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
COMPORIUM INC RETIREE MEDICAL PLAN

1b Three-digit plan number (PN) ▶ 503

1c Effective date of plan 12/31/1993

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)
COMPORIUM, INC.

P.O. BOX 470
330 EAST BLACK STREET
ROCK HILL, SC 29731-6470

2b Employer Identification Number (EIN) 57-0236160

2c Plan Sponsor's telephone number 803-326-7280

2d Business code (see instructions) 517000

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.	10/12/2026	ANDREA COOPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	228
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)**	212
a(2) Total number of active participants at the end of the plan year	**6a(2)**	236
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	22
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	258
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	258
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)**	
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)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] 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)** [ ] **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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
COMPORIUM INC RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 503

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

D Employer Identification Number (EIN)
57-0236160

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	42232	11906
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	500	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	134675	152626
(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)		
(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)	7644771	8331996
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	30037	

		(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	7852215	8496528
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		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	7852215	8496528

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
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)		
(F) Other	2b(1)(F)	270	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		270
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	258056	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4623	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		262679
(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)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	791041	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		791041

		(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)		
c Other income	2c		38237
d Total income. Add all **income** amounts in column (b) and enter total	2d		1092227
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	412129	
(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)		412129
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	14326	
(5) Investment advisory and investment management fees	2i(5)	20358	
(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)	1101	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		35785
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		447914
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		644313
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: SMITH & HOWARD, PC **(2)** EIN: 58-1250486

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**			
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 _____.

The information in this electronic document is confidential and may be legally privileged. It is intended solely for the specified recipients. Access to this document by anyone else is unauthorized.

Smith & Howard, P.C. shall have no liability, and shall pursue all available legal and equitable remedies against any recipients, for the unauthorized use or distribution of this document.

If you are not the intended recipient of this document, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it, is prohibited and may be unlawful. When addressed to our clients, any opinions or advice contained in this document are subject to the terms and conditions expressed in the governing Smith & Howard, P.C. client engagement letter (or as otherwise agreed to with our clients).

Financial Statements
and Supplemental Schedule

Comporium, Inc.
Retiree Medical Plan

Years Ended December 31, 2025 and 2024
with Report of Independent Auditors

Comporium, Inc. Retiree Medical Plan
Financial Statements
and Supplemental Schedule
Years Ended December 31, 2025 and 2024

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SMITH+HOWARD PC

Report of Independent Auditors

Administrative Committee
Comporium, Inc. Retiree Medical Plan

Opinion

We have audited the financial statements of the Comporium, Inc. Retiree Medical Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States, 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.

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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States 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 auditing standards generally accepted in the United States, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, as listed in the table of contents, as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2025 financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2025 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the 2025 financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the 2025 financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Smith & Howard, P.C

Columbia, South Carolina
September 15, 2026

Comporium, Inc. Retiree Medical Plan
Statements of Net Assets Available for Plan Benefits

	December 31, 2025	2024
Assets		
Cash	**$ 126,330**	$ 100,814
Investments, at fair value:		
Cash equivalent	**38,202**	76,093
Mutual funds and exchange-traded funds	**8,331,996**	7,644,771
Municipal bonds	**--**	30,037
Accrued investment income	**--**	500
Total assets	**8,496,528**	7,852,215
Liabilities		
Plan liabilities	**--**	--
Net assets available for plan benefits	**$ 8,496,528**	$ 7,852,215

See accompanying notes.

Comporium, Inc. Retiree Medical Plan
Statements of Changes in Net Assets Available for Plan Benefits

	Years Ended December 31, 2025	2024
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$ 791,041**	$ 519,580
Dividends and interest	**262,949**	262,235
Income tax benefit	**38,237**	61,012
Total additions	**1,092,227**	842,827
Deductions from net assets attributed to:		
Benefits paid	**412,129**	382,488
Administrative expenses	**35,785**	33,391
Total deductions	**447,914**	415,879
Net changes	**644,313**	426,948
Net assets available for plan benefits, beginning	**7,852,215**	7,425,267
Net assets available for plan benefits, ending	**$ 8,496,528**	$ 7,852,215

See accompanying notes.

Comporium, Inc. Retiree Medical Plan
Notes to Financial Statements
December 31, 2025 and 2024

1. Description of Plan

Organization

Comporium, Inc. (the "Company" or "Sponsor") sponsors a health and welfare retirement plan and trust (the "Plan") for the purpose of reimbursing covered employees' post-retirement Medicare Part B premiums. The Plan has been restated and amended periodically, as necessary, to comply with applicable requirements of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code ("IRC"), and to help achieve the business objectives of the Sponsor. The Company funded the trust in years prior to 2024. The Company, at its sole discretion, may make additional contributions to the Plan at any time. Participants may also be required to contribute to the Plan. During the years ended December 31, 2025 and 2024, the Company made no contributions and there were no participant contributions.

Participants may refer to the Plan's documents for more complete information.

Eligibility of Participants

An employee becomes eligible to participate in the Plan when the individual either retires at a minimum of 65 years of age with at least 20 years of service with the Company, or the retiree is at least 65 years of age during the Plan year and satisfies the rule of 85, which states that the sum of the individual's age at the time of retirement and number of years of service with the Company must equal or exceed 85. An employee may also become eligible under early retirement if they are at least 60 years of age at the time of retirement, approved by management, and in conjunction with at least 20 years of service with the Company or with the rule of 85 to participate in the Plan. Upon death of the participant, all benefits under the Plan cease. Neither spouse nor dependent coverage is offered under the Plan.

Distribution of Benefits

Benefits under the Plan are payable for requested reimbursement of eligible Medicare Part B annual premiums.

Administrative Expenses

Certain administrative expenses, including recordkeeping and certain professional fees, are charged to the Plan. Any expenses not paid by the Plan are paid by the Company and are excluded from the financial statements.

1. Description of Plan (continued)

Termination of the Plan

The Company reserves the right to terminate the Plan at any time at the Company's discretion. Upon termination of the Plan, all benefits will cease. Plan assets existing at the time of termination will be allocated first to expenses associated with administering the Plan followed by benefit expenses incurred but unpaid as of the date of termination and then to projected liabilities for post-retirement medical benefits payable to or on behalf of then-existing participants under the Plan, calculated as of the date of termination. The Company will then provide for the distribution of any remaining assets to a successor trust or among active participants at the time of Plan termination, or will provide for the payment of other welfare benefits for participants in a manner determined to be in the best interest of the participants. Should the Company ever become insolvent, all benefits will cease and the trust's assets will revert to the Company.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("US GAAP").

Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in investment securities that are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the 2025 statement of net assets available for plan benefits.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recorded when received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

3. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for plan benefits. US GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs to the valuation methodology are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The following table presents fair value measurement information for the Plan's investments as of December 31, 2025:

	Quoted Market Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total at Fair Value
Cash equivalent	$ 38,202	$ --	$ --	$ 38,202
Mutual funds and exchange-traded funds	8,331,996	--	--	8,331,996
Total investments, at fair value	$ 8,370,198	$ --	$ --	$ 8,370,198

3. Fair Value Measurements (continued)

The following table presents fair value measurement information for the Plan's investments as of December 31, 2024:

	Quoted Market Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total at Fair Value
Cash equivalent	$ 76,093	$ --	$ --	$ 76,093
Mutual funds and exchange-traded funds	7,644,771	--	--	7,644,771
Municipal bonds	--	30,037	--	30,037
Total investments, at fair value	$ 7,720,864	$ 30,037	$ --	$ 7,750,901

Level 1 Fair Value Measurements – The fair values of cash equivalents, mutual funds, and exchange-traded funds are based on quoted market prices of the shares held by the Plan at year end.

Level 2 Fair Value Measurements – The fair values of municipal bonds are derived from quoted prices for identical or similar assets in markets that are not active.

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

4. Party-in-Interest Transactions

Certain investment funds held by the Plan are managed by Charles Schwab, the custodian. All transactions with Charles Schwab qualify as party-in-interest transactions. Fees paid directly by the Plan for custodial, recordkeeping, investment advisory, and other services for the years ended December 31, 2025 and 2024 amounted to approximately $21,000 and $33,000, respectively. These transactions, which qualify as party-in-interest transactions, are exempt from the prohibited transaction rules of ERISA.

5. Filing Status

The Plan's trust is a rabbi grantor trust, in which the Company is the grantor. Under this arrangement, income generated by the trust is taxed to the grantor. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Company has the right, at its discretion, to charge or credit the Plan's trust account for income tax expenses or benefits it derives from the activities of the trust. Approximately $38,000 and $61,000 was reimbursed to the Plan's trust account for federal and state income tax benefits during the years ended December 31, 2025 and 2024, respectively.

The Plan administrator believes the Plan was designed and is currently being operated in compliance with the applicable requirements of the IRC.

US GAAP requires the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. No such liabilities were identified at December 31, 2025 and 2024. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

6. Subsequent Events

Management evaluated events and transactions after December 31, 2025 through September 15, 2026, the date on which the financial statements were available to be issued, for subsequent events, and determined that there were no subsequent events to report.

SUPPLEMENTAL SCHEDULE

Comporium, Inc. Retiree Medical Plan
Employer ID # 57-0236160 Plan # 503
Schedule H, Part IV Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cash equivalent:			
*	Schwab Value Advantage Money Fund	Money market fund	$ 38,202	$ 38,202
	Mutual funds and exchange-traded funds:			
*	Schwab US Large Cap	35,600 shares	650,091	1,161,271
	Vanguard Value ETF	4,650 shares	577,044	888,104
	PIMCO Income	68,668 shares	743,036	754,671
	Invesco S&P 500 Quality ETF	8,400 shares	336,629	630,420
	iShares MSCI International Quality ETF	12,000 shares	431,953	545,400
	PIMCO Global Bond Opportunities Fund	55,170 shares	524,106	543,979
	Vanguard FTSE All World	7,000 shares	410,547	514,920
	Vanguard Core Bond Admiral	22,915 shares	441,169	416,380
	Vanguard Small Cap	1,270 shares	293,769	383,680
	Vanguard Mid Cap ETF	1,300 shares	214,469	377,286
	Vanguard Total International	7,500 shares	367,574	362,400
	PGIM High Yield Z	60,245 shares	277,656	292,793
	NYLI MacKay High Yield Corporate Bond	54,122 shares	274,547	281,978
	MFS Intl Diversification	16,119 shares	270,000	279,349
	Vanguard Small Cap Value	1,275 shares	155,664	270,032
	iShares Broad USD Investment Grade Bond ETF	5,000 shares	256,499	258,850
	Cohen & Steers Realty	3,510 shares	249,515	230,518
	Invesco RAFI US 1500 Small-Mid ETF	3,050 shares	128,085	139,965
			6,602,353	8,331,996
	Total		$6,640,555	$8,370,198

* Indicates a party-in-interest to the Plan.

Comporium, Inc. Retiree Medical Plan
Employer ID# 57-0236160 Plan #503
For the Tax Year Ending December 31, 2025

(a) Indentity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)

*Indicates a party-in-interest to the Plan.

The transaction set forth herein involves a security of the same issue that, within the plan year, included a transaction with respect to such security that amounted in the aggregate to more than 5% of the current value of plan assets.

Comporium, Inc. Retiree Medical Plan
Employer ID # 57-0236160 Plan # 503
Schedule H, Part IV Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cash equivalent:			
*	Schwab Value Advantage Money Fund	Money market fund	$ 38,202	$ 38,202
	Mutual funds and exchange-traded funds:			
*	Schwab US Large Cap	35,600 shares	650,091	1,161,271
	Vanguard Value ETF	4,650 shares	577,044	888,104
	PIMCO Income	68,668 shares	743,036	754,671
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