Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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

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

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
CANNON VALLEY GARAGE DOORS LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2024

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)
CANNON VALLEY GARAGE DOORS LLC

35780 90TH AVE
CANNON FALLS, MN 55009-5319

2b Employer Identification Number (EIN) 45-4192938

2c Sponsor's telephone number 651-245-0311

2d Business code (see instructions) 541990

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	10
b Total number of participants at the end of the plan year	**5b**	12
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	7
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	9
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	10
d(2) Total number of active participants at the end of the plan year	**5d(2)**	11
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	05/19/2026	CORA WENNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [ ] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	15594	74960
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	15594	74960
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	12798	
(2) Participants	8a(2)	42408	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	4991	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		60197
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	831	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		831
i Net income (loss) (subtract line 8h from line 8c)	8i		59366
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2S 3D 2J 2T 2K

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		8500
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☒ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** |

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☒ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☐ N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A.

NAME SCHEDULE

Western Surety Company

BOND No. 67802014

FIDELITY BOND

WESTERN SURETY COMPANY, as Surety, hereby agrees to reimburse Cannon Valley Garage Door, LLC

of 35780 90th Avenue (Street) CANNON FALLS (City) Minnesota (State),

as Employer, the amount of any direct loss of moneys or other property of the Employer, including that for which the Employer is legally responsible, which any Employee named in the schedule attached, or who may be added thereto by written acceptance of the Surety, may while in any position in the continuous service of the Employer, directly or by collusion, cause to the Employer, not exceeding the sum specified in said schedule or written acceptance of the Surety as to each Employee, through any act of fraud, larceny, forgery, theft, embezzlement, wrongful abstraction, willful misapplication or willful misappropriation, or other fraudulent or dishonest acts, committed

by any Employee named in said schedule after the 5th day of March, 2026, and as to added Employees, after the effective date of the Surety's written acceptance.

THIS BOND IS SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

1. Automatic coverage is granted for the first thirty days' service of any Employee succeeding one listed in the Schedule of Employees, in the same amount, but in no event for more than Twenty-Five Hundred and No/100 Dollars ($2,500.00).

Provided, however, that the automatic coverage herein granted shall be void and of no effect from the beginning, unless during the said thirty days' period the Employer has requested in writing that the Employee be added to the schedule, and the Surety by written acceptance has consented thereto.

2. Coverage on any Employee may be increased or decreased upon written request of the Employer, and agreed to in writing by the Surety, without impairing the continuity hereunder, provided, however, that where it is decreased, the discovery period as set forth in paragraph 4 of these conditions (as to the cancelled portion of the suretyship by reason of any decrease) shall become effective as of the date of said decrease.

3. The Surety's liability under this bond and all continuations thereof shall not be cumulative, and regardless of the number of years this bond is continued in force, and, regardless of the number of annual premiums that may be payable or paid, the Surety's aggregate liability on account of any and all acts committed by any one Employee during the effective period of this bond shall not exceed the largest single amount for which the Employee causing said loss is or has been covered in the schedule, whether said loss occurred during the term of any one or more years, nor shall the liability exceed the amount in effect as to the Employee when the dishonest act shall have occurred.

4. Loss must be discovered within thirty-six months after the cancellation of this bond or its termination as to the Employee causing said loss, whichever shall first occur. Within fifteen days after discovery of a loss, written notice of such loss must be delivered to the Surety at its home office in Sioux Falls, South Dakota. Within three months after discovery of the loss, written proof must be furnished to the Surety at its home office in Sioux Falls, South Dakota, in itemized form duly sworn to. No suit to recover for loss hereunder shall be brought after termination of fifteen months from the discovery of the loss.

5. Any net recovery of any loss or portion thereof (except reinsurance, coinsurance, or surety or indemnity taken from any source by or for the benefit of the Surety) shall first be applied to reimburse the Employer in full, the balance of the recovery, if any, to be the property of the Surety.

6. Cancellation hereunder is effective, and all liability under this bond shall cease as to future acts or omissions as to any Employee, immediately upon the termination of such Employee's services, or immediately upon the Employer's (or if the Employer be a co-partnership, by any partner thereof, or if the Employer be a corporation, by any officer thereof) discovery either of a loss hereunder or of any dishonest act committed by any Employee, or on the date specified in written notice given by the Employer to the Surety as to any and all Employees or after thirty days' written notice given by the Surety to the Employer at the above stated address of its intent to cancel this bond in its entirety, or as to any Employee. In the event of cancellation, the Surety shall refund to the Employer, upon demand, any unearned premium due, if no claim has been made hereunder.

7. None of the specifications of this bond shall be altered or waived, except in writing by the Surety executed by the Chairman of the Board, its President, Vice President, Secretary, Treasurer, or Assistant Secretary, and the liability of the Surety shall not be affected by any attempt by anyone representing, or purporting to represent the Surety to construe or interpret this bond.

Dated this 11th day of March, 2026.

WESTERN SURETY COMPANY

By _____
Larry Kasten, Vice President

Form 379-7-2016

WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES

SCHEDULE OF EMPLOYEES

ITEM NUMBER	NAME	POSITION	LOCATION	AMOUNT	PREMIUM
1	Cora Wenner	Trustee		$8,500.00	$50.00*

********** End of Schedule **********

*Subject to annual earned minimum premium for the bond.

Western Surety Company

ERISA Rider

1. Coverage under the bond shall extend to persons handling funds or other property of the Insured which is also referred to as the "Plan(s)", as required by 29 U.S.C. § 1112(a) and to the extent such "handling" of funds or other property of the Plan is included within the determination set forth in 29 C.F.R. § 2580.412-6.

2. If, at the inception of the bond or its latest renewal, (whichever is later), the Insured has a Limit of Liability that is equal to or greater than that required under ERISA, the Underwriter shall automatically increase that Limit of Liability to equal the amount required under ERISA at the time the Insured discovers a loss. However, Underwriter's aggregate bond liability shall not exceed the *lesser* of:

(a) 10% of the Plan funds; or
(b) $500,000.00 per Plan (if multiple Plans) for Plans that do not hold employer securities; or
(c) $1,000,000.00 per Plan (if multiple Plans) for Plans that hold employer securities, provided the Limit of Liability per Plan was above $500,000.00 at the inception of the bond or at its latest renewal.

However, in no event shall Underwriter's aggregate bond liability be less than $1,000.

3. If two or more Plans are listed as Named Insureds on the bond, any payment for loss under the bond sustained by two or more Plans, or of commingled funds or other property of two or more Plans, that arises out of one covered dishonest act, shall be shared by each Plan sustaining loss in proportion to the amount of bond coverage each such Plan bears to the total bond coverage for the Plans that sustained a loss.

4. Nothing herein shall be held to vary, alter, waive or extend any of the terms, limits or conditions of the bond, except as set forth above.

This Rider becomes effective on the 5th day of March, 2026, at 12:01 a.m., standard time.

Attached to and forming a part of Bond No. 67802014 issued by WESTERN SURETY COMPANY to Cannon Valley Garage Door, LLC.

Dated this 11th day of March, 2026.

WESTERN SURETY COMPANY

By _____
Larry Kasten, Vice President

Form F12121

CNA SURETY

Transaction Report & Invoice

CNA Surety
PO Box 957289
St Louis, MO 63195-7289

Principal Information: ID:

Cannon Valley Garage Door, LLC
35780 90th Avenue

CANNON FALLS, MN 55009

Agency Code: 22-00924

Miller-Hartwig Insurance
P. O. Box 1177
Lakeville, MN 55044-1177

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Transaction Description:

Transaction Effective Date: 03/05/2026

Bond/Policy #: 67802014

Written By: Western Surety Company

Description: Name Schedule (1)

Obligee:

Effective Date: 03/05/2026
Expiration Date: 03/05/2029
Current Penalty: $8,500.00
Renewal Method:

Gross Premium Charge:	$250.00
Commission Amount:	$50.00
Net Amount Due:	$200.00

Change Detail:

Agent: You may remove stub below to use as a billing/credit invoice

CNA Surety

INVOICE

CO. #	BOND/POLICY #	EFFECTIVE DATE	ANNIVERSARY DATE	PROCESS DATE	PENALTY
0601	67802014	03/05/2026	03/05/2029	03/11/2026	$8,500.00

PRINCIPAL Cannon Valley Garage Door, LLC
35780 90th Avenue, CANNON FALLS, MN 55009

RISK STATE MN WRITTEN BY Western Surety Company
DESCRIPTION Name Schedule (1)

OBLIGEE

AGENCY CODE 22-00924

$250.00

Your agent is: Miller-Hartwig Insurance
P. O. Box 1177
Lakeville, MN 55044-1177

Western Surety Company

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