Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HPM CONTRACTING, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2019

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)
HPM, INC.

9781 SOUTH MERIDIAN BLVD SUITE 120
ENGLEWOOD, CO 80112

2b Employer Identification Number (EIN) 35-2578435

2c Plan Sponsor's telephone number 720-575-9896

2d Business code (see instructions) 236200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	SPENCER HARDLE
	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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	177
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)**	105
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	93
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	60
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	154
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)**	146
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)**	134
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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:

3D 2E 2J 2K 2F 2G 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)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
HPM CONTRACTING, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HPM, INC.

D Employer Identification Number (EIN)
35-2578435

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	50822566	84	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

GENEOS WEALTH MANAGEMENT, INC
9055 E MINERAL CIR STE 200
CENTENNIAL, CO 80112

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	106458
5	Current value of plan's interest under this contract in separate accounts at year end	5	7587800

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	80238
c	Additions: (1) Contributions deposited during the year	7c(1)	22558		
	(2) Dividends and credits	7c(2)	2		
	(3) Interest credited during the year	7c(3)	1272		
	(4) Transferred from separate account	7c(4)	114620		
	(5) Other (specify below)	7c(5)	439		
	▶ TRANSFERS, LOAN PRINCIPAL & INTEREST PAYMENT				
	(6)Total additions			7c(6)	138891
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	219129
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4880		
	(2) Administration charge made by carrier	7e(2)	640		
	(3) Transferred to separate account	7e(3)	106691		
	(4) Other (specify below)	7e(4)	459		
	▶ FORFEITURES, TRANSFERS				
	(5) Total deductions			7e(5)	112670
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	106459

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
HPM CONTRACTING, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HPM, INC.

D Employer Identification Number (EIN)
35-2578435

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

GENEOS WEALTH MANAGEMENT, INC.

9055 E MINERAL CIR STE 200
CENTENNIAL, CO 80112

02-0580939

(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	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [X] No [ ]	29657	Yes [ ] No [X]

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

NATIONWIDE TRUST COMPANY

10 W NATIONWIDE BLVD 5-05-111V
COLUMBUS, OH 43215

31-4156830

(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?
64	RECORD KEEPER	23595	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROACCOUNT

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

73-0988442

(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?
26	INVESTMENT ADVISORY	10833	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

TPA SERVICES, INC.

84-1571661

(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?
15 37 64	RECORD KEEPER	4305	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IRON FIDUCIARY

99-9552241

(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	INVESTMENT ADVISORY	2770	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

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
HPM CONTRACTING, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HPM, INC.

D Employer Identification Number (EIN)
35-2578435

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLBL BD I

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-2578435-000	P	418

a Name of MTIA, CCT, PSA, or 103-12 IE: ALPS CRCOMMGCPLTCOMSTRAT I

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-2578435-000	P	21

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS AM HI INC TR R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-2578435-000	P	48986

a Name of MTIA, CCT, PSA, or 103-12 IE: EUPAC FUND - CLASS R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-2578435-000	P	64102

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS GR FD AM R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-2578435-000	P	27006

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW WLD R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-2578435-000	P	220574

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HIGH YIELD PORTFOLIO - CL

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-2578435-000	P	7382

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK ISMSCIEAFEINTIND K

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1633

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK MDCAP GR EQ INST

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK STRAT INC OPPR I

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75206

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK TTL RTN K

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: CLVRT SOC INDX I

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3218

a Name of MTIA, CCT, PSA, or 103-12 IE: COHENSTRS REALEST SEC Z

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173257

a Name of MTIA, CCT, PSA, or 103-12 IE: COL SEL LGCAP GR INST2

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMRG MKTS CORE EQ 2 PORTFOLIO -

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3137

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL VAL

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100119

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US LGCAP VAL INST

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL MDCAP I

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2483

a Name of MTIA, CCT, PSA, or 103-12 IE: DODGECOX INTL STK CLASS I

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5891

a Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS GOV OBLGTNS PRMR

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 892

a Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS INST HIYLDBD INST

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FID 500 INDX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 414384

a Name of MTIA, CCT, PSA, or 103-12 IE: FID GLBL EXUS INDX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94826

a Name of MTIA, CCT, PSA, or 103-12 IE: FID INFL PRTCT BD INDX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7385

a Name of MTIA, CCT, PSA, or 103-12 IE: FID INTL INDX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39862

a Name of MTIA, CCT, PSA, or 103-12 IE: FID LG CAP GR INDX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114175

a Name of MTIA, CCT, PSA, or 103-12 IE: FID LG CAP VAL INDX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166380

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MDCAP INDX			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54517
a Name of MTIA, CCT, PSA, or 103-12 IE: FID TTL MKT INDX			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	117077
a Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD INDX			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17203
a Name of MTIA, CCT, PSA, or 103-12 IE: FNKLN SMCAP GR R6			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39705
a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS GQGPTNRINTLOPPR R6			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	112683
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM COR BD R6			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	149
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM EQ INC R5			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	919
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM LGCAP GR R6			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	808101
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM MRTG BCKD SEC R6			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MDCAP GR R6			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2936

a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE INVESCO COR PLUS BND FND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52238

a Name of MTIA, CCT, PSA, or 103-12 IE: NW GENEVA SMCAPGR INST SVC

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NW INV DEST AGGR R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46043

a Name of MTIA, CCT, PSA, or 103-12 IE: NW INV DEST MOD AGGR R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159295

a Name of MTIA, CCT, PSA, or 103-12 IE: NW INV DEST MOD CNSRV R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NW INV DEST MOD R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145545

a Name of MTIA, CCT, PSA, or 103-12 IE: NW LOOMIS ALLCAP GR R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172352

a Name of MTIA, CCT, PSA, or 103-12 IE: NW LOOMIS COR BD R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63321

a Name of MTIA, CCT, PSA, or 103-12 IE: NW BNY MELLON DYN U.S. EQ INC FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107400

a Name of MTIA, CCT, PSA, or 103-12 IE: NW MEL DYNMC US COR R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114518

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HI YLD R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34877

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TTL RTN BD R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 883

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO RAE INTL INST

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RTN INST

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45898

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCOCOMDYREALRTNSTRATINST

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1886

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL GLBL REALEST R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2232

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2010 FUND -

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7284

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2015 FUND -

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 562

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2025 FUND -

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11210

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2030 FUND -

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134432

a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2035 FUND -		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	106964
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2040 FUND -		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	340724
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2045 FUND -		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	721389
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2050 FUND -		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1011008
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2055 FUND -		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	124266
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2060 FUND -		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	429764
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX RETIREMENT I		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7419
a Name of MTIA, CCT, PSA, or 103-12 IE:	VNGRD BAL INDX ADML		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	792
a Name of MTIA, CCT, PSA, or 103-12 IE:	VNGRD COMDTY STRAT ADML		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	444
a Name of MTIA, CCT, PSA, or 103-12 IE:	VNGRD DEVL MKT INDX ADML		
b Name of sponsor of entity listed in (a):	NATIONWIDE		
c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4128

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EXPLR ADML

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2766

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD FTSEALWDXUSIND ADML

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8981

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD GNMA ADML

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13803

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SM CAP INDX FD AS

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115620

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL STMKT INDX FD AS

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19949

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL WLDSTK INDX ADML

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28142

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD WNDSR ADML

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FID INTL SUSTNBL INDX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1613

a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLBL BD Z

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16318

a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS EMRG MKT EQ INST

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31241

a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US SMCAP VAL INST

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41125

a Name of MTIA, CCT, PSA, or 103-12 IE: NW GQG US QULTY EQ R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164257

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2065 FUND -

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40334

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY TOTAL INTERNATIONAL INDEX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50531

a Name of MTIA, CCT, PSA, or 103-12 IE: NW GENEVA MDCAP GR R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53148

a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US LGCAP VAL INST

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6031

a Name of MTIA, CCT, PSA, or 103-12 IE: COL OVRSEAS VAL INST3

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65103

a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL MDCAP R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132519

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGAL & GENERAL COMMODITY STRAT FD

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: COL COMMODITY STRAT FUND - INST 3 C

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54759

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY U.S. SUSTAINABILITY INDEX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 810

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL REAL ESTATE INCOME R

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60048

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQUITY INDEX R6

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1598

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INDEX 500 FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 799

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON DYNAMIC VALUE FUND - CLA

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 35-2578435-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106811

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
HPM CONTRACTING, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HPM, INC.

D Employer Identification Number (EIN)
35-2578435

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5535	13263
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	80479	72931
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6538496	7587799
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	80238	106459
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	6704748	7780452
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	6704748	7780452

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)	412826	
(B) Participants	2a(1)(B)	767359	
(C) Others (including rollovers)	2a(1)(C)	71993	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1252178
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6306	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6306
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1001058
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2259542
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1153266	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1153266
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		11888
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	18684	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		18684
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1183838
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1075704
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [X] 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: BMSS, LLC **(2)** EIN: 46-1498870

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
HPM CONTRACTING, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HPM, INC.

D Employer Identification Number (EIN)
35-2578435

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... 1 | 0

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

EIN(s): 04-3157927

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A .

HPM CONTRACTING, INC. 401(K) PLAN

Financial Statements

December 31, 2025 and 2024

TABLE OF CONTENTS

Page

INDEPENDENT AUDITOR'S REPORT 3

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 7

Statement of Changes in Net Assets Available for Benefits 8

Notes to Financial Statements 9

SUPPLEMENTAL INFORMATION

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 17

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
HPM Contracting, Inc. 401(k) Plan
Englewood, Colorado

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the accompanying financial statements of HPM Contracting, Inc. 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 statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year 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 2025 HPM Contracting, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- The amounts and disclosures in the 2025 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the 2025 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of HPM Contracting, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2025 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of HPM Contracting, Inc. 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 HPM Contracting, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

2025 Supplemental Schedule Required by ERISA

The supplemental schedule H, line 4i - schedule of assets (held at end of year) 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or was 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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental 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).

Auditor's Report on the 2024 Financial Statements

The financial statements of HPM Contracting, Inc. 401(k) Plan as of December 31, 2024, were audited by predecessor auditors. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report, dated October 15, 2025, indicated that in their opinion (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by a qualified institution that management determined meets the requirements or ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2024 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

BMSS, LLC

Birmingham, Alabama
October 6, 2026

HPM CONTRACTING, INC. 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value		
Mutual funds	$ 7,587,800	$ 6,538,496
Investments, at contract value		
Guaranteed investment contract	106,458	80,238
Receivables		
Employer contributions	13,263	5,535
Notes receivable from participants	72,931	80,479
	86,194	86,014
Net assets available for benefits	$ 7,780,452	$ 6,704,748

See notes to financial statements.

HPM CONTRACTING, INC. 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2025

Additions	
Contributions	
Participant	$ 767,359
Employer	412,846
Rollover	71,993
	1,252,198
Investment income	
Net appreciation in fair value of investments	1,000,403
Dividends	655
	1,001,058
Interest income on notes receivable from participants	6,306
	2,259,562
Deductions	
Benefits paid to participants	1,165,174
Administrative expenses	18,684
	1,183,858
Net increase	1,075,704
Net assets available for benefits - beginning of year	6,704,748
Net assets available for benefits - end of year	$ 7,780,452

See notes to financial statements.

NOTE 1 - PLAN DESCRIPTION

The following description of HPM Contracting, Inc. 401(k) Plan (Plan) is provided for general information only. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a contributory, defined contribution 401(k) plan available to qualifying employees of HPM, Inc. (Sponsor). To be eligible to participate in the Plan, the participant must be considered an employee of the Sponsor (excludes union employees and non-resident aliens). An eligible employee may enter the Plan on the first day of the month after the eligible employee's date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute a percentage of their annual compensation, as defined in the Plan, subject to certain limitations, with the contributions and earnings thereon being nontaxable until withdrawn from the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Effective January 1, 2025, participants who will attain the age 60, 61, 62, or 63 during the Plan year are eligible to make additional "super catch-up" contributions in excess of the standard age 50 catch-up limit, as permitted under Section 109 of the SECURE 2.0 Act of 2022. Participants may also contribute their after-tax annual compensation for Roth elective deferral purposes, subject to certain limitations, with the contributions and earnings thereon being nontaxable when withdrawn from the Plan. Participants may also contribute amounts representing distributions from other qualified plans. Such transfers from other qualified plans are reported as rollover contributions. For 2025, the Sponsor elected to make a safe harbor contribution calculated as 100% of participants' deferral contributions up to a maximum of 4% of compensation. The Sponsor may make discretionary nonelective and employer match contributions in an amount determined by the Sponsor for each Plan year. The Sponsor did not make a discretionary nonelective or employer match contribution during the year ended December 31, 2025.

Participant Accounts

Each participant's account is credited with the participant's and the Sponsor's contributions and an allocation of net Plan earnings. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is based on the participant's vested balance.

Vesting

Participants are immediately vested in their elective deferrals and safe harbor contributions and any income or loss thereon. Participants vest 20% after two years of service and become 100% vested in Sponsor discretionary nonelective and employer matching contributions after six years of service. Amounts not vested at the time a covered employee ceases to participate in the Plan are forfeited.

NOTE 1 - PLAN DESCRIPTION - Continued

Notes Receivable from Participants

Participants may borrow up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest rates ranging from 8.25% to 10.50%. A loan will provide a fixed rate of interest equal to the prime rate in effect at the origination or the note plus two percentage points. Principal and interest are paid through payroll deductions as indicated in the loan policy.

Payment of Benefits

Upon termination of service, due to death, disability, retirement or separation of service, a participant may receive a lump-sum distribution equal to the value of the participant's vested interest in his/her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also permits withdrawals due to circumstances of financial hardship, in accordance with provisions specified in the Plan document. If a terminated participant's vested interest in his or her account is less than $1,000 and he or she does not elect to receive a distribution from the Plan, benefits will be paid in a single, lump-sum distribution as soon as administratively feasible. If a terminated participant's vested interest in his or her account is greater than $1,000 but less than $7,000 and he or she does not elect to receive a distribution from the Plan, benefits will be rolled over into an IRA of the plan administrator's choosing.

Forfeitures

The nonvested portion of a terminated participant's account balance shall be forfeited and used to pay administrative expenses or to reduce any Sponsor contributions otherwise payable for the Plan year in which such forfeitures arise or for any succeeding Plan year. Unallocated forfeitures included in net assets available for benefits on December 31, 2025 and 2024 totaled $892 and $843, respectively. No forfeitures were used to reduce Sponsor contributions or to pay administrative expenses during the year ended December 31, 2025.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. Investment-related expenses are included in net appreciation or depreciation of fair value of investments. The Sponsor pays the administrative costs of the Plan associated with any professional services provided to the Plan and the cost of communications to the participants. Administrative expenses recorded in the Plan represent trustee fees and other recordkeeping fees paid directly from the Plan to the Plan's trustees and other third parties. Loan fees are deducted directly from the participant's account.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America. In preparation of the financial statements, management evaluated subsequent events through October 6, 2026, the date the financial statements were available to be issued.

As required by accounting principles generally accepted in the United States of America, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. One of the investment options in which participants may direct the investment of their accounts, the Nationwide Fixed Select Contract, holds benefit-responsive investment contracts as a guaranteed investment contract. The statements of net assets available for benefits present the contract value of the investment in the guaranteed investment contract. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the reporting date and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year. Realized gains and losses from security transactions are reported on the average cost method.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Fair Value

The established framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Fair value is the price the Plan would expect to receive to sell an asset or pay to transfer a liability in an orderly transaction with a market participant at the measurement date. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Sponsor has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs which are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

Payment of Benefits

Benefits are recorded when paid.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Guaranteed Investment Contract

The Plan entered into a fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company. Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Daily liquidity is available for participant contributions and withdrawals at contract value regardless of market conditions.

Certain events may limit the ability of the Plan to transact at contract value with Nationwide. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total Plan termination, retirement incentive programs, and the liberalization of Plan withdrawal or transfer rules. Upon occurrence of any of these events, a market value adjustment or other withdrawal restrictions may apply. The Plan Sponsor may choose to pay the market value adjustment directly, if applicable, so that participants' contract values are not affected.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustees, Nationwide Trust Company and Nationwide Life Insurance Company, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value and contract value, included in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Investment income, which includes net appreciation in fair value of investments, and dividend income, included in the statement of changes in net assets available for benefits for the year ended December 31, 2025.
- The schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2025, included in the supplemental information.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except from comparing such information with the related information included in the financial statements and supplemental schedule.

NOTE 4 - PLAN TERMINATION

Although it has not expressed intent to do so, the Sponsor has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in Sponsor contributions.

NOTE 5 - 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 such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 6 - FAIR VALUES

The following is a description of the valuation methodologies used for assets measured at fair value. There have been changes in the methodologies used during the years ended December 31, 2025 and 2024.

- *Mutual Funds:* Valued at the closing price reported on the active market on which the individual securities are traded.

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

The following tables set forth, by level within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2025 and 2024.

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2025				
Mutual funds	$ 7,587,800	$ 7,587,800	$ -	$ -
December 31, 2024				
Mutual funds	$ 6,538,496	$ 6,538,496	$ -	$ -

NOTE 7 - INCOME TAX STATUS

The Plan is a CCH Incorporated, DBA ftwilliam.com, non-standardized, pre-approved profit sharing plan. The Internal Revenue Service has ruled, in a letter dated June 30, 2020, that the prototype plan developed by CCH Incorporate, DBA ftwilliam.com, after which the Plan is modeled, qualifies under the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Tax positions are recognized in the financial statements when it is more likely than not the position will be sustained upon examination by the tax authorities.

The Sponsor has concluded, as of December 31, 2025 and 2024, that the Plan had no uncertain tax positions that qualify for either recognition or disclosure in the financial statements for open tax years based on an assessment of many factors including experience and interpretations of tax laws.

NOTE 8 - RELATED PARTY TRANSACTIONS

Certain Plan investments, mutual funds and the guaranteed investment contract are managed by Nationwide Trust Company and Nationwide Life Insurance Company, the trustees of the Plan; therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTAL INFORMATION

HPM CONTRACTING, INC. 401(K) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 35-2578435
Plan number: 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Value
	Alliance Bernstein	Global Bond Fund I	a	$ 418
	ALPS	CoreCommodity Mgmt Complete Fund	a	21
	American Funds	American High Income Trust R6 Fund	a	48,986
	American Funds	EUPAC Fund Class R6	a	64,102
	American Funds	Growth Fund of America Class R6	a	27,006
	American Funds	New World Fund Class R6	a	220,574
	BlackRock	High Yield Portfolio Class K	a	7,382
	BlackRock	iShares MSCI EAFE Intl Index Fund Class K	a	1,633
	BlackRock	Strategic Income Opportunities Fund	a	75,206
	Calvert	Social Index I Fund	a	3,218
	Cohen & Steers	Real Estate Securities Fund Class Z	a	173,257
	DFA	Emerging Markets Core Equity II	a	3,137
	DFA	International Value Portfolio Institutional Class	a	100,119
	Diamond Hill	Mid Cap Fund	a	2,483
	Dodge & Cox	International Stock Fund Class I	a	5,891
	Fidelity	500 Index Fund	a	414,384
	Fidelity	Global ex U.S. Index Fund	a	94,826
	Fidelity	Inflation-Protected Bond Index Fund	a	7,385
	Fidelity	International Index Fund	a	39,862
	Fidelity	Large Cap Growth Index Fund	a	114,175
	Fidelity	Large Cap Value Index Fund	a	166,380
	Fidelity	Mid Cap Index Fund	a	54,517
	Fidelity	Total Market Index Fund	a	117,077
	Fidelity	U.S. Bond Index Fund	a	17,203
	Franklin	Small Cap Growth Fund Class R6	a	39,705
	Goldman Sachs	GQG Partners Intl Opp Fund Class R6	a	112,683
	JP Morgan	Core Bond Fund R6	a	149
	JP Morgan	Equity Income Fund R5	a	919
	JP Morgan	Large Cap Growth Fund R6	a	808,101
	MFS	Midcap Growth Fund R6	a	2,936
*	Nationwide	Invesco Core Plus Bond Fund R6	a	52,238
*	Nationwide	Investor Destinations Aggressive Fund Class R6	a	46,043
*	Nationwide	Investor Destinations Mod Aggr Fund Class R6	a	159,295
*	Nationwide	Investor Destinations Moderate Fund Class R6	a	145,545

See independent auditor’s report.

HPM CONTRACTING, INC. 401(K) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
(Continued)

EIN: 35-2578435
Plan number: 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Value
*	Nationwide	Loomis All Cap Growth Fund Class R6	a	$ 172,352
*	Nationwide	Loomis Core Bond Fund Class R6	a	63,321
*	Nationwide	BNY Mellon Dynamic U.S. Equity Income Fund	a	107,400
*	Nationwide	BNY Mellon Dynamic U.S. Core Fund Class R6	a	114,518
	PGIM	High Yield Fund Class R6	a	34,877
	PGIM	Total Return Bond Fund Class R6	a	883
	PIMCO	Real Return Fund Institutional Class	a	45,898
	PIMCO	Comm Real Return Strategy Fund Inst Class	a	1,886
	Principal	Global Real Estate Fund R6	a	2,232
	Nuveen	Lifecycle Index 2010 Fund Class R6	a	7,284
	Nuveen	Lifecycle Index 2015 Fund Class R6	a	562
	Nuveen	Lifecycle Index 2025 Fund Class R6	a	11,210
	Nuveen	Lifecycle Index 2030 Fund Class R6	a	134,432
	Nuveen	Lifecycle Index 2035 Fund Class R6	a	106,964
	Nuveen	Lifecycle Index 2040 Fund Class R6	a	340,724
	Nuveen	Lifecycle Index 2045 Fund Class R6	a	721,389
	Nuveen	Lifecycle Index 2050 Fund Class R6	a	1,011,001
	Nuveen	Lifecycle Index 2055 Fund Class R6	a	124,266
	Nuveen	Lifecycle Index 2060 Fund Class R6	a	429,764
	Nuveen	Lifecycle Index Retirement Income Fund R6	a	7,419
	Vanguard	Balanced Index Fund Admiral Shares	a	792
	Vanguard	Commodity Strategy Fund Admiral Shares	a	444
	Vanguard	Developing Markets Index Fund Admiral Shares	a	4,128
	Vanguard	Explorer Fund Admiral Shares	a	2,766
	Vanguard	FTSE All-World ex-US Index Fund Adm Shares	a	8,981
	Vanguard	GNMA Fund Admiral Shares	a	13,803
	Vanguard	Small Cap Index Fund Admiral Shares	a	115,620
	Vanguard	Total Stock Market Index Fund Admiral Shares	a	19,949
	Vanguard	Total World Stock Index Fund Admiral Shares	a	28,142
	Fidelity	International Sustainability Index Fund	a	1,613
	Alliance Bernstein	Global Bond Fund Class Z	a	16,318
	Avantis	Emerging Markets Equity Fund Instl Class	a	31,241
	Avantis	U.S. Small Cap Value Fund Institutional Class	a	41,125
*	Nationwide	GQG U.S. Quality Equity Fund Class R6	a	164,257

See independent auditor’s report.

HPM CONTRACTING, INC. 401(K) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
(Continued)

EIN: 35-2578435
Plan number: 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Value
	Nuveen	Lifecycle Index 2065 Fund Class R6	a	$ 40,334
	Fidelity	Total International Index Fund	a	50,531
*	Nationwide	Geneva Mid Cap Growth Fund Class R6	a	53,148
	Avantis	U.S. Large Cap Value Fund	a	6,031
	Columbia	Overseas Value Fund Institutional 3 Class	a	65,103
	Principal	Mid Cap Fund Class R6	a	132,519
*	Nationwide	Fixed Select Option	a	106,458
	Columbia	Commodity Strategy Fund Institutional 3 Class	a	54,759
	Fidelity	U.S. Sustainability Index Fund	a	810
	Invesco	Global Real Estate Income Fund Class R6	a	60,048
	JP Morgan	Equity Index Fund Class R6	a	1,598
	T. Rowe Price	Equity Index 500 Fund I Class	a	799
	BNY Mellon	Dynamic Value Fund Class Y	a	106,811
	Federated Hermes	Government Obligations Fund	a	892
*	Participant loans	Interest rates range from 8.25% to 10.50%, various maturities	-0-	72,931
				$ 7,767,189

* - A party-in-interest as defined by ERISA.
a - The cost of participant-directed investments is not required to be disclosed.

See independent auditor's report.

HPM CONTRACTING, INC. 401(K) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 35-2578435
Plan number: 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Value
	Alliance Bernstein	Global Bond Fund I	a	$ 418
	ALPS	CoreCommodity Mgmt Complete Fund	a	21
	American Funds	American High Income Trust R6 Fund	a	48,986
	American Funds	EUPAC Fund Class R6	a	64,102
	American Funds	Growth Fund of America Class R6	a	27,006
	American Funds	New World Fund Class R6	a	220,574
	BlackRock	High Yield Portfolio Class K	a	7,382
	BlackRock	iShares MSCI EAFE Intl Index Fund Class K	a	1,633
	BlackRock	Strategic Income Opportunities Fund	a	75,206
	Calvert	Social Index I Fund	a	3,218
	Cohen & Steers	Real Estate Securities Fund Class Z	a	173,257
	DFA	Emerging Markets Core Equity II	a	3,137
	DFA	International Value Portfolio Institutional Class	a	100,119
	Diamond Hill	Mid Cap Fund	a	2,483
	Dodge & Cox	International Stock Fund Class I	a	5,891
	Fidelity	500 Index Fund	a	414,384
	Fidelity	Global ex U.S. Index Fund	a	94,826
	Fidelity	Inflation-Protected Bond Index Fund	a	7,385
	Fidelity	International Index Fund	a	39,862
	Fidelity	Large Cap Growth Index Fund	a	114,175
	Fidelity	Large Cap Value Index Fund	a	166,380
	Fidelity	Mid Cap Index Fund	a	54,517
	Fidelity	Total Market Index Fund	a	117,077
	Fidelity	U.S. Bond Index Fund	a	17,203
	Franklin	Small Cap Growth Fund Class R6	a	39,705
	Goldman Sachs	GQG Partners Intl Opp Fund Class R6	a	112,683
	JP Morgan	Core Bond Fund R6	a	149
	JP Morgan	Equity Income Fund R5	a	919
	JP Morgan	Large Cap Growth Fund R6	a	808,101
	MFS	Midcap Growth Fund R6	a	2,936
*	Nationwide	Invesco Core Plus Bond Fund R6	a	52,238
*	Nationwide	Investor Destinations Aggressive Fund Class R6	a	46,043
*	Nationwide	Investor Destinations Mod Aggr Fund Class R6	a	159,295
*	Nationwide	Investor Destinations Moderate Fund Class R6	a	145,545

See independent auditor’s report.

HPM CONTRACTING, INC. 401(K) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
(Continued)

EIN: 35-2578435
Plan number: 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Value
*	Nationwide	Loomis All Cap Growth Fund Class R6	a	$ 172,352
*	Nationwide	Loomis Core Bond Fund Class R6	a	63,321
*	Nationwide	BNY Mellon Dynamic U.S. Equity Income Fund	a	107,400
*	Nationwide	BNY Mellon Dynamic U.S. Core Fund Class R6	a	114,518
	PGIM	High Yield Fund Class R6	a	34,877
	PGIM	Total Return Bond Fund Class R6	a	883
	PIMCO	Real Return Fund Institutional Class	a	45,898
	PIMCO	Comm Real Return Strategy Fund Inst Class	a	1,886
	Principal	Global Real Estate Fund R6	a	2,232
	Nuveen	Lifecycle Index 2010 Fund Class R6	a	7,284
	Nuveen	Lifecycle Index 2015 Fund Class R6	a	562
	Nuveen	Lifecycle Index 2025 Fund Class R6	a	11,210
	Nuveen	Lifecycle Index 2030 Fund Class R6	a	134,432
	Nuveen	Lifecycle Index 2035 Fund Class R6	a	106,964
	Nuveen	Lifecycle Index 2040 Fund Class R6	a	340,724
	Nuveen	Lifecycle Index 2045 Fund Class R6	a	721,389
	Nuveen	Lifecycle Index 2050 Fund Class R6	a	1,011,001
	Nuveen	Lifecycle Index 2055 Fund Class R6	a	124,266
	Nuveen	Lifecycle Index 2060 Fund Class R6	a	429,764
	Nuveen	Lifecycle Index Retirement Income Fund R6	a	7,419
	Vanguard	Balanced Index Fund Admiral Shares	a	792
	Vanguard	Commodity Strategy Fund Admiral Shares	a	444
	Vanguard	Developing Markets Index Fund Admiral Shares	a	4,128
	Vanguard	Explorer Fund Admiral Shares	a	2,766
	Vanguard	FTSE All-World ex-US Index Fund Adm Shares	a	8,981
	Vanguard	GNMA Fund Admiral Shares	a	13,803
	Vanguard	Small Cap Index Fund Admiral Shares	a	115,620
	Vanguard	Total Stock Market Index Fund Admiral Shares	a	19,949
	Vanguard	Total World Stock Index Fund Admiral Shares	a	28,142
	Fidelity	International Sustainability Index Fund	a	1,613
	Alliance Bernstein	Global Bond Fund Class Z	a	16,318
	Avantis	Emerging Markets Equity Fund Instl Class	a	31,241
	Avantis	U.S. Small Cap Value Fund Institutional Class	a	41,125
*	Nationwide	GQG U.S. Quality Equity Fund Class R6	a	164,257

See independent auditor’s report.

HPM CONTRACTING, INC. 401(K) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
(Continued)

EIN: 35-2578435

Plan number: 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Value
	Nuveen	Lifecycle Index 2065 Fund Class R6	a	$ 40,334
	Fidelity	Total International Index Fund	a	50,531
*	Nationwide	Geneva Mid Cap Growth Fund Class R6	a	53,148
	Avantis	U.S. Large Cap Value Fund	a	6,031
	Columbia	Overseas Value Fund Institutional 3 Class	a	65,103
	Principal	Mid Cap Fund Class R6	a	132,519
*	Nationwide	Fixed Select Option	a	106,458
	Columbia	Commodity Strategy Fund Institutional 3 Class	a	54,759
	Fidelity	U.S. Sustainability Index Fund	a	810
	Invesco	Global Real Estate Income Fund Class R6	a	60,048
	JP Morgan	Equity Index Fund Class R6	a	1,598
	T. Rowe Price	Equity Index 500 Fund I Class	a	799
	BNY Mellon	Dynamic Value Fund Class Y	a	106,811
	Federated Hermes	Government Obligations Fund	a	892
*	Participant loans	Interest rates range from 8.25% to 10.50%, various maturities	-0-	72,931
				$ 7,767,189

* - A party-in-interest as defined by ERISA.
a - The cost of participant-directed investments is not required to be disclosed.

See independent auditor's report.