Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TWM / TAC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1985

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)
THOUVENOT, WADE & MOERCHEN, INC.

4940 OLD COLLINSVILLE ROAD
SWANSEA, IL 62226-2001

2b Employer Identification Number (EIN)
37-1042595

2c Plan Sponsor's telephone number
618-624-4488

2d Business code (see instructions)
541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/25/2026	THOMAS KLOSTERMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	189
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	161
a(2) Total number of active participants at the end of the plan year	**6a(2)**	168
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	30
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	198
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	149
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	159
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
TWM / TAC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THOUVENOT, WADE & MOERCHEN, INC.

D Employer Identification Number (EIN)
37-1042595

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

STRATEGIC ADVISERS LLC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	15960	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	-33993	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT GOVT BD INV - AMERICAN CEN 44-0619208	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT OC AGGR INV - AMERICAN CEN 44-0619208	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT OC CONSV INV - AMERICAN CE 44-0619208	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT OC MOD INV - AMERICAN CENT 44-0619208	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AS EMRG MKTS EQ IS - ALLSPRING FUN 525 MARKET ST SAN FRANCISCO, CA 94105	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE&COX INTL STK I - SS&C GIDS, 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DIVRS DIVD R5 - INVESCO INVES	11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS EQV INTL EQ R5 - INVESCO INVE	11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H ENTERPRISE T - JANUS HENDERSON	151 DETROIT STREET DENVER, CO 80206	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H TRITON T - JANUS HENDERSON SER 151 DETROIT STREET DENVER, CO 80206	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JHANCOCK BOND R2 - JOHN HANCOCK SI 01-0233346	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS VALUE R4 - MFS SERVICE CENTER 04-2865649	0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP INTL VAL EQ ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY S SM CO OP I - FIS INVESTO 14785 PRESTON ROAD SUITE 1000 DALLAS, TX 75254	0.10%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
TWM / TAC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THOUVENOT, WADE & MOERCHEN, INC.

D Employer Identification Number (EIN)
37-1042595

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1085	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1612492	601701
(2) U.S. Government securities	1c(2)	12804	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	9979	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	220407	329768
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	65578	71073
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	23510663	28933766
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	25433008	29936308
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	25433008	29936308

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	325463	
(B) Participants	2a(1)(B)	1272911	
(C) Others (including rollovers)	2a(1)(C)	154972	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1753346
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	41592	
(B) U.S. Government securities	2b(1)(B)	21	
(C) Corporate debt instruments	2b(1)(C)	130	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5956	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		47699
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	2629	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2917393	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2920022
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	103589	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	102737	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		852
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	43935	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		43935

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1273204
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		6039058
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1553791	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1553791
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	-33993	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	15960	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		-18033
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1535758
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4503300
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: KERBER, ECK & BRAECKEL, LLP **(2)** EIN: 43-0352985

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
TWM / TAC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THOUVENOT, WADE & MOERCHEN, INC.

D Employer Identification Number (EIN)
37-1042595

Part I Distributions

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

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

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

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

SCHEDULE MEP (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan TWM / TAC 401(K) PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF THOUVENOT, WADE & MOERCHEN, INC.	**D** Administrator's EIN 37-1042595

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** [X] association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** [ ] professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** [ ] pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** [ ] other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
THOUVENOT, WADE & MOERCHEN, INC.	37-1042595	99.77	29857185
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
TESTING, ANALYSIS & CONTROL, INC.	37-0897273	0.23	8051

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	[ ] Yes [X] No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Financial Statements
and
Independent Auditors' Report



TWM / TAC 401(k) Plan

December 31, 2025 and 2024

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Kerber, Eck & Braeckel LLP
3200 Robbins Road
Suite 200A
Springfield, IL 62704

P 217.789.0960
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Independent Auditors' Report

Board of Directors
TWM / TAC 401(k) Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note B1.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

Emphasis of Matter - Basis of Accounting
We draw attention to Note B1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note B1, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about TWM / TAC 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the TWM / TAC 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about TWM / TAC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Springfield, Illinois
August 21, 2026

TWM / TAC 401(k) Plan
STATEMENTS OF NET ASSETS AVAILABLE
FOR BENEFITS - MODIFIED CASH BASIS
December 31

	2025	2024
Investments, at fair value	$ 29,865,235	$ 25,366,345
Non-interest bearing cash	-	1,085
Notes receivable from participants	71,073	65,578
NET ASSETS AVAILABLE FOR BENEFITS	$ 29,936,308	$ 25,433,008

The accompanying notes are an integral part of these statements.

TWM / TAC 401(k) Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
Years ended December 31

	2025	2024
ADDITIONS		
Investment income		
Interest and dividends	$ 2,961,765	$ 1,453,682
Net appreciation in fair value of investments	1,317,991	2,454,040
	4,279,756	3,907,722
Interest income on notes receivable from participants	5,956	5,323
Contributions		
Participants	1,272,911	1,286,661
Employer	325,463	300,721
Other	154,972	273,880
	1,753,346	1,861,262
Total additions	6,039,058	5,774,307
DEDUCTIONS		
Benefits paid to participants	1,553,791	2,319,215
Administrative fees	(18,033)	(15,238)
Total deductions	1,535,758	2,303,977
Increase in net assets available for benefits	4,503,300	3,470,330
Net assets available for benefits at beginning of year	25,433,008	21,962,678
Net assets available for benefits at end of year	$ 29,936,308	$ 25,433,008

The accompanying notes are an integral part of these statements.

NOTE A | DESCRIPTION OF PLAN

The following description of TWM / TAC 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General

The Plan is a multiple employer 401(k) plan covering employees of Thouvenot, Wade & Moerchen, Inc. (TWM) and Testing, Analysis & Control, Inc. (TAC) (collectively, the Companies). Employees are eligible to participate in the plan upon employment and can enter the plan at the beginning of each quarter. Employees must be age 18 or older to make elective deferrals to the Plan. To be eligible for employer matching or non-elective contributions, employees must be age 18 or older, have completed one year of service, and be employed on the last working day of the Plan year. A year of service is defined as a consecutive 12-month period of employment during which the employee is credited with at least 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Contributions

The Plan includes a 401(k) provision, which allows participants to contribute up to the maximum dollar amount as determined by the Federal government of pretax annual compensation, as defined in the Plan. Roth contributions are also permitted under the 401(k) provision. The Plan also includes a rollover provision, which allows a participant to roll over part or all of an eligible distribution received from an eligible retirement plan into this Plan even if they have not yet satisfied the age and service eligibility requirements. The maximum deferral in 2025 and 2024, was $ 23,500 and $ 23,000, respectively, with the option of an additional catch-up deferral for those 50 years of age or over of $ 7,500 in 2025 and 2024. Additionally, in 2025, participants who will be at least 60 years old but not greater than 63 years old by the end of the year may make an additional "super catch-up" contribution of up to $ 3,750. The Plan also allows post-tax contributions and rollovers from other qualified plans.

The Companies may make matching contributions equal to a discretionary percentage, to be determined by the Companies, of the participant's elective deferrals. For the years ended December 31, 2025 and 2024, the Companies' matching contributions were made in the following plan year and was 50% of the participant's elective deferrals up to 3%. Additionally, the employees of TAC received an additional 1% profit-sharing contribution for the years ended December 31, 2025 and 2024. There were no profit-sharing contributions made to TWM employees. The total matching and profit-sharing contributions on employee elective deferrals paid during the plan years ending December 31, 2025 and 2024, were $ 325,463 and $ 300,721, respectively.

NOTE A | DESCRIPTION OF PLAN

3. Participant Accounts

Each participant's fund balance is held in a separate account. Each participant's account is credited with the participant's voluntary contributions and an allocation of the Companies' contributions (if made), Plan expenses and Plan earnings. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

4. Notes Receivable from Participants

Participants may borrow from their participant account a maximum amount equal to the lesser of 50% of the participants' vested account balances or $ 50,000. Participant loans made from the Plan generally have a term no longer than five years from the date of the loan. Loans may be repaid over more than five years only if funds were used in purchasing a principal residence. Participant loans are secured by the balance in the participants' accounts and bear interest at a rate that is comparable with the interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances as of the date the loan is made.

5. Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Companies' discretionary contributions, if any, plus or minus any actual earnings or losses thereon, is based on years of continuous service as follows:

Years of Credited Service	Percent Vested
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

NOTE A | DESCRIPTION OF PLAN

6. Investments

Upon enrollment in the Plan, a participant may direct contributions to selected investments as made available and determined by the Plan trustee. Participants may change their investment options at any time pursuant to procedures established in the Plan document.

7. Payment of Benefits

Retiring participants, participants that have reached age 59.5 and are still employed by their Employer, participants leaving the employment of the Companies due to disabling illness or injury and participants whose employment is terminated prior to retirement, or death will receive the vested balance in their individual account in a lump-sum payout, IRA rollover, or conversion to another qualified plan. Upon death, a participant's account is paid in a lump sum to the designated beneficiary. Under certain circumstances, participants may receive a hardship distribution.

8. Forfeitures

Forfeited accounts are to be applied to pay Plan expenses or reduce future employer contributions. In 2025 and 2024, forfeitures from the Plan totaled $ 14,847 and $ 5,627, respectively. There was $ 18,185 and $ 2,892 in the forfeiture account as of December 31, 2025 and 2024, respectively.

NOTE B | SUMMARY OF ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

1. Basis of Accounting

The accounts of the Plan are maintained, and the accompanying financial statements have been prepared, on the modified cash basis of accounting; contributions are recognized when deposited into Plan assets, investment income is recognized when received and disbursements are recognized when made. Additionally, securities are reflected at fair value. Accordingly, the financial statements are not intended to present the net assets available for benefits and change in net assets available for benefits of the Plan in conformity with accounting principles generally accepted in the United States of America.

NOTE B | SUMMARY OF ACCOUNTING POLICIES

2. Use of Estimates

The preparation of financial statements in conformity with the modified cash basis method of accounting that requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

3. Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and trustee. See Note C for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the cash basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

4. Payment of Benefits

Benefit payments are recorded when paid.

5. Expenses

Salaries and related costs of personnel administering the Plan, and certain legal and other professional fees with parties-in-interest are paid by the Companies and are not included in the accompanying financial statements. Other administrative costs of the Plan are paid by the Plan participants, as provided in the Plan document. Investment related fees are dependent on the funds at which participants wish to invest in. Pursuant to a revenue credit agreement in place with the Plan custodian, any excess investment related fees withheld are then credited back to the participant accounts which at times may result in a net credit of administrative fees.

NOTE B | SUMMARY OF ACCOUNTING POLICIES

6. Subsequent Events

Management has evaluated subsequent events for recognition and disclosure in the financial statements through August 21, 2026, which is the date the financial statements were available to be issued. Through August 21, 2026, no subsequent events required recognition or disclosure in the financial statements.

NOTE C | FAIR VALUE MEASUREMENTS

The Plan follows the fair value measurement guidance for financial assets and financial liabilities. The guidance defines fair value, establishes a framework for measuring fair value and expands disclosure about fair value measurements. In addition, the guidance permits an entity to measure eligible financial instruments and other items at fair value. The Plan has not made any fair value elections.

Fair value is defined to be the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A three-level hierarchy has been established for fair value measurements based upon the inputs to the valuation of an asset or liability as follows:

Level 1 - Valuation is based on quoted prices for identical assets and liabilities in active markets.

Level 2 - Valuation is derived from inputs, other than quoted prices included in Level 1, which are observable for the asset or liability either directly or indirectly. Investments classified as Level 2 are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. The significant inputs used in this approach include interest rates, prepayment timing, yield spreads, maturities, credit losses and credit ratings of the securities.

Level 3 - Valuation is derived from unobservable inputs that are not corroborated by market data.

Investments in mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. The funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE C | FAIR VALUE MEASUREMENTS

Securities within the self-directed accounts are valued based on quoted market prices in active markets or on quoted market prices of similar assets in active markets.

The following table presents the Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31:

2025	Level 1	Level 2	Level 3	Total
Investments				
Mutual funds	$ 29,406,440	$ -	$ -	$ 29,406,440
Self-directed accounts	458,795	-	-	458,795
Investments at fair value	$ 29,865,235	$ -	$ -	$ 29,865,235

2024	Level 1	Level 2	Level 3	Total
Investments				
Mutual funds	$ 25,002,264	$ -	$ -	$ 25,002,264
Self-directed accounts	341,298	22,783	-	364,081
Investments at fair value	$ 25,343,562	$ 22,783	$ -	$ 25,366,345

NOTE D | INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of and for the years ended December 31, 2025 and 2024, included in the Plan's financial statements, Note C and supplementary schedule of assets that was prepared by or derived from information prepared by the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from Fidelity Management Trust Company that such information is complete and accurate.

	2025	2024
Investments, at fair value	$ 29,865,235	$ 25,366,345
Non-interest bearing cash	-	1,085
Notes receivable from participants	71,073	65,578
Interest and dividends	2,961,765	1,453,682
Net appreciation in fair value of investments	1,317,991	2,454,040
Interest on notes receivable	5,956	5,323

NOTE E | PLAN TERMINATION

Although the Companies have not expressed any intent to do so, the Companies have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of partial or total Plan termination, participants will be entitled to the full amount in their accounts as of the date of termination.

NOTE F | TAX STATUS

The Plan is intended to be qualified under Section 401(a) and tax exempt under Section 501(a) of the Internal Revenue Code (IRC). The Plan is a non-standardized pre-approved profit sharing plan with CODA and obtained its last approval letter, dated June 30, 2020, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the letter. However, the administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE F | TAX STATUS

The modified cash basis of accounting requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G | RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee and recordkeeper for the Plan, and, therefore, these transactions qualify as party-in-interest transactions.

Fidelity Management Trust Company receives revenue from mutual fund service providers. This revenue is deposited into a Plan credit account and is used to offset certain amounts owed for administrative services provided to the Plan. During 2025 and 2024, the revenues from service providers exceeded expenses paid from the account, resulting in credits to participant accounts of $ 33,993 and $ 27,088, respectively.

NOTE H | RISKS AND UNCERTAINTIES

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

Supplemental Schedule

TWM / TAC 401(k) Plan
EIN 37-1042595 Plan #001
SCHEDULE H, LINE 4i | SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

	(a)	(b)	(c)	(d)	(e)
		Identity of issue, borrower, lessor, or similar party	**Description of investments including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current Value**
	MUTUAL FUNDS				
		Spyglass	Growth Fund Institutional Shares	**	$ 2,518,456
		Allspring Global Investments	Emerging Markets Equity Fund - Class Inst	**	415,875
		Janus Henderson	Enterprise Fund Class T	**	358,149
		Vanguard	Selected Value Fund Investor Shares	**	1,332,657
		John Hancock	Bond Fund Class R2	**	210,248
		Invesco	Diversified Dividend Fund R5 Class	**	2,872,062
		MFS Investment Management	Value Fund Class R4	**	459,835
		Invesco	EQV International Equity Fund R5 Class	**	499,173
		American Century	Government Bond Fund Investor Class	**	249,525
		American Century	One Choice Aggressive Investor	**	589,003
		American Century	One Choice Conservative Investor	**	29,138
		American Century	One Choice Moderate Investor	**	303,574
		Janus Henderson	Triton Fund Class T	**	1,527,659
		T. Rowe Price	International Value Equity Fund Adv Class	**	541,920
		Vanguard	500 Index Fund Admiral Shares	**	3,625,194
		Dodge & Cox	International Stock Fund Class I	**	864,966
		Victory Sycamore	Small Company Opportunity Fund Class I	**	274,369
*		Fidelity	Puritan Fund	**	2,459,966
*		Fidelity	Blue Chip Growth Fund	**	6,305,692
*		Fidelity	Large Cap Stock Fund	**	1,575,629
*		Fidelity	Government Money Market Fund	**	590,524
*		Fidelity	US Bond Index Fund	**	680,641
*		Fidelity	Global ex US Index Fund	**	774,318
*		Fidelity	Extended Market Index Fund	**	347,867
		Total Mutual Funds			29,406,440
*	FIDELITY BROKERAGELINK		Self-Directed Investment Accounts	**	458,795
*	PARTICIPANT LOANS		Interest rates of 7.25% to 9.50% Maturity range of 5 to 50 months		71,073
					$ 29,936,308

* Party-in-interest
** Participant-directed investments, therefore cost information omitted.

SUMMARY OF PLAN OPERATIONS (TOTALS)

	TOTAL FUND ACTIVITY	TOTAL LOAN ACTIVITY	TOTAL PLAN ACTIVITY
Market Value as of 12/31/2024	$25,367,429.19	$65,578.37	$25,433,007.56
Adjustment to Prior Year	$0.00	$0.00	$0.00
A. TOTAL RECEIPTS			
Contributions/Employer			
EMPLOYER MATCH	$322,165.04	$0.00	$322,165.04
PROFIT SHARING	$3,297.56	$0.00	$3,297.56
Contributions/Employee			
ROTH DEFERRAL	$611,614.46	$0.00	$611,614.46
EMPLOYEE DEFERRAL	$661,296.77	$0.00	$661,296.77
ROLLOVER	$84,983.94	$0.00	$84,983.94
ROTH ROLLOVER	$69,988.30	$0.00	$69,988.30
Interest and Dividends	$2,955,655.74	$0.00	$2,955,655.74
Realized Gain/(Loss)	($768,849.93)	$0.00	($768,849.93)
Unrealized Gain/(Loss)	$2,036,648.02	$0.00	$2,036,648.02
Loan Repayment (Principal)	$16,450.50	($16,450.50)	$0.00
Loan Repayment (Interest)	$5,928.36	$27.72	$5,956.08
Exchange In	$8,702,414.94	$0.00	$8,702,414.94
Forfeiture Credit	$14,847.08	$0.00	$14,847.08
Balance Forward	$0.00	$0.00	$0.00
Transfer In	$0.00	$0.00	$0.00
Adjustment (+)	$56,302.90	$0.00	$56,302.90
TOTAL RECEIPTS	$14,772,743.68	($16,422.78)	$14,756,320.90
B. TOTAL DISBURSEMENTS			
Benefit Payments	($1,526,698.46)	($27,092.92)	($1,553,791.38)
Forfeiture Debit	($14,847.08)	$0.00	($14,847.08)
Administrative Fee	$18,032.80	$0.00	$18,032.80
Exchange Out	($8,702,414.94)	$0.00	($8,702,414.94)
Loan Withdrawal	($49,010.00)	$49,010.00	$0.00
Transfer Out	$0.00	$0.00	$0.00
Adjustment (-)	$0.00	$0.00	$0.00
Offset/Previously Defaulted Loans	$0.00	$0.00	$0.00
TOTAL DISBURSEMENTS	($10,274,937.68)	$21,917.08	($10,253,020.60)
Market Value as of 12/31/2025	$29,865,235.19	$71,072.67	$29,936,307.86

SUMMARY OF TOTAL LOAN ACTIVITY

	ACTIVE LOANS	DEEMED W/POST DEFAULT PMTS	DEEMED NO POST DEFAULT PMTS
Market Value as of 12/31/2024	$65,578.37	$0.00	$0.00
Adjustment to Prior Year	$0.00	$0.00	$0.00
A. TOTAL RECEIPTS			
Loan Repayment (Principal)	($16,450.50)	$0.00	$0.00
Loan Repayment (Interest)	$27.72	$0.00	$0.00
Balance Forward	$0.00	$0.00	$0.00
Transfer In	$0.00	$0.00	$0.00
Adjustment (+)	$0.00	$0.00	$0.00
TOTAL RECEIPTS	($16,422.78)	$0.00	$0.00
B. TOTAL DISBURSEMENTS			
Benefit Payments	($27,092.92)	$0.00	$0.00
Loan Withdrawal	$49,010.00	$0.00	$0.00
Transfer Out	$0.00	$0.00	$0.00
Adjustment (-)	$0.00	$0.00	$0.00
Deemed Distributions	$0.00	$0.00	$0.00
Deemed/Post-Default Payment Received	$0.00	$0.00	$0.00
Offset/Previously Defaulted Loans	$0.00	$0.00	$0.00
TOTAL DISBURSEMENTS	$21,917.08	$0.00	$0.00
Market Value as of 12/31/2025	$71,072.67	$0.00	$0.00

Please Note: The loan information that is required to be reported on the Schedule H (Form 5500) and Schedule I (Form 5500) is the sum of the values reported under "Active Loans" and "Deemed w/Post-Default Pmts". Loans that have been deemed distributed and have had no post-default payment activity are disregarded for purposes of Schedules H and I. The total of the values reported in the three columns on this page reflect the total loan balances and activity on the Fidelity Participant Recordkeeping System for the reporting year. The sum of these columns is reported under the Total Loan Activity column on the prior page and reconciles to the loan information reported on the Trial Balance.

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID PURITAN

	CASH	SHARES
Market Value as of 12/31/2024	$2,300,982.79	92,594.881
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$20,110.62	785.879
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$18,432.84	725.588
EMPLOYEE DEFERRAL	$63,334.49	2,497.413
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$172,519.46	6,775.345
Realized Gain/(Loss)	$10,014.30	0.000
Unrealized Gain/(Loss)	$106,739.29	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$391,151.00	10,784.225
B. TOTAL DISBURSEMENTS		
Benefit Payments	($27,252.14)	(1,112.618)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$6,011.13	235.045
Exchange Out	($210,926.65)	(8,069.052)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($232,167.66)	(8,946.625)
Market Value as of 12/31/2025	$2,459,966.13	94,432.481

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID BLUE CHIP GR

	CASH	SHARES
Market Value as of 12/31/2024	$4,652,508.16	20,480.293
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$35,557.03	153.085
PROFIT SHARING	$532.28	2.292
Contributions/Employee		
ROTH DEFERRAL	$94,627.22	398.581
EMPLOYEE DEFERRAL	$54,377.63	233.639
ROLLOVER	$3,745.60	17.018
ROTH ROLLOVER	$1,858.71	8.532
Interest and Dividends	$99,790.56	394.071
Realized Gain/(Loss)	$57,066.81	0.000
Unrealized Gain/(Loss)	$796,683.50	0.000
Loan Repayment (Principal)	$1,815.09	7.844
Loan Repayment (Interest)	$746.15	3.232
Exchange In	$1,993,331.63	8,210.514
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$3,140,132.21	9,428.808
B. TOTAL DISBURSEMENTS		
Benefit Payments	($197,406.94)	(953.150)
Forfeiture Debit	($1,196.69)	(5.041)
Administrative Fee	$11,753.09	50.246
Exchange Out	($1,295,559.43)	(5,368.246)
Loan Withdrawal	($4,537.97)	(19.622)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($1,486,947.94)	(6,295.813)
Market Value as of 12/31/2025	$6,305,692.43	23,613.288

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID LARGE CAP STOCK

	CASH	SHARES
Market Value as of 12/31/2024	$1,313,587.99	24,102.532
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$26,320.52	463.063
PROFIT SHARING	$116.33	2.047
Contributions/Employee		
ROTH DEFERRAL	$31,513.22	524.992
EMPLOYEE DEFERRAL	$39,419.99	665.661
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$79,885.12	1,327.102
Realized Gain/(Loss)	($2,175.89)	0.000
Unrealized Gain/(Loss)	$175,640.54	0.000
Loan Repayment (Principal)	$632.74	10.537
Loan Repayment (Interest)	$157.13	2.599
Exchange In	$457,584.96	7,264.100
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$809,094.66	10,260.101
B. TOTAL DISBURSEMENTS		
Benefit Payments	($101,769.46)	(1,800.757)
Forfeiture Debit	($1,544.04)	(26.240)
Administrative Fee	$1,913.67	31.625
Exchange Out	($438,565.52)	(8,161.351)
Loan Withdrawal	($7,088.49)	(124.375)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($547,053.84)	(10,081.098)
Market Value as of 12/31/2025	$1,575,628.81	24,281.535

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID GOVT MMKT

	CASH	SHARES
Market Value as of 12/31/2024	$1,556,617.92	1,556,617.920
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$5,993.02	5,993.020
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$12,047.35	12,047.350
EMPLOYEE DEFERRAL	$21,914.00	21,914.000
ROLLOVER	$541.18	541.180
ROTH ROLLOVER	$303.51	303.510
Interest and Dividends	$39,846.36	39,846.360
Realized Gain/(Loss)	$0.00	0.000
Unrealized Gain/(Loss)	$0.00	0.000
Loan Repayment (Principal)	$97.92	97.920
Loan Repayment (Interest)	$33.53	33.530
Exchange In	$1,127,385.88	1,127,385.880
Forfeiture Credit	$14,847.08	14,847.080
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$116.61	116.610
TOTAL RECEIPTS	$1,223,126.44	1,223,126.440
B. TOTAL DISBURSEMENTS		
Benefit Payments	($219,914.97)	(219,914.970)
Forfeiture Debit	($150.82)	(150.820)
Administrative Fee	$792.64	792.640
Exchange Out	($1,969,328.20)	(1,969,328.200)
Loan Withdrawal	($619.44)	(619.440)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($2,189,220.79)	(2,189,220.790)
Market Value as of 12/31/2025	$590,523.57	590,523.570

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID US BOND IDX

	CASH	SHARES
Market Value as of 12/31/2024	$440,335.00	43,085.616
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$13,803.90	1,348.038
PROFIT SHARING	$40.52	3.957
Contributions/Employee		
ROTH DEFERRAL	$25,467.42	2,438.054
EMPLOYEE DEFERRAL	$47,996.88	4,607.246
ROLLOVER	$5,631.05	547.666
ROTH ROLLOVER	$2,849.25	277.705
Interest and Dividends	$19,505.91	1,863.082
Realized Gain/(Loss)	$1,825.64	0.000
Unrealized Gain/(Loss)	$16,726.00	0.000
Loan Repayment (Principal)	$1,602.47	153.102
Loan Repayment (Interest)	$477.40	45.674
Exchange In	$210,424.67	20,282.101
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$346,351.11	31,566.625
B. TOTAL DISBURSEMENTS		
Benefit Payments	($41,184.76)	(3,918.031)
Forfeiture Debit	($1,600.46)	(153.409)
Administrative Fee	($2,732.15)	(260.685)
Exchange Out	($54,207.67)	(5,255.932)
Loan Withdrawal	($6,320.20)	(609.556)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($106,045.24)	(10,197.613)
Market Value as of 12/31/2025	$680,640.87	64,454.628

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID GLB EX US IDX

	CASH	SHARES
Market Value as of 12/31/2024	$391,375.76	27,141.176
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$10,042.56	670.845
PROFIT SHARING	$116.33	7.771
Contributions/Employee		
ROTH DEFERRAL	$21,121.18	1,254.084
EMPLOYEE DEFERRAL	$23,314.33	1,396.130
ROLLOVER	$2,452.13	149.769
ROTH ROLLOVER	$1,232.87	75.822
Interest and Dividends	$16,166.10	880.981
Realized Gain/(Loss)	$7,582.01	0.000
Unrealized Gain/(Loss)	$127,779.25	0.000
Loan Repayment (Principal)	$561.96	33.084
Loan Repayment (Interest)	$165.37	9.729
Exchange In	$254,673.32	15,055.883
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$465,207.41	19,534.098
B. TOTAL DISBURSEMENTS		
Benefit Payments	($65,515.08)	(4,127.537)
Forfeiture Debit	($820.56)	(49.414)
Administrative Fee	($1,391.55)	(81.163)
Exchange Out	($11,927.53)	(755.567)
Loan Withdrawal	($2,610.14)	(165.435)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($82,264.86)	(5,179.116)
Market Value as of 12/31/2025	$774,318.31	41,496.158

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID EXTD MKT IDX

	CASH	SHARES
Market Value as of 12/31/2024	$339,926.19	3,740.385
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$8,164.98	85.577
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$15,574.34	167.877
EMPLOYEE DEFERRAL	$23,045.30	251.791
ROLLOVER	$3,023.08	33.857
ROTH ROLLOVER	$1,522.26	17.089
Interest and Dividends	$1,969.23	19.274
Realized Gain/(Loss)	$19,863.83	0.000
Unrealized Gain/(Loss)	$40,104.49	0.000
Loan Repayment (Principal)	$439.32	4.793
Loan Repayment (Interest)	$137.97	1.512
Exchange In	$151,048.04	1,742.168
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$264,892.84	2,323.938
B. TOTAL DISBURSEMENTS		
Benefit Payments	($46,311.56)	(535.115)
Forfeiture Debit	($535.37)	(5.603)
Administrative Fee	($1,171.59)	(12.418)
Exchange Out	($207,541.15)	(2,040.790)
Loan Withdrawal	($1,392.26)	(14.878)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($256,951.93)	(2,608.804)
Market Value as of 12/31/2025	$347,867.10	3,455.519

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: BROKERAGELINK**

	CASH	SHARES
Market Value as of 12/31/2024	$365,168.09	365,168.090
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$7,973.01	7,973.010
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$29,467.61	29,467.610
EMPLOYEE DEFERRAL	$0.00	0.000
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$0.00	0.000
Realized Gain/(Loss)	$0.00	0.000
Unrealized Gain/(Loss)	$0.00	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$56,186.29	56,186.290
TOTAL RECEIPTS	$93,626.91	93,626.910
B. TOTAL DISBURSEMENTS		
Benefit Payments	$0.00	0.000
Forfeiture Debit	$0.00	0.000
Administrative Fee	$0.00	0.000
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	$0.00	0.000
Market Value as of 12/31/2025	$458,795.00	458,795.000

** Please Note: The financial information included in the market value for certain line items in the Summary of Plan Operations may differ slightly from value of the net assets reported in the Summary of Net Trust Assets and 5500 Worksheet. This difference may be due to rounding and/or the timing of the posting of certain transactions, trade versus settlement date. Please use the financial information reported in the Summary of Net Trust Assets and the 5500 Worksheet to prepare the audit and Form 5500. Please refer to the year-end reconciliation, which is available upon request, and Chapter 7 of the Auditor's Guide for details.

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: SPYGLASS GROWTH INST

	CASH	SHARES
Market Value as of 12/31/2024	$0.00	0.000
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$0.00	0.000
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$6,072.04	257.001
EMPLOYEE DEFERRAL	$3,639.63	154.038
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$0.00	0.000
Realized Gain/(Loss)	($10.29)	0.000
Unrealized Gain/(Loss)	($69,378.37)	0.000
Loan Repayment (Principal)	$170.76	7.223
Loan Repayment (Interest)	$58.97	2.494
Exchange In	$2,578,699.62	107,980.321
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$2,519,252.36	108,401.077
B. TOTAL DISBURSEMENTS		
Benefit Payments	($322.68)	(13.873)
Forfeiture Debit	($30.76)	(1.322)
Administrative Fee	($425.72)	(17.860)
Exchange Out	($17.59)	(0.741)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($796.75)	(33.796)
Market Value as of 12/31/2025	$2,518,455.61	108,367.281

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: AS EMRG MKTS EQ IS

	CASH	SHARES
Market Value as of 12/31/2024	$0.00	0.000
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$0.00	0.000
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$6,120.05	177.811
EMPLOYEE DEFERRAL	$7,071.41	205.432
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$7,230.48	212.599
Realized Gain/(Loss)	$669.61	0.000
Unrealized Gain/(Loss)	$16,463.98	0.000
Loan Repayment (Principal)	$329.38	9.557
Loan Repayment (Interest)	$90.79	2.636
Exchange In	$394,644.98	11,873.576
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$432,620.68	12,481.611
B. TOTAL DISBURSEMENTS		
Benefit Payments	($12,709.74)	(366.465)
Forfeiture Debit	($423.17)	(11.987)
Administrative Fee	($311.61)	(8.928)
Exchange Out	($2,698.48)	(77.746)
Loan Withdrawal	($602.15)	(17.768)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($16,745.15)	(482.894)
Market Value as of 12/31/2025	$415,875.53	11,998.717

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: J H ENTERPRISE T

	CASH	SHARES
Market Value as of 12/31/2024	$398,810.32	2,861.522
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$6,832.11	46.838
PROFIT SHARING	$391.65	2.684
Contributions/Employee		
ROTH DEFERRAL	$8,826.99	62.350
EMPLOYEE DEFERRAL	$8,765.39	61.791
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$24,840.18	177.343
Realized Gain/(Loss)	($3,194.43)	0.000
Unrealized Gain/(Loss)	($718.46)	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$45,743.43	351.006
B. TOTAL DISBURSEMENTS		
Benefit Payments	($73,022.37)	(550.911)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$891.15	6.340
Exchange Out	($14,273.77)	(98.372)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($86,404.99)	(642.943)
Market Value as of 12/31/2025	$358,148.76	2,569.585

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: VANG SELECTED VALUE

	CASH	SHARES
Market Value as of 12/31/2024	$1,231,380.24	45,505.552
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$19,937.01	712.801
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$29,000.72	1,054.349
EMPLOYEE DEFERRAL	$31,312.89	1,126.120
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$156,143.36	5,852.444
Realized Gain/(Loss)	$10,848.07	0.000
Unrealized Gain/(Loss)	($37,170.87)	0.000
Loan Repayment (Principal)	$675.90	24.161
Loan Repayment (Interest)	$304.94	10.949
Exchange In	$101,018.28	3,353.610
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$312,070.30	12,134.434
B. TOTAL DISBURSEMENTS		
Benefit Payments	($45,213.51)	(1,707.880)
Forfeiture Debit	($148.76)	(5.100)
Administrative Fee	($1,395.06)	(49.586)
Exchange Out	($163,799.77)	(5,618.383)
Loan Withdrawal	($236.79)	(8.032)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($210,793.89)	(7,388.981)
Market Value as of 12/31/2025	$1,332,656.65	50,251.005

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: JHANCOCK BOND R2

	CASH	SHARES
Market Value as of 12/31/2024	$351,816.28	26,392.819
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$9,757.62	729.815
PROFIT SHARING	$202.32	15.132
Contributions/Employee		
ROTH DEFERRAL	$9,854.57	729.171
EMPLOYEE DEFERRAL	$20,700.95	1,535.725
ROLLOVER	$1,876.40	140.560
ROTH ROLLOVER	$957.59	71.891
Interest and Dividends	$11,569.52	852.656
Realized Gain/(Loss)	$1,815.41	0.000
Unrealized Gain/(Loss)	$5,165.10	0.000
Loan Repayment (Principal)	$410.45	30.440
Loan Repayment (Interest)	$171.09	12.692
Exchange In	$31,922.25	2,391.841
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$94,403.27	6,509.923
B. TOTAL DISBURSEMENTS		
Benefit Payments	($11,065.06)	(810.577)
Forfeiture Debit	($344.13)	(25.616)
Administrative Fee	$716.51	52.487
Exchange Out	($223,714.45)	(16,667.257)
Loan Withdrawal	($1,564.11)	(116.381)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($235,971.24)	(17,567.344)
Market Value as of 12/31/2025	$210,248.31	15,335.398

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: INVS DIVRS DIVD R5

	CASH	SHARES
Market Value as of 12/31/2024	$2,395,070.93	134,328.151
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$20,631.94	1,102.135
PROFIT SHARING	$323.87	17.301
Contributions/Employee		
ROTH DEFERRAL	$40,096.57	2,136.040
EMPLOYEE DEFERRAL	$33,353.47	1,771.029
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$328,423.46	17,808.201
Realized Gain/(Loss)	$10,475.51	0.000
Unrealized Gain/(Loss)	$49,720.44	0.000
Loan Repayment (Principal)	$395.40	20.752
Loan Repayment (Interest)	$160.97	8.496
Exchange In	$123,153.03	6,536.771
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$606,734.66	29,400.725
B. TOTAL DISBURSEMENTS		
Benefit Payments	($27,440.01)	(1,500.591)
Forfeiture Debit	($131.44)	(6.668)
Administrative Fee	$6,129.30	333.155
Exchange Out	($108,117.86)	(5,516.358)
Loan Withdrawal	($183.80)	(9.339)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($129,743.81)	(6,699.801)
Market Value as of 12/31/2025	$2,872,061.78	157,029.075

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: MFS VALUE R4

	CASH	SHARES
Market Value as of 12/31/2024	$547,228.45	11,306.373
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$12,072.06	239.476
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$18,002.13	356.769
EMPLOYEE DEFERRAL	$16,213.38	321.113
ROLLOVER	$3,164.63	63.265
ROTH ROLLOVER	$1,545.79	30.910
Interest and Dividends	$42,011.30	836.415
Realized Gain/(Loss)	$11,055.96	0.000
Unrealized Gain/(Loss)	$10,350.69	0.000
Loan Repayment (Principal)	$569.22	11.253
Loan Repayment (Interest)	$164.60	3.260
Exchange In	$3,196.41	61.305
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$118,346.17	1,923.766
B. TOTAL DISBURSEMENTS		
Benefit Payments	($26,837.55)	(530.684)
Forfeiture Debit	($953.19)	(18.643)
Administrative Fee	($638.79)	(12.219)
Exchange Out	($173,873.93)	(3,393.143)
Loan Withdrawal	($3,436.27)	(67.703)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($205,739.73)	(4,022.392)
Market Value as of 12/31/2025	$459,834.89	9,207.747

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: INVS EQV INTL EQ R5

	CASH	SHARES
Market Value as of 12/31/2024	$435,810.87	19,773.633
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$5,567.20	242.685
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$14,216.72	606.332
EMPLOYEE DEFERRAL	$2,673.17	113.252
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$73,963.49	3,421.067
Realized Gain/(Loss)	$1,929.35	0.000
Unrealized Gain/(Loss)	($5,821.02)	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$92,528.91	4,383.336
B. TOTAL DISBURSEMENTS		
Benefit Payments	($12,699.63)	(513.976)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$1,163.81	50.524
Exchange Out	($17,630.88)	(774.643)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($29,166.70)	(1,238.095)
Market Value as of 12/31/2025	$499,173.08	22,918.874

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: AM CENT GOVT BD INV

	CASH	SHARES
Market Value as of 12/31/2024	$166,511.29	18,099.053
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$3,046.64	330.437
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$3,055.14	326.510
EMPLOYEE DEFERRAL	$8,124.98	869.247
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$9,653.48	1,028.238
Realized Gain/(Loss)	$133.47	0.000
Unrealized Gain/(Loss)	$6,524.08	0.000
Loan Repayment (Principal)	$234.45	25.058
Loan Repayment (Interest)	$111.78	11.956
Exchange In	$59,835.16	6,482.300
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$90,719.18	9,073.746
B. TOTAL DISBURSEMENTS		
Benefit Payments	($4,366.37)	(462.678)
Forfeiture Debit	($8.84)	(0.958)
Administrative Fee	$303.13	32.192
Exchange Out	($3,633.73)	(392.394)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($7,705.81)	(823.838)
Market Value as of 12/31/2025	$249,524.66	26,348.961

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: AM CENT OC AGGR INV

	CASH	SHARES
Market Value as of 12/31/2024	$485,993.11	30,073.831
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$7,652.90	459.911
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$19,658.78	1,136.028
EMPLOYEE DEFERRAL	$17,823.53	1,036.050
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$46,491.89	2,731.607
Realized Gain/(Loss)	$952.93	0.000
Unrealized Gain/(Loss)	$26,021.25	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$118,601.28	5,363.596
B. TOTAL DISBURSEMENTS		
Benefit Payments	($16,883.71)	(985.816)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$1,291.88	73.744
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($15,591.83)	(912.072)
Market Value as of 12/31/2025	$589,002.56	34,525.355

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: AM CENT OC CONSV INV

	CASH	SHARES
Market Value as of 12/31/2024	$91,097.55	6,959.324
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$477.58	35.774
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$76.03	5.525
EMPLOYEE DEFERRAL	$2,279.21	166.775
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$2,532.77	186.499
Realized Gain/(Loss)	$5,030.54	0.000
Unrealized Gain/(Loss)	$962.67	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$8,078.43	606.035
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$19,437.23	1,000.608
B. TOTAL DISBURSEMENTS		
Benefit Payments	($81,599.78)	(5,849.446)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$202.77	14.807
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($81,397.01)	(5,834.639)
Market Value as of 12/31/2025	$29,137.77	2,125.293

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: AM CENT OC MOD INV

	CASH	SHARES
Market Value as of 12/31/2024	$196,912.43	12,903.829
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$4,904.83	313.608
PROFIT SHARING	$514.90	32.922
Contributions/Employee		
ROTH DEFERRAL	$10,427.64	649.600
EMPLOYEE DEFERRAL	$9,578.85	591.849
ROLLOVER	$38,137.34	2,421.418
ROTH ROLLOVER	$46,460.27	2,949.858
Interest and Dividends	$18,963.50	1,180.134
Realized Gain/(Loss)	$794.90	0.000
Unrealized Gain/(Loss)	$11,728.55	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$141,510.78	8,139.389
B. TOTAL DISBURSEMENTS		
Benefit Payments	($35,452.63)	(2,271.149)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$603.73	36.748
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($34,848.90)	(2,234.401)
Market Value as of 12/31/2025	$303,574.31	18,808.817

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: JS LARGE-CAP GR INST

	CASH	SHARES
Market Value as of 12/31/2024	$1,946,998.45	80,123.393
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$12,121.14	484.072
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$24,504.61	902.303
EMPLOYEE DEFERRAL	$20,492.79	750.306
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$1,538,897.33	114,161.533
Realized Gain/(Loss)	($1,016,989.60)	0.000
Unrealized Gain/(Loss)	$429.65	0.000
Loan Repayment (Principal)	$1,511.34	55.340
Loan Repayment (Interest)	$647.77	24.039
Exchange In	$359,970.32	12,901.282
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$941,585.35	129,278.875
B. TOTAL DISBURSEMENTS		
Benefit Payments	($107,022.38)	(4,265.729)
Forfeiture Debit	($567.54)	(18.457)
Administrative Fee	($105.76)	(1.801)
Exchange Out	($2,780,028.69)	(205,086.440)
Loan Withdrawal	($859.43)	(29.841)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($2,888,583.80)	(209,402.268)
Market Value as of 12/31/2025	$0.00	0.000

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: J H TRITON T

	CASH	SHARES
Market Value as of 12/31/2024	$1,438,432.25	55,049.072
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$14,591.03	535.842
PROFIT SHARING	$213.50	7.840
Contributions/Employee		
ROTH DEFERRAL	$25,411.87	970.012
EMPLOYEE DEFERRAL	$15,970.95	608.731
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$157,232.37	6,063.718
Realized Gain/(Loss)	($4,147.10)	0.000
Unrealized Gain/(Loss)	($25,660.03)	0.000
Loan Repayment (Principal)	$1,518.99	57.879
Loan Repayment (Interest)	$725.05	27.690
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$185,856.63	8,271.712
B. TOTAL DISBURSEMENTS		
Benefit Payments	($61,699.47)	(2,572.158)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$3,557.78	137.250
Exchange Out	($38,487.77)	(1,420.737)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($96,629.46)	(3,855.645)
Market Value as of 12/31/2025	$1,527,659.42	59,465.139

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP INTL VAL EQ ADV

	CASH	SHARES
Market Value as of 12/31/2024	$381,077.32	22,104.253
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$11,096.58	614.428
PROFIT SHARING	$291.46	16.139
Contributions/Employee		
ROTH DEFERRAL	$22,462.08	1,059.507
EMPLOYEE DEFERRAL	$28,804.55	1,370.015
ROLLOVER	$5,058.29	244.945
ROTH ROLLOVER	$2,545.74	124.182
Interest and Dividends	$13,458.85	568.607
Realized Gain/(Loss)	$12,094.81	0.000
Unrealized Gain/(Loss)	$138,318.38	0.000
Loan Repayment (Principal)	$1,169.68	54.531
Loan Repayment (Interest)	$343.95	15.984
Exchange In	$5,467.12	249.474
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$241,111.49	4,317.812
B. TOTAL DISBURSEMENTS		
Benefit Payments	($21,255.29)	(1,018.797)
Forfeiture Debit	($1,674.86)	(81.963)
Administrative Fee	($446.55)	(21.868)
Exchange Out	($51,404.38)	(2,546.232)
Loan Withdrawal	($5,487.43)	(285.531)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($80,268.51)	(3,954.391)
Market Value as of 12/31/2025	$541,920.30	22,467.674

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: VANG 500 INDEX ADM

	CASH	SHARES
Market Value as of 12/31/2024	$2,867,679.52	5,283.513
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$40,861.65	73.249
PROFIT SHARING	$465.33	0.834
Contributions/Employee		
ROTH DEFERRAL	$90,232.55	157.448
EMPLOYEE DEFERRAL	$120,027.85	211.181
ROLLOVER	$17,019.03	31.145
ROTH ROLLOVER	$8,538.32	15.703
Interest and Dividends	$38,241.58	65.499
Realized Gain/(Loss)	$35,978.24	0.000
Unrealized Gain/(Loss)	$459,521.97	0.000
Loan Repayment (Principal)	$3,258.77	5.702
Loan Repayment (Interest)	$1,039.43	1.821
Exchange In	$793,591.05	1,393.530
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$1,608,775.77	1,956.112
B. TOTAL DISBURSEMENTS		
Benefit Payments	($262,033.92)	(499.642)
Forfeiture Debit	($3,684.55)	(6.344)
Administrative Fee	($7,777.33)	(13.382)
Exchange Out	($567,645.61)	(964.819)
Loan Withdrawal	($10,119.88)	(17.919)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($851,261.29)	(1,502.106)
Market Value as of 12/31/2025	$3,625,194.00	5,737.519

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: DODGE&COX INTL STK I

	CASH	SHARES
Market Value as of 12/31/2024	$551,988.16	11,061.887
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$9,397.38	179.823
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$16,610.03	484.136
EMPLOYEE DEFERRAL	$14,430.42	391.456
ROLLOVER	$637.70	10.919
ROTH ROLLOVER	$317.63	5.482
Interest and Dividends	$41,404.30	39,769.498
Realized Gain/(Loss)	($2,817.20)	0.000
Unrealized Gain/(Loss)	$196,360.59	0.000
Loan Repayment (Principal)	$557.79	14.246
Loan Repayment (Interest)	$238.66	5.866
Exchange In	$47,944.02	925.271
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$325,081.32	41,786.697
B. TOTAL DISBURSEMENTS		
Benefit Payments	($4,930.16)	(143.892)
Forfeiture Debit	($236.06)	(7.696)
Administrative Fee	($250.34)	(6.264)
Exchange Out	($5,984.22)	(128.498)
Loan Withdrawal	($702.76)	(12.663)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($12,103.54)	(299.013)
Market Value as of 12/31/2025	$864,965.94	52,549.571

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: VICTORY S SM CO OP I

	CASH	SHARES
Market Value as of 12/31/2024	$255,310.69	5,412.565
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$6,107.06	126.388
PROFIT SHARING	$89.07	1.843
Contributions/Employee		
ROTH DEFERRAL	$7,131.18	156.602
EMPLOYEE DEFERRAL	$11,149.86	244.743
ROLLOVER	$0.00	0.000
ROTH ROLLOVER	$0.00	0.000
Interest and Dividends	$14,915.14	318.390
Realized Gain/(Loss)	($971.09)	0.000
Unrealized Gain/(Loss)	($9,839.60)	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$28,581.62	847.966
B. TOTAL DISBURSEMENTS		
Benefit Payments	($9,514.69)	(222.315)
Forfeiture Debit	$0.00	0.000
Administrative Fee	($8.22)	(0.157)
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($9,522.91)	(222.472)
Market Value as of 12/31/2025	$274,369.40	6,038.059

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: AS EMRG MKTS EQ ADM

	CASH	SHARES
Market Value as of 12/31/2024	$264,809.43	10,038.265
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$9,144.67	339.193
PROFIT SHARING	$0.00	0.000
Contributions/Employee		
ROTH DEFERRAL	$11,603.58	398.821
EMPLOYEE DEFERRAL	$15,480.87	533.949
ROLLOVER	$3,697.51	124.353
ROTH ROLLOVER	$1,856.36	62.927
Interest and Dividends	$0.00	0.000
Realized Gain/(Loss)	$73,324.28	0.000
Unrealized Gain/(Loss)	($4.05)	0.000
Loan Repayment (Principal)	$498.87	17.113
Loan Repayment (Interest)	$152.81	5.206
Exchange In	$445.77	15.519
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$116,200.67	1,497.081
B. TOTAL DISBURSEMENTS		
Benefit Payments	($13,274.60)	(480.479)
Forfeiture Debit	($795.84)	(28.147)
Administrative Fee	($643.12)	(20.773)
Exchange Out	($363,047.66)	(10,890.204)
Loan Withdrawal	($3,248.88)	(115.743)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($381,010.10)	(11,535.346)
Market Value as of 12/31/2025	$0.00	0.000

Plan Name: TWM / TAC 401(k) Plan
Plan Number: 80429
Plan Sponsor Name: Thouvenot, Wade & Moerchen, Inc.
EIN: 37-1042595
Attachment to Form 5500
Multiple-Employer Plan Information
12/31/2025

Employer Name	EIN	Estimates of Contribution%
Thouvenot, Wade & Moerchen, Inc.	37-1042595	99%
Testing, Analysis & Control, Inc.	37-0897273	1%