

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [] Form 5558 [X] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: WOODLAND CABINETRY INC HEALTH INSURANCE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 04/01/2008
2a Plan sponsor's name (employer, if for a single-employer plan): WOODLAND CABINETRY, INC.
2b Employer Identification Number (EIN): 46-0433775
2c Plan Sponsor's telephone number: 605-698-4300
2d Business code (see instructions): 321900

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Mike Tchida (plan administrator) and Aarik Gray (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 192 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 192 |
| | 6a(2) | 186 |
| | 6b | |
| | 6c | |
| | 6d | 186 |
| | 6e | |
| | 6f | |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4C

| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input checked="" type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input type="checkbox"/> Trust | (3) <input type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| a Pension Schedules | b General Schedules |
| (1) <input type="checkbox"/> R (Retirement Plan Information) | (1) <input type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

| | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| A Name of plan WOODLAND CABINETRY INC HEALTH INSURANCE PLAN | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 WOODLAND CABINETRY, INC. | D Employer Identification Number (EIN) 46-0433775 |

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

AFLAC

| (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 |
| 82-2723296 | 60380 | H1225 | 186 | 04/01/2024 | 03/31/2025 |

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

| | |
|-------------------------------------------------------------|----------------------------------------------------|
| (a) Total amount of commissions paid 21651 | (b) Total amount of fees paid 724 |
|-------------------------------------------------------------|----------------------------------------------------|

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

JAMES HEYN
1301 4TH ST NE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|----------------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| 8460 | 277 | | 3 |

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

JOLYNNE MACK
1301 4TH ST NE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|----------------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| 1760 | 110 | | 3 |

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

Schedule A (Form 5500) 2024
v. 240311

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

THOMAS JENSEN 907 S 5TH ST
MILBANK, SD 57252

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1402 | 65 | | 3 |

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

BRYON ALLEN DAHLE 1814 13TH AVE NE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1072 | 103 | | 3 |

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

CAROLYN AMMANN 2013 PALISADES LN
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1165 | 0 | | 3 |

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

MATTISON NAWROTH 214 1ST ST SW
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 852 | 73 | | 3 |

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

KRISTA OLESON 1193 MAYFAIR DR
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 847 | 0 | | 3 |

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

SHON FORD LLC 427 N BROADWAY AVE
MILLER, SD 57362

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 787 | 0 | | 3 |

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

NEFZGER ENTERPRISES INC 524 W LAKE DR
LAKE NORDEN, SD 57248

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 694 | 0 | | |

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

MARICELA MORALES 113 FAIRMOUNT ST
SIOUX CITY, IA 51106

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 460 | 66 | | 4 |

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

LANCE THORSON 1721 12TH AVE NE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 468 | 0 | | 3 |

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

JEREMY TOMLINSON 6305 W RUSSETT ST
BOISE, ID 83704

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 297 | 0 | | 3 |

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

DIANA PADILLA 1215 DUBUQUE ST
SIOUX CITY, IA 51105

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 276 | 0 | | 3 |

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

YESIKA MUNOZ 500 E MAIN ST
CASTLEWOOD, SD 57223

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 268 | 0 | | 3 |

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

THEODORE HONKE 29478 US HIGHWAY 281
LAKE ANDES, SD 57356

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 255 | 0 | | 3 |

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

ASHLEY POITRA 908 1ST ST
BRITTON, SD 57430

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 241 | 0 | | 3 |

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

MICHAEL EVANS JR 113 5TH ST SE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 238 | 0 | | 3 |

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

CLAIRE FRAZEE 15274 477TH AVE
MILBANK, SD 57252

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 210 | 0 | | 3 |

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

NAOMI K DEMPCY 416 5TH ST. WEST
MADISON, MN 56256

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 209 | 0 | | 3 |

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

JULIA MOES 808 S MAPLE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 110 | 0 | | 3 |

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

LYNNE DUHAIME 544 SANDSTONE CIR
DAKOTA DUNES, SD 57049

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 92 | 15 | | 3 |

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

NAOMI MCLAUGHLIN 320 DEERVIEW AVE
TEA, SD 57064

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 106 | 0 | | 3 |

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

CHANCELLOR HEYD 712 1ST ST SW
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 105 | 0 | | 3 |

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

BRIAN LEE FREEMAN PO BOX 178 1111 6TH ST
BRITTON, SD 57430

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 104 | 0 | | 3 |

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

KRISTI ENDRES 1305 22ND ST NE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 102 | 0 | | 3 |

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

CHRISTINA A LENTSCH 45204 121ST ST
SISSETON, SD 57262

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 96 | 0 | | |

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

RYAN SPANTON 401 S 2ND ST
MILBANK, SD 57252

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 95 | 0 | | 3 |

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

DARREN FERNER

301 BOBWHITE CIR
DAKOTA DUNES, SD 57049

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 75 | 15 | | 3 |

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

GALLAGHER BENEFIT SERVICES INC

PO BOX 3009
ARLINGTON HEIGHTS, IL 60006

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 76 | 0 | | 3 |

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

SHIRLEY WYMAN

1120 N 3RD ST
WAUBAY, SD 57273

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 73 | 0 | | 3 |

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

MICHAEL TOMLINSON

40 PARADISE DR
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 69 | 0 | | 3 |

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

TRAVIS RONKE

102 8TH ST NW
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 61 | 0 | | 3 |

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

TRACY L HOSTLER 518 MAIN AVE
BROOKINGS, SD 57006

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 52 | 0 | | 3 |

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

SHON FORD 427 N BROADWAY AVE
MILLER, SD 57362

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 44 | 0 | | 3 |

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

LISA UHLIR 8516 E WILLOW RIDGE PLACE
SIOUX FALLS, SD 57110

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 37 | 0 | | 3 |

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

ASHLEY BENNETT LLC 909 N MAIN ST
ABERDEEN, SD 57401

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 34 | 0 | | 3 |

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

ANTHONY GRIEPP 208 14TH ST NW
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 34 | 0 | | 3 |

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

SCOTT PFAFF 2201 ASH AVE NE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 28 | 0 | | 3 |

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

MARY C SIMINOVSKY 109 MAJORCA WAY APT 303
JUPITER, FL 33458

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 27 | 0 | | 3 |

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

SCOTT SHANKS 1903 COUNTRY CLUB DR
ELK POINT, SD 57025

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 27 | 0 | | 3 |

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

BRADY WEISENBERGER 4840 AMBER VALLEY PKWY S STE C
FARGO, ND 58104

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 25 | 0 | | 3 |

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

ERICCA J PAUL 301 W OPAL LN APT A
HARTFORD, SD 57033

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 25 | 0 | | 3 |

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

HEATHER BRAMER 808 S MAPLE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 23 | 0 | | 3 |

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

JULI RICHTER 15652 456TH AVE
SOUTH SHORE, SD 57263

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 22 | 0 | | 3 |

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

ANNE MACK 1623 7TH ST NE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 20 | 0 | | 3 |

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

ROBERT WATKINS PO BOX 14
BRITTON, SD 57430

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 20 | 0 | | 3 |

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

JASON MACK 1623 7TH ST NE
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 14 | 0 | | 3 |

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

JUSTINE DEVILLE 5514 7TH AVENUE SW
WATERTOWN, SD 57201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 11 | 0 | | 3 |

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

DANIELE HEYN 6509 S SHANNON CIR
SIOUX FALLS, SD 57108

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 11 | 0 | | |

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

JONNELL ACKELSON 31250 N AVE
ADEL, IA 50003

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 10 | 0 | | 3 |

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

CONNIE SCHWEITZER 918 S 1ST ST
ABERDEEN, SD 57401

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 10 | 0 | | 3 |

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

RHONDA WENBERG 3 BENT TREE DR
LITTLE ROCK, AR 72212

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 8 | 0 | | 3 |

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

DAVID AESOPH 2700 W NICOLE DR
SIOUX FALLS, SD 57105

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 7 | 0 | | 3 |

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

RONDA ROSE-KAYSER 2320 SIENNA CIR
TEA, SD 57064

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 7 | 0 | | 3 |

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

JENNIFER SANDAL 43755 122ND ST
EDEN, SD 57232

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 6 | 0 | | 3 |

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

ALFSON INSURANCE LLC 602 IRONWOOD DR
HARTFORD, SD 57033

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 6 | 0 | | |

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

NANCY R VANDENBERGE 410 E MARY MOORE DR
TEA, SD 57064

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 5 | 0 | | 3 |

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

PERFORMANCE PLUS LLC 114 N MAIN ST
MITCHELL, SD 57301

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 5 | 0 | | 3 |

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

SHAWN BENSER 422 SEQUOIA DR
MAPLETON, ND 58059

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

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

SARA KNEIP 1500 FRANKLIN AVE
BROOKINGS, SD 57006

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 2 | 0 | | 3 |

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

ROBIN NEFZGER 524 WEST LAKE DRIVE
LAKE NORDEN, SD 57248

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1 | 0 | | 3 |

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

KARA CARMODY 718 HOYT AVE E. ST
ST. PAUL, MN 55106

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1 | 0 | | 3 |

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

WILLIAM BARNETT

703 NORTH SAGEHORN DRIVE
HARTFORD, SD 57033

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1 | 0 | | 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 | |
| | | | |

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| | (6) Total additions | 7c(6) |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | 7e(5) |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | |

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

| | | |
|--------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|
| A Name of plan WOODLAND CABINETRY INC HEALTH INSURANCE PLAN | | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 WOODLAND CABINETRY, INC. | | D Employer Identification Number (EIN) 46-0433775 |

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

SANFORD HEALTH PLAN

| (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 |
| 91-1842494 | 95683 | HP000753 | 97 | 04/01/2024 | 03/31/2025 |

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

| | |
|-------------------------------------------------------------|--------------------------------------------------|
| (a) Total amount of commissions paid 14360 | (b) Total amount of fees paid 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

NORTH RISK PARTNERS

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|------------------------------------------------------|----------------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| 14360 | | | |

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

| | | | | |
|--------------------------------------------------------------------------------------------------------|--------------|--|--------------|---|
| b Balance at the end of the previous year | | | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | 7c(2) | | | |
| | 7c(3) | | | |
| | 7c(4) | | | |
| | 7c(5) | | | |
| (6) Total additions | | | 7c(6) | 0 |
| d Total of balance and additions (add lines 7b and 7c(6)) | | | 7d | |
| e Deductions: | | | | |
| | 7e(1) | | | |
| | 7e(2) | | | |
| | 7e(3) | | | |
| | 7e(4) | | | |
| (5) Total deductions | | | 7e(5) | 0 |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | | | 7f | |

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

| | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| a | Total premiums or subscription charges paid to carrier | 10a | 700999 |
| 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. Specify nature of costs. | 10b | |

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. ▶

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

| | | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <p>A Name of plan WOODLAND CABINETRY INC HEALTH INSURANCE PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>501</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 WOODLAND CABINETRY, INC.</p> | <p>D Employer Identification Number (EIN) 46-0433775</p> | |

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
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
| | | | | (f) From | (g) To |
| 42-0127290 | 61271 | 1063191 | 75 | 04/01/2024 | 03/31/2025 |

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

| | |
|----------------------------------------------------|-------------------------------------------|
| (a) Total amount of commissions paid 715 | (b) Total amount of fees paid 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
KEVIN DAVID GLEASON
27856 468TH AVE
LENNOX, SD 57039

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 715 | | | 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 | |
| | | | |

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

| | | | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------|-----------|--|
| b Balance at the end of the previous year | | | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | 7c(2) | | | |
| | 7c(3) | | | |
| | 7c(4) | | | |
| | 7c(5) | | | |
| | (6) Total additions | | | |
| d Total of balance and additions (add lines 7b and 7c(6)) | | | 7d | |
| e Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | |
| | (2) Administration charge made by carrier..... | 7e(2) | | |
| | (3) Transferred to separate account | 7e(3) | | |
| | (4) Other (specify below) | 7e(4) | | |
| (5) Total deductions | | 7e(5) | 0 | |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | | | 7f | |

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

| | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|
| a | Total premiums or subscription charges paid to carrier | 10a | 7513 |
| 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. Specify nature of costs. | 10b | |

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. ▶

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

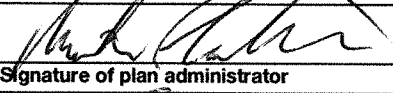
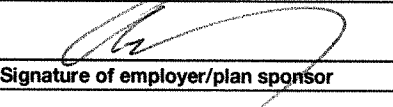
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| 1a Name of plan WOODLAND CABINETRY INC HEALTH INSURANCE PLAN | 1b Three-digit plan number (PN) ▶ | 501 |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WOODLAND CABINETRY, INC. 2415 SD HWY 10 SISSETON SD 57262 | 1c Effective date of plan 04/01/2008 | 2b Employer Identification Number (EIN) 46-0433775 |
| | 2c Plan Sponsor's telephone number 605-698-4300 | 2d Business code (see instructions) 321900 |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|-------------------------------------------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE |  | 12/19/2025 | MIKE TCHIDA |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE |  | 12/19/2025 | AARIK GRAY |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311