399 |  |
|  | (4) Other (specify below) .....                                                 | <b>7e(4)</b> |         |  |

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 1014516 |
|----------------------------|--------------|---------|

|          |                                                                                                |           |        |
|----------|------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 156874 |
|----------|------------------------------------------------------------------------------------------------|-----------|--------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |  |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2021                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                      |     |
| A Name of plan<br>CWPM, LLC 401(K) PROFIT SHARING PLAN                                     | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CWPM, LLC                        | D Employer Identification Number (EIN)<br>06-1600557 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| GREAT WEST LIFE & ANNUITY INSURANCE                                                                        |
| 84-0467907                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 13734                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

PENSION CONSULTANTS

74 BATTERSON PARK ROAD  
FARMINGTON, CT 06032

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | CONTRACT ADMIN                                                                                    | 1920                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 10000                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ADVISED ASSETS GROUP

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MGMT                                                                                   | 1716                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

SECURITIES SERVICE NETWORK INC

9729 COGDILL ROAD, SUITE 301  
KNOXVILLE, TN 37932-3426

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 55                     | BROKER/ADVISOR                                                                                    | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 30693                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| PENSION CONSULTANTS                                     | 13                                      | 10000                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GREAT-WEST LIFE & ANNUITY INSURANCE<br><br>84-0467907               | TPA ALLOWANCE PAYMENT                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| SECURITES SERVICE NETWORK INC.                          | 55                                      | 30693                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GREAT-WEST LIFE & ANNUITY INSURANCE<br><br>84-0467907               | OTHER COMMISSIONS                                                                                                                                                  |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2021</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                          |                                                                    |  |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>CWPM, LLC 401(K) PROFIT SHARING PLAN</u>                     | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CWPM, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>06-1600557</u> |  |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                         |                               |                                                                                                                     |
|-----------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FUTURE SERIES ACCT II OF GRT WEST</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT WEST</u>                     |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>84-0467907-001</u>                                                   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18486881</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning <span style="color: blue;">01/01/2021</span> and ending <span style="color: blue;">12/31/2021</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">CWPM, LLC 401(K) PROFIT SHARING PLAN</span>                                                                | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">CWPM, LLC</span>                                                   | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">06-1600557</span> |                                       |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 16972                 | 52500           |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 681328                | 604273          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 625938                | 157972          |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 15131405              | 18330200        |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 16455643 19144945 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0               |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 16455643 19144945 |

**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.

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 395243    |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 892131    |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 2964      |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 1290338   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> | 31691     |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 31691     |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> |           |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 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)  |            | 2406147   |
| (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) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 3728176   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 1017951    |           |
| (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)  |            | 1017951   |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 17371      |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  | 3552       |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 20923     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 1038874   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 2689302   |
| 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) ☐ 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) ☒ 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: BUDWITZ & MEYERJACK, PC

(2) EIN: 06-1218594

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> 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.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> 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.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>g</b> 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? .....                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>h</b> 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? .....                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>j</b> 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.) .....                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>n</b> 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. ....                                                                                                                         |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div><div><b>SCHEDULE R</b></div><div><b>(Form 5500)</b></div><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div><b>Retirement Plan Information</b></div> <div>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).</div> <div>► <b>File as an attachment to Form 5500.</b></div> | <div>OMB No. 1210-0110</div> <div><b>2021</b></div> <div><b>This Form is Open to Public Inspection.</b></div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                   |                                                                    |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CWPM, LLC 401(K) PROFIT SHARING PLAN</u>              | <b>B</b> Three-digit plan number (PN) ►<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CWPM, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>06-1600557</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                          | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br>EIN(s): <u>84-0467907</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                               |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                               | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                    | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 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 \_\_\_\_\_

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
AUDITED FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020

BUDWITZ & MEYERJACK, P.C.  
*Certified Public Accountants*

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**REPORT OF THE INDEPENDENT AUDITOR**

To the Plan Administrator and Participants of  
the CWPM, LLC 401(k) Profit-Sharing Plan:

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

We have performed audits of the accompanying financial statements of CWPM, LLC 401(k) Profit-Sharing 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, 2021 and 2020, and the related statement 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 CWPM, LLC 401(k) Profit-Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2021 and 2020, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

**Opinion**

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about CWPM, LLC 401(k) Profit-Sharing 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 CWPM, LLC 401(k) Profit-Sharing 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 CWPM, LLC 401(k) Profit-Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Supplemental Schedules Required by ERISA**

The supplemental schedule of assets held at year end, supplemental schedule of assets acquired and disposed within the plan year, and supplemental schedule of reportable transactions 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).

*Budwitz & Meyerjack, P.C.*

Farmington, Connecticut  
October 7, 2022

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2021 AND 2020

|                                                     | <u>2021</u>                     | <u>2020</u>                     |
|-----------------------------------------------------|---------------------------------|---------------------------------|
| <u>ASSETS</u>                                       |                                 |                                 |
| Investments:                                        |                                 |                                 |
| Pooled separate accounts - at fair value            | \$ 18,330,200                   | \$ 15,131,405                   |
| Guaranteed investment contracts - at contract value | <u>157,972</u>                  | <u>625,938</u>                  |
| Total Investments                                   | <u>18,488,172</u>               | <u>15,757,343</u>               |
| Receivables:                                        |                                 |                                 |
| Employer matching contributions receivable          | 52,500                          | 16,972                          |
| Notes receivable from participants                  | <u>604,273</u>                  | <u>681,328</u>                  |
| Total Receivables                                   | <u>656,773</u>                  | <u>698,300</u>                  |
| <br>TOTAL ASSETS                                    | <br><u><u>\$ 19,144,945</u></u> | <br><u><u>\$ 16,455,643</u></u> |
| <br>NET ASSETS AVAILABLE FOR BENEFITS               | <br><u><u>\$ 19,144,945</u></u> | <br><u><u>\$ 16,455,643</u></u> |

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

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

|                                                       | <u>2021</u>              | <u>2020</u>              |
|-------------------------------------------------------|--------------------------|--------------------------|
| Additions to Assets Attributed to                     |                          |                          |
| Investment income:                                    |                          |                          |
| Net appreciation in fair value of investments         | \$ 1,490,206             | \$ 1,659,608             |
| Interest and dividend income on investments           | <u>915,941</u>           | <u>496,968</u>           |
| Net Investment Gain                                   | <u>2,406,147</u>         | <u>2,156,576</u>         |
| <br>Interest income on participants' notes receivable | <br><u>31,691</u>        | <br><u>37,153</u>        |
| <br>Contributions:                                    |                          |                          |
| Participant contributions                             | 892,131                  | 811,461                  |
| Employer matching contributions                       | 395,243                  | 366,720                  |
| Participant rollovers into the plan                   | <u>2,964</u>             | <u>-</u>                 |
| Total Contributions                                   | <u>1,290,338</u>         | <u>1,178,181</u>         |
| <br>Total Additions                                   | <br><u>3,728,176</u>     | <br><u>3,371,910</u>     |
| <br>Deductions from Assets Attributed to:             |                          |                          |
| Benefits paid to participants                         | 1,017,951                | 1,406,573                |
| Administrative expenses                               | 17,371                   | 17,301                   |
| Forfeitures                                           | <u>3,552</u>             | <u>-</u>                 |
| Total Deductions                                      | <u>1,038,874</u>         | <u>1,423,874</u>         |
| <br>Net Increase in Assets                            | <br>2,689,302            | <br>1,948,036            |
| <br>Net Assets Available for Benefits:                |                          |                          |
| Beginning of Year                                     | <u>16,455,643</u>        | <u>14,507,607</u>        |
| <br>End of Year                                       | <br><u>\$ 19,144,945</u> | <br><u>\$ 16,455,643</u> |

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

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020

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1. DESCRIPTION OF PLAN

The following description of the CWPM, LLC 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General Information:

The Plan is a defined contribution plan established to provide retirement benefits for employees of CWPM, LLC (the Company) who have at least 12 months of service and have reached the age of 18. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

This is a safe harbor 401(k) plan and is referred to as a qualified automatic contribution arrangement 401(k) plan. The employer makes safe harbor matching contributions equal to 100% of employee salary deferrals that do not exceed 1% of their respective compensation, plus 50% of salary deferrals between 1% and 6% of employee compensation.

Participant contributions to the Plan were \$892,131 and \$811,461 for the years ended December 31, 2021 and 2020, respectively. The employer's discretionary matching contributions were \$395,322 in 2021 and \$366,720 in 2020.

Participant Accounts:

Participants have separate accounts for employee and employer contributions for each investment option selected. Participants may elect to have contributions invested in any or all of the investment options, subject to certain limitations. Investment income and administrative expenses are allocated to the participant's accounts. Allocations of investment income and administrative expenses are based on the participant's compensation or account balances, as defined.

Notes Receivable from Participants:

At the discretion of the Plan, participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or one-half of their vested account balance. Loan terms range from one to five years, except for loans to purchase a primary residence, which may be offered over a term up to thirty years. The loans are secured by the balance in the participant's account and bear interest at a rate which professional lenders would charge, as determined by the plan administrator. The notes currently bear interest at 4.25% to 6.50%. Generally, principal and interest are paid ratably through payroll deductions.

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020

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Vesting:

Participants are immediately 100% vested in their salary deferral contributions, including catch-up contributions, and any rollover contributions they make to the plan. Earnings on employee deferral contributions and rollover contributions are immediately 100% vested to the participant. Participants are 100% vested in qualified safe harbor contributions after the completion of two-years of service.

The Plan also features a five-year graded vesting schedule for other than safe harbor matching contributions as follows:

| <u>Years of Service</u> | <u>Vested %</u> |
|-------------------------|-----------------|
| 1                       | 20%             |
| 2                       | 40%             |
| 3                       | 60%             |
| 4                       | 80%             |
| 5                       | 100%            |

Forfeitures:

Upon termination of employment, a participant's non-vested account balance is used to reduce the Company's matching contributions to the Plan. During 2021 and 2020 no forfeitures were used to reduce employer contributions. Unapplied forfeitures remaining as of December 31, 2021 and 2020 were \$1,370 and \$4,554, respectively.

Payment of Benefits:

Upon retirement, disability, death or termination of employment, the participant shall become entitled to the total value of his or her vested account, determined as of the valuation date. The Plan also provides for in-service withdrawals by qualified participants. Distributions will be paid by lump sum. Benefits to participants are recorded when paid.

Administrative Expenses:

The plan sponsor bears the majority of the costs of administering the Plan. The Plan records certain costs for recordkeeping and participant loan administration.

Investment Options:

Upon enrollment in the plan, participants may direct their contributions to a variety of pooled separate accounts and guaranteed investment contracts held with the Trustee, Empower Retirement, in 2021 and 2020.

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020

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2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The Plan uses the accrual basis of accounting for plan transactions.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a disclosure of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants:

Loans to participants are reported at their unpaid principal balances plus any accrued and unpaid interest.

Reclassifications:

Certain amounts reported in 2020 have been reclassified to conform to classifications reflected in these financial statements. None of the reclassifications affected previously reported changes in assets available for benefits.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

All asset information included in the Plan's financial statements and supplemental schedules at and for the years ended December 31, 2021 and 2020 were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustees.

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020

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The Plan's investments, including investments bought, sold, and held during the year, appreciated or (depreciated) in fair value as follows:

|                          | <u>2021</u>         | <u>2020</u>         |
|--------------------------|---------------------|---------------------|
| Pooled Separate Accounts | <u>\$ 2,406,147</u> | <u>\$ 2,156,576</u> |

The following table presents individual investments that represent five percent (5%) or more of the Plan's assets:

|                                               | <u>2021</u>  | <u>2020</u>  |
|-----------------------------------------------|--------------|--------------|
| American Funds Gr and Inc Port R-4            | \$ 4,787,119 | \$ 4,256,029 |
| American Funds Moderate G/I Portfolio R4      | 3,890,863    | 3,341,370    |
| American Funds 2040 Target Date Retirement R4 | 2,347,265    | 1,182,193    |
| American Funds 2045 Target Date Retirement R4 | 1,733,439    | 852,297      |
| American Funds 2025 Target Date Retirement R4 | 1,091,200    | 852,297      |
| American Funds 2035 Target Date Retirement R4 | 889,420      | 1,954,279    |

#### 4. GUARANTEED INVESTMENT CONTRACT

The Plan has a benefit-responsive guaranteed investment contract with Empower Retirement (Empower Retirement Trust Company, LLC). Empower Retirement Trust Company, LLC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by the Empowerment Retirement Trust Company, LLC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2021 and 2020 was \$157,972 and \$625,938, respectively. The crediting interest rate ranged between 1.2% and 0.9% for the 2021 and 2020 plan years. Such interest rates are reviewed on a quarterly basis for resetting.

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020

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Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with participants are probable of occurring. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

|                                                 | <u>2021</u>    | <u>2020</u>    |
|-------------------------------------------------|----------------|----------------|
| <u>Average Yields:</u>                          |                |                |
| Based on actual earnings                        | 1.03%          | 0.57%          |
| Based on interest rate credited to participants | 0.90%          | 1.10%          |
| <br>Contract value                              | <br>\$ 157,972 | <br>\$ 625,938 |
| Fair value                                      | \$ 157,972     | \$ 625,938     |

## 5. FAIR VALUE MEASUREMENTS

Authoritative guidance associated with fair value measurements provides a framework for measuring fair value and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and liabilities (and have the highest priority) and Level 3 inputs are unobservable and have the lowest priority. The level of a fair value hierarchy is determined entirely by the lowest level input that is significant to the fair value measurement. When available, the Plan uses Level 1 inputs because they generally provide the most reliable evidence of fair value.

- Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities;
- Level 2 - Unadjusted quoted prices in active markets that are accessible at the financial instruments for which all significant inputs are observable, either directly or indirectly;
- Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020

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The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

| <u>December 31, 2021</u>        | <u>Fair Value</u>    | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant Other<br>Observable<br>Inputs<br>(Level 2) |
|---------------------------------|----------------------|-------------------------------------------------------------------------|--------------------------------------------------------|
| Guaranteed investment contracts | \$ 157,972           | \$ -                                                                    | \$ 157,972                                             |
| Pooled separate accounts        | 18,330,200           | 18,330,200                                                              | -                                                      |
| Total                           | <u>\$ 18,488,172</u> | <u>\$ 18,330,200</u>                                                    | <u>\$ 157,972</u>                                      |

| <u>December 31, 2020</u>        |                      |                      |                   |
|---------------------------------|----------------------|----------------------|-------------------|
| Guaranteed investment contracts | \$ 625,938           | \$ -                 | \$ 625,938        |
| Pooled separate accounts        | 15,131,405           | 15,131,405           | -                 |
| Total                           | <u>\$ 15,757,343</u> | <u>\$ 15,131,405</u> | <u>\$ 625,938</u> |

The following table reconciles the beginning balances of fair value measurements using unadjusted quoted prices in active markets that are accessible at the financial instruments for which all significant inputs are observable inputs (Level 2) of the guaranteed investment contracts with the insurance company for the years ended December 31, 2021 and 2020:

|                                                  | <u>2021</u>       | <u>2020</u>       |
|--------------------------------------------------|-------------------|-------------------|
| Beginning balance                                | \$ 625,938        | \$ 120,429        |
| Contributions and transfers during the year      | 542,505           | 552,439           |
| Interest credited during the year                | 4,045             | 2,122             |
| Transfers to/from separate account               | (1,012,399)       | (19,971)          |
| Disbursed to pay benefits and purchase annuities | (2,117)           | (29,081)          |
| Ending balance                                   | <u>\$ 157,972</u> | <u>\$ 625,938</u> |

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020

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6. INCOME TAX STATUS

The Plan is qualified under the applicable section of the Internal Revenue Code (the “IRC”) and, as such, is exempt from federal income taxes. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The CWPM, LLC Plan Administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan’s qualified status.

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan administrator and the Plan’s tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2018.

7. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Empower Retirement Trust Company, LLC. Empower Retirement is the Trustee and continues in this fiduciary capacity through December 31, 2021. Therefore, these transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Fees paid by the Plan for the investment management services are netted against net appreciation in fair value of investments. Fees paid to Empower Retirement by the Plan in 2021 and 2020 were \$17,371 and \$12,192, respectively. These fees are included in total Plan administrative expenses of \$17,371 in 2021 and \$17,301 in 2020.

8. RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts and guaranteed investment contracts. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect participant account balances and the amounts reported in the statement of assets available for benefits.

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020

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9. PLAN TERMINATION

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

10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 7, 2022, the date these financial statements were available to be issued.

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

The net assets available for benefit as of December 31, 2021 and 2020 agree to Schedule H of Form 5500.

The increase in net assets available for benefit for the years ended December 31, 2021 and 2020 agree to Schedule H of Form 5500.

12. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Empowerment Retirement Trust Company, LLC, trustee of the Plan, holds the Plan's investment assets and executes transactions therein. Financial information relating to these investment assets is included in these financial statements based on information provided and certified by the trustee.

SUPPLEMENTAL SCHEDULES

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS HELD AT YEAR END  
DECEMBER 31, 2021

**Employer Identification Number: 06-1600557**  
**Plan Number: 001**

| (a) | (b)                                                                         | (c)                                                                                                              | (d)  | (e)                  |
|-----|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Lessor or Similar Party<br>Identity of Issue, Borrower,<br>or Similar Party | Description of Investments<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | Cost | Current<br>Value     |
|     | Allspring Discovery A                                                       | Mutual Funds                                                                                                     | **   | \$ 99,310            |
| *   | American Funds Conserv G/I Portfolio R4                                     | Mutual Funds                                                                                                     | **   | 266,448              |
| *   | American Funds Moderate G/I Portfolio R4                                    | Mutual Funds                                                                                                     | **   | 3,890,863            |
| *   | American Century Mid Cap Value A                                            | Mutual Funds                                                                                                     | **   | 47,217               |
| *   | American Funds 2020 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 91,477               |
| *   | American Funds 2025 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 1,091,200            |
| *   | American Funds 2030 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 515,432              |
| *   | American Funds 2035 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 889,420              |
| *   | American Funds 2040 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 2,347,265            |
| *   | American Funds 2045 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 1,733,439            |
| *   | American Funds 2050 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 170,427              |
| *   | American Funds 2055 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 72,609               |
| *   | American Funds 2060 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 8,749                |
| *   | American Funds Retire Inc Port                                              | Mutual Funds                                                                                                     | **   | 1,011                |
| *   | American Funds EuroPacific Gr R4                                            | Mutual Funds                                                                                                     | **   | 105,411              |
| *   | American Funds Gr And Inc Port R-4                                          | Mutual Funds                                                                                                     | **   | 4,787,119            |
| *   | American Funds Growth Portfolio R4                                          | Mutual Funds                                                                                                     | **   | 658,257              |
|     | Clearbridge Large Cap Growth A                                              | Mutual Funds                                                                                                     | **   | 78,978               |
|     | Goldman Sachs Intl Small Cp Insights I                                      | Mutual Funds                                                                                                     | **   | 24,431               |
|     | Great-West SecureFoundation Balanced Svc                                    | Mutual Funds                                                                                                     | **   | 3,170                |
|     | Invesco Real Estate A                                                       | Mutual Funds                                                                                                     | **   | 149,270              |
|     | Janus Henderson Balanced A                                                  | Mutual Funds                                                                                                     | **   | 36,568               |
|     | Janus Henderson Small Cap Value N                                           | Mutual Funds                                                                                                     | **   | 8,507                |
|     | JHancock Bond R4                                                            | Mutual Funds                                                                                                     | **   | 150,069              |
|     | JPMorgan Equity Income A                                                    | Mutual Funds                                                                                                     | **   | 158,969              |
|     | MFS International Intrinsic Value R3                                        | Mutual Funds                                                                                                     | **   | 19,574               |
|     | Pimco Income A                                                              | Mutual Funds                                                                                                     | **   | 61,160               |
|     | Pimco Stocksplus Small A                                                    | Mutual Funds                                                                                                     | **   | 75,477               |
|     | T. Rowe Price Blue Chip Growth Adv                                          | Mutual Funds                                                                                                     | **   | 143,020              |
|     | Templeton Global Bond Adv                                                   | Mutual Funds                                                                                                     | **   | 48,506               |
|     | Vanguard 500 Index Investor                                                 | Mutual Funds                                                                                                     | **   | 377,116              |
|     | Vanguard Total Stock Mkt Idx Adm                                            | Mutual Funds                                                                                                     | **   | 87,215               |
|     | Virtus Kar Small-Cap Core A                                                 | Mutual Funds                                                                                                     | **   | 79,201               |
|     | Western Asset Core Bond                                                     | Mutual Funds                                                                                                     | **   | 53,315               |
|     | <b>FASB ASC 820 CATEGORY CODE 1 - SUBTOTAL</b>                              |                                                                                                                  |      | <b>\$ 18,330,200</b> |
| *   | Key Guaranteed Portfolio Fund                                               | Fixed Annuities                                                                                                  | **   | \$ 157,972           |
|     | <b>FASB ASC 820 CATEGORY CODE 2 - SUBTOTAL</b>                              |                                                                                                                  |      | <b>\$ 157,972</b>    |
|     |                                                                             | Notes, interest rate between 4.25%<br>and 6.50% due 1/2022 - 7/2033                                              |      |                      |
| *   | Participant Loans                                                           |                                                                                                                  | -    | \$ 604,273           |
|     |                                                                             |                                                                                                                  |      | \$ 604,273           |
|     | <b>TOTAL INVESTMENT ASSETS HELD AT 12/31/2021 PER FORM 5500</b>             |                                                                                                                  |      | <b>\$ 19,092,445</b> |

\* Party in-interest to the Plan

\*\* Not required by participant directed plans

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS ACQUIRED AND DISPOSED WITHIN THE PLAN YEAR  
DECEMBER 31, 2021

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**Employer Identification Number: 06-1600557**

**Plan Number: 001**

| <u>Lessor or Similar Party<br/>Identity of Issue, Borrower,<br/>or Similar Party</u> | <u>Description of Investments<br/>Including Maturity Date,<br/>Rate of Interest, Collateral,<br/>Par or Maturity Value</u> | <u>Cost</u> | <u>Proceeds of<br/>Dispositions</u> |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|
| Key Guaranteed Portfolio Fund                                                        | 0.900%                                                                                                                     | \$ 537,081  | \$ 1,005,874                        |

401(K) PROFIT-SHARING PLAN  
FORM 5500, SCHEDULE H, PART IV, LINE 4j,  
SCHEDULE OF REPORTABLE TRANSACTIONS  
DECEMBER 31, 2021

Employer Identification Number: 06-1600557  
Plan Number: 001

| (a)<br>Investment<br>Symbol                                                                            | (a)<br>Identity of<br>Party Involved     | (b)<br>Description<br>of Assets | (c)<br>Purchase<br>Amount | (d)<br>Purchase<br>Units/Shares | (e)<br>Purchase<br>Count | (f)<br>Sales<br>Amount | (g)<br>Sales<br>Unit/Shares | (h)<br>Sales<br>Count | (i)<br>Cost<br>of Sales |
|--------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------|---------------------------|---------------------------------|--------------------------|------------------------|-----------------------------|-----------------------|-------------------------|
| Series of transactions in same issue aggregating 5% or more of the current value of the Plan's assets. |                                          |                                 |                           |                                 |                          |                        |                             |                       |                         |
| 3KGP                                                                                                   | Key Guaranteed Portfolio Fund            | Common trust fund               | 4,318                     | -                               | 27                       | 8,642                  | -                           | 3                     | 8,642                   |
| 4KGP                                                                                                   | Key Guaranteed Portfolio Fund            | Common trust fund               | 11                        | -                               | 1                        | -                      | -                           | -                     | -                       |
| 1MXSBL1                                                                                                | Great-West SecureFoundation Balanced Svc | Pooled separate accounts        | 4,476                     | 284                             | 87                       | 1,108                  | 72                          | 30                    | 1,135                   |
| IRDCTX                                                                                                 | American Funds 2020 Trgt Date Retire R4  | Pooled separate accounts        | 50,712                    | 3,520                           | 982                      | 274,230                | 18,606                      | 142                   | 243,840                 |
| IRDDTX                                                                                                 | American Funds 2025 Trgt Date Retire R4  | Pooled separate accounts        | 648,472                   | 39,967                          | 1,956                    | 49,322                 | 3,055                       | 220                   | 41,994                  |
| IRDETX                                                                                                 | American Funds 2030 Trgt Date Retire R4  | Pooled separate accounts        | 136,846                   | 7,646                           | 2,310                    | 21,628                 | 1,218                       | 261                   | 18,132                  |
| IRDFTX                                                                                                 | American Funds 2035 Trgt Date Retire R4  | Pooled separate accounts        | 203,315                   | 10,492                          | 3,512                    | 577,691                | 31,249                      | 353                   | 463,275                 |
| IRDGTX                                                                                                 | American Funds 2040 Trgt Date Retire R4  | Pooled separate accounts        | 243,199                   | 11,915                          | 2,012                    | 65,449                 | 3,214                       | 229                   | 54,884                  |
| IRDHTX                                                                                                 | American Funds 2045 Trgt Date Retire R4  | Pooled separate accounts        | 789,339                   | 38,991                          | 3,537                    | 43,342                 | 2,061                       | 485                   | 34,901                  |
| IRDJTX                                                                                                 | American Funds 2050 Trgt Date Retire R4  | Pooled separate accounts        | 50,351                    | 2,440                           | 1,456                    | 5,860                  | 284                         | 174                   | 4,982                   |
| IRDKTX                                                                                                 | American Funds 2055 Trgt Date Retire R4  | Pooled separate accounts        | 20,805                    | 811                             | 621                      | 3,606                  | 139                         | 89                    | 3,048                   |
| IRGNEX                                                                                                 | American Funds 2060 Trgt Date Retire R4  | Pooled separate accounts        | 1,705                     | 103                             | 67                       | 6,188                  | 381                         | 20                    | 5,199                   |
| IRINEX                                                                                                 | American Funds Gr and Inc Portfolio R4   | Pooled separate accounts        | 436,396                   | 23,073                          | 2,418                    | 369,932                | 18,852                      | 453                   | 263,401                 |
| IRROPX                                                                                                 | American Funds Conserv G/I Portfolio R4  | Pooled separate accounts        | 35,758                    | 2,595                           | 283                      | 10,118                 | 728                         | 33                    | 8,841                   |
| IRRPX                                                                                                  | American Funds Retire Inc Port-Cnsrv R5E | Pooled separate accounts        | 32                        | 3                               | 10                       | -                      | -                           | 8                     | -                       |
| IAFEP4                                                                                                 | American Funds EuroPacific Gr R4         | Pooled separate accounts        | 46,105                    | 678                             | 1,677                    | 22,972                 | 327                         | 385                   | 18,096                  |
| IRGWEX                                                                                                 | American Funds Growth Portfolio R4       | Pooled separate accounts        | 76,745                    | 2,960                           | 1,141                    | 35,056                 | 1,426                       | 196                   | 27,637                  |
| IGICX                                                                                                  | Goldman Sachs Intl Small Cp Insights I   | Pooled separate accounts        | 15,862                    | 1,151                           | 1,247                    | 4,488                  | 315                         | 324                   | 3,898                   |
| IMINGX                                                                                                 | MFS International Value R3               | Pooled separate accounts        | 17,464                    | 328                             | 1,288                    | 27,943                 | 533                         | 457                   | 26,028                  |
| IIARAX                                                                                                 | Investco Real Estate A                   | Pooled separate accounts        | 27,112                    | 1,246                           | 2,447                    | 21,163                 | 957                         | 565                   | 20,128                  |
| IJDSNX                                                                                                 | Janus Henderson Small Cap Value N        | Pooled separate accounts        | 9,146                     | 357                             | 863                      | 1,473                  | 63                          | 143                   | 1,374                   |
| IPCKAX                                                                                                 | PIMCO StocksPLUS Small A                 | Pooled separate accounts        | 24,527                    | 2,186                           | 1,574                    | 9,792                  | 830                         | 426                   | 7,953                   |
| IPKSAX                                                                                                 | Virtus KAR Small-Cap Core A              | Pooled separate accounts        | 14,558                    | 319                             | 401                      | 1,448                  | 30                          | 86                    | 1,190                   |
| IACLAX                                                                                                 | American Century Mid Cap Value A         | Pooled separate accounts        | 22,978                    | 1,217                           | 1,097                    | 21,725                 | 1,129                       | 483                   | 17,057                  |
| IWFDAX                                                                                                 | Wells Fargo Discover A                   | Pooled separate accounts        | 49,606                    | 1,335                           | 1,771                    | 14,076                 | 295                         | 498                   | 11,006                  |
| ISBLGX                                                                                                 | ClearBridge Large Cap Growth A           | Pooled separate accounts        | 25,551                    | 396                             | 1,097                    | 13,985                 | 220                         | 265                   | 12,533                  |
| IOEIX                                                                                                  | JPMorgan Equity Income A                 | Pooled separate accounts        | 39,940                    | 1,841                           | 3,070                    | 36,625                 | 1,621                       | 607                   | 29,431                  |
| IPABGX                                                                                                 | T. Rowe Price Blue Chip Growth Adv       | Pooled separate accounts        | 32,346                    | 185                             | 924                      | 32,244                 | 173                         | 172                   | 18,124                  |
| IVFIAX                                                                                                 | Vanguard 500 Index Admiral               | Pooled separate accounts        | 60,467                    | 152                             | 2,274                    | 62,871                 | 160                         | 529                   | 46,763                  |
| IVTSAX                                                                                                 | Vanguard Total Stock Mkt Idx Adm         | Pooled separate accounts        | 11,874                    | 110                             | 664                      | 10,363                 | 96                          | 116                   | 7,751                   |
| IRBAEX                                                                                                 | American Funds Moderate G/I Port R4      | Pooled separate accounts        | 432,230                   | 23,489                          | 4,199                    | 168,830                | 9,028                       | 569                   | 131,168                 |
| IJDBAX                                                                                                 | Janus Henderson Balanced A               | Pooled separate accounts        | 8,476                     | 191                             | 1,058                    | 4,720                  | 109                         | 277                   | 4,154                   |
| IJBRFX                                                                                                 | JHancock Bond R4                         | Pooled separate accounts        | 37,467                    | 2,285                           | 1,995                    | 3,395                  | 205                         | 352                   | 3,371                   |
| IPONAX                                                                                                 | PIMCO Income A                           | Pooled separate accounts        | 6,314                     | 525                             | 705                      | 94                     | 8                           | 83                    | 93                      |
| ITGBAX                                                                                                 | Templeton Global Bond Adv                | Pooled separate accounts        | 19,567                    | 2,135                           | 1,661                    | 6,251                  | 666                         | 179                   | 6,839                   |
| IWATFX                                                                                                 | Western Asset Core Bond I                | Pooled separate accounts        | 40,730                    | 3,077                           | 1,349                    | 3,820                  | 289                         | 206                   | 3,870                   |
| 1KGP                                                                                                   | Key Guaranteed Portfolio Fund            | Pooled separate accounts        | 537,081                   | -                               | 2,003                    | 1,005,874              | -                           | 203                   | 1,005,874               |

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS ACQUIRED AND DISPOSED WITHIN THE PLAN YEAR  
DECEMBER 31, 2021

---

**Employer Identification Number: 06-1600557**

**Plan Number: 001**

| <u>Lessor or Similar Party</u><br><u>Identity of Issue, Borrower,</u><br><u>or Similar Party</u> | <u>Description of Investments</u><br><u>Including Maturity Date,</u><br><u>Rate of Interest, Collateral,</u><br><u>Par or Maturity Value</u> | <u>Cost</u> | <u>Proceeds of</u><br><u>Dispositions</u> |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------|
| Key Guaranteed Portfolio Fund                                                                    | 0.900%                                                                                                                                       | \$ 537,081  | \$ 1,005,874                              |

CWPM, LLC  
401(K) PROFIT-SHARING PLAN  
FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS HELD AT YEAR END  
DECEMBER 31, 2021

**Employer Identification Number: 06-1600557**  
**Plan Number: 001**

| (a) | (b)                                                                         | (c)                                                                                                              | (d)  | (e)                  |
|-----|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Lessor or Similar Party<br>Identity of Issue, Borrower,<br>or Similar Party | Description of Investments<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | Cost | Current<br>Value     |
|     | Allspring Discovery A                                                       | Mutual Funds                                                                                                     | **   | \$ 99,310            |
| *   | American Funds Conserv G/I Portfolio R4                                     | Mutual Funds                                                                                                     | **   | 266,448              |
| *   | American Funds Moderate G/I Portfolio R4                                    | Mutual Funds                                                                                                     | **   | 3,890,863            |
| *   | American Century Mid Cap Value A                                            | Mutual Funds                                                                                                     | **   | 47,217               |
| *   | American Funds 2020 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 91,477               |
| *   | American Funds 2025 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 1,091,200            |
| *   | American Funds 2030 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 515,432              |
| *   | American Funds 2035 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 889,420              |
| *   | American Funds 2040 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 2,347,265            |
| *   | American Funds 2045 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 1,733,439            |
| *   | American Funds 2050 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 170,427              |
| *   | American Funds 2055 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 72,609               |
| *   | American Funds 2060 Trgt Date Retire R4                                     | Mutual Funds                                                                                                     | **   | 8,749                |
| *   | American Funds Retire Inc Port                                              | Mutual Funds                                                                                                     | **   | 1,011                |
| *   | American Funds EuroPacific Gr R4                                            | Mutual Funds                                                                                                     | **   | 105,411              |
| *   | American Funds Gr And Inc Port R-4                                          | Mutual Funds                                                                                                     | **   | 4,787,119            |
| *   | American Funds Growth Portfolio R4                                          | Mutual Funds                                                                                                     | **   | 658,257              |
|     | Clearbridge Large Cap Growth A                                              | Mutual Funds                                                                                                     | **   | 78,978               |
|     | Goldman Sachs Intl Small Cp Insights I                                      | Mutual Funds                                                                                                     | **   | 24,431               |
|     | Great-West SecureFoundation Balanced Svc                                    | Mutual Funds                                                                                                     | **   | 3,170                |
|     | Invesco Real Estate A                                                       | Mutual Funds                                                                                                     | **   | 149,270              |
|     | Janus Henderson Balanced A                                                  | Mutual Funds                                                                                                     | **   | 36,568               |
|     | Janus Henderson Small Cap Value N                                           | Mutual Funds                                                                                                     | **   | 8,507                |
|     | JHancock Bond R4                                                            | Mutual Funds                                                                                                     | **   | 150,069              |
|     | JPMorgan Equity Income A                                                    | Mutual Funds                                                                                                     | **   | 158,969              |
|     | MFS International Intrinsic Value R3                                        | Mutual Funds                                                                                                     | **   | 19,574               |
|     | Pimco Income A                                                              | Mutual Funds                                                                                                     | **   | 61,160               |
|     | Pimco Stocksplus Small A                                                    | Mutual Funds                                                                                                     | **   | 75,477               |
|     | T. Rowe Price Blue Chip Growth Adv                                          | Mutual Funds                                                                                                     | **   | 143,020              |
|     | Templeton Global Bond Adv                                                   | Mutual Funds                                                                                                     | **   | 48,506               |
|     | Vanguard 500 Index Investor                                                 | Mutual Funds                                                                                                     | **   | 377,116              |
|     | Vanguard Total Stock Mkt Idx Adm                                            | Mutual Funds                                                                                                     | **   | 87,215               |
|     | Virtus Kar Small-Cap Core A                                                 | Mutual Funds                                                                                                     | **   | 79,201               |
|     | Western Asset Core Bond                                                     | Mutual Funds                                                                                                     | **   | 53,315               |
|     | <b>FASB ASC 820 CATEGORY CODE 1 - SUBTOTAL</b>                              |                                                                                                                  |      | <b>\$ 18,330,200</b> |
| *   | Key Guaranteed Portfolio Fund                                               | Fixed Annuities                                                                                                  | **   | \$ 157,972           |
|     | <b>FASB ASC 820 CATEGORY CODE 2 - SUBTOTAL</b>                              |                                                                                                                  |      | <b>\$ 157,972</b>    |
|     |                                                                             | Notes, interest rate between 4.25%<br>and 6.50% due 1/2022 - 7/2033                                              |      |                      |
| *   | Participant Loans                                                           |                                                                                                                  | -    | \$ 604,273           |
|     |                                                                             |                                                                                                                  |      | \$ 604,273           |
|     | <b>TOTAL INVESTMENT ASSETS HELD AT 12/31/2021 PER FORM 5500</b>             |                                                                                                                  |      | <b>\$ 19,092,445</b> |

\* Party in-interest to the Plan

\*\* Not required by participant directed plans

401(K) PROFIT-SHARING PLAN  
FORM 5500, SCHEDULE H, PART IV, LINE 4j,  
SCHEDULE OF REPORTABLE TRANSACTIONS  
DECEMBER 31, 2021

**Employer Identification Number: 06-1600557**

**Plan Number: 001**

| (a)<br>Investment<br>Symbol                                                                            | (a)<br>Identity of<br>Party Involved     | (b)<br>Description<br>of Assets | (c)<br>Purchase<br>Amount | (d)<br>Purchase<br>Units/Shares | (e)<br>Purchase<br>Count | (f)<br>Sales<br>Amount | (g)<br>Sales<br>Unit/Shares | (h)<br>Sales<br>Count | (i)<br>Cost<br>of Sales |
|--------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------|---------------------------|---------------------------------|--------------------------|------------------------|-----------------------------|-----------------------|-------------------------|
| Series of transactions in same issue aggregating 5% or more of the current value of the Plan's assets. |                                          |                                 |                           |                                 |                          |                        |                             |                       |                         |
| 3KGPF                                                                                                  | Key Guaranteed Portfolio Fund            | Common trust fund               | 4,318                     | -                               | 27                       | 8,642                  | -                           | 3                     | 8,642                   |
| 4KGPF                                                                                                  | Key Guaranteed Portfolio Fund            | Common trust fund               | 11                        | -                               | 1                        | -                      | -                           | -                     | -                       |
| 1MXSBL1                                                                                                | Great-West SecureFoundation Balanced Svc | Pooled separate accounts        | 4,476                     | 284                             | 87                       | 1,108                  | 72                          | 30                    | 1,135                   |
| 1RDCTX                                                                                                 | American Funds 2020 Trgt Date Retire R4  | Pooled separate accounts        | 50,712                    | 3,520                           | 982                      | 274,230                | 18,606                      | 142                   | 243,840                 |
| 1RDDTX                                                                                                 | American Funds 2025 Trgt Date Retire R4  | Pooled separate accounts        | 648,472                   | 39,967                          | 1,956                    | 49,322                 | 3,055                       | 220                   | 41,994                  |
| 1RDETX                                                                                                 | American Funds 2030 Trgt Date Retire R4  | Pooled separate accounts        | 136,846                   | 7,646                           | 2,310                    | 21,628                 | 1,218                       | 261                   | 18,132                  |
| 1RDFTX                                                                                                 | American Funds 2035 Trgt Date Retire R4  | Pooled separate accounts        | 203,315                   | 10,492                          | 3,512                    | 577,691                | 31,249                      | 353                   | 463,275                 |
| 1RDGTX                                                                                                 | American Funds 2040 Trgt Date Retire R4  | Pooled separate accounts        | 243,199                   | 11,915                          | 2,012                    | 65,449                 | 3,214                       | 229                   | 54,884                  |
| 1RDHTX                                                                                                 | American Funds 2045 Trgt Date Retire R4  | Pooled separate accounts        | 789,339                   | 38,991                          | 3,537                    | 43,342                 | 2,061                       | 485                   | 34,901                  |
| 1RDITX                                                                                                 | American Funds 2050 Trgt Date Retire R4  | Pooled separate accounts        | 50,351                    | 2,440                           | 1,456                    | 5,860                  | 284                         | 174                   | 4,982                   |
| 1RDJTX                                                                                                 | American Funds 2055 Trgt Date Retire R4  | Pooled separate accounts        | 20,805                    | 811                             | 621                      | 3,606                  | 139                         | 89                    | 3,048                   |
| 1RDKTX                                                                                                 | American Funds 2060 Trgt Date Retire R4  | Pooled separate accounts        | 1,705                     | 103                             | 67                       | 6,188                  | 381                         | 20                    | 5,199                   |
| 1RGNEX                                                                                                 | American Funds Gr and Inc Portfolio R4   | Pooled separate accounts        | 436,396                   | 23,073                          | 2,418                    | 369,932                | 18,852                      | 453                   | 263,401                 |
| 1RINEX                                                                                                 | American Funds Conserv G/I Portfolio R4  | Pooled separate accounts        | 35,758                    | 2,595                           | 283                      | 10,118                 | 728                         | 33                    | 8,841                   |
| 1RROPX                                                                                                 | American Funds Retire Inc Port-Cnsrv R5E | Pooled separate accounts        | 32                        | 3                               | 10                       | -                      | -                           | 8                     | -                       |
| 1AFEP4                                                                                                 | American Funds EuroPacific Gr R4         | Pooled separate accounts        | 46,105                    | 678                             | 1,677                    | 22,972                 | 327                         | 385                   | 18,096                  |
| 1RGWEX                                                                                                 | American Funds Growth Portfolio R4       | Pooled separate accounts        | 76,745                    | 2,960                           | 1,141                    | 35,056                 | 1,426                       | 196                   | 27,637                  |
| 1GICIX                                                                                                 | Goldman Sachs Intl Small Cp Insights I   | Pooled separate accounts        | 15,862                    | 1,151                           | 1,247                    | 4,488                  | 315                         | 324                   | 3,898                   |
| 1MINGX                                                                                                 | MFS International Value R3               | Pooled separate accounts        | 17,464                    | 328                             | 1,288                    | 27,943                 | 533                         | 457                   | 26,028                  |
| 1IARAX                                                                                                 | Investco Real Estate A                   | Pooled separate accounts        | 27,112                    | 1,246                           | 2,447                    | 21,163                 | 957                         | 565                   | 20,128                  |
| 1JDSNX                                                                                                 | Janus Henderson Small Cap Value N        | Pooled separate accounts        | 9,146                     | 357                             | 863                      | 1,473                  | 63                          | 143                   | 1,374                   |
| 1PCKAX                                                                                                 | PIMCO StocksPLUS Small A                 | Pooled separate accounts        | 24,527                    | 2,186                           | 1,574                    | 9,792                  | 830                         | 426                   | 7,953                   |
| 1PKSAX                                                                                                 | Virtus KAR Small-Cap Core A              | Pooled separate accounts        | 14,558                    | 319                             | 401                      | 1,448                  | 30                          | 86                    | 1,190                   |
| 1ACLAX                                                                                                 | American Century Mid Cap Value A         | Pooled separate accounts        | 22,978                    | 1,217                           | 1,097                    | 21,725                 | 1,129                       | 483                   | 17,057                  |
| 1WFDAX                                                                                                 | Wells Fargo Discover A                   | Pooled separate accounts        | 49,606                    | 1,335                           | 1,771                    | 14,076                 | 295                         | 498                   | 11,006                  |
| 1SBLGX                                                                                                 | ClearBridge Large Cap Growth A           | Pooled separate accounts        | 25,551                    | 396                             | 1,097                    | 13,985                 | 220                         | 265                   | 12,533                  |
| 1OIEIX                                                                                                 | JPMorgan Equity Income A                 | Pooled separate accounts        | 39,940                    | 1,841                           | 3,070                    | 36,625                 | 1,621                       | 607                   | 29,431                  |
| 1PABGX                                                                                                 | T. Rowe Price Blue Chip Growth Adv       | Pooled separate accounts        | 32,346                    | 185                             | 924                      | 32,244                 | 173                         | 172                   | 18,124                  |
| 1VFIAX                                                                                                 | Vanguard 500 Index Admiral               | Pooled separate accounts        | 60,467                    | 152                             | 2,274                    | 62,871                 | 160                         | 529                   | 46,763                  |
| 1VTSAX                                                                                                 | Vanguard Total Stock Mkt Idx Adm         | Pooled separate accounts        | 11,874                    | 110                             | 664                      | 10,363                 | 96                          | 116                   | 7,751                   |
| 1RBAEX                                                                                                 | American Funds Moderate G/I Port R4      | Pooled separate accounts        | 432,230                   | 23,489                          | 4,199                    | 168,830                | 9,028                       | 569                   | 131,168                 |
| 1JDBAX                                                                                                 | Janus Henderson Balanced A               | Pooled separate accounts        | 8,476                     | 191                             | 1,058                    | 4,720                  | 109                         | 277                   | 4,154                   |
| 1JBFRX                                                                                                 | JHancock Bond R4                         | Pooled separate accounts        | 37,467                    | 2,285                           | 1,995                    | 3,395                  | 205                         | 352                   | 3,371                   |
| 1PONAX                                                                                                 | PIMCO Income A                           | Pooled separate accounts        | 6,314                     | 525                             | 705                      | 94                     | 8                           | 83                    | 93                      |
| 1TGBAX                                                                                                 | Templeton Global Bond Adv                | Pooled separate accounts        | 19,567                    | 2,135                           | 1,661                    | 6,251                  | 666                         | 179                   | 6,839                   |
| 1WATFX                                                                                                 | Western Asset Core Bond I                | Pooled separate accounts        | 40,730                    | 3,077                           | 1,349                    | 3,820                  | 289                         | 206                   | 3,870                   |
| 1KGPF                                                                                                  | Key Guaranteed Portfolio Fund            | Pooled separate accounts        | 537,081                   | -                               | 2,003                    | 1,005,874              | -                           | 203                   | 1,005,874               |