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
AMERICAN HARDWOOD INDUSTRIES 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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)
AMERICAN HARDWOOD INDUSTRIES, LLC

567 NORTH CHARLOTTE AVE
WAYNESBORO, VA 22980

2b Employer Identification Number (EIN)
20-5856281

2c Plan Sponsor's telephone number
540-946-9150

2d Business code (see instructions)
321900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	JILL MEYER
	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**	443
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)**	361
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	254
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	146
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	400
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	407
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)**	303
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)**	328
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	9
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:

2E 2F 2G 2J 2K 2S 2T 3B 3D 3H

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)** [X] 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
AMERICAN HARDWOOD INDUSTRIES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN HARDWOOD INDUSTRIES, LLC

D Employer Identification Number (EIN)
20-5856281

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
EMPOWER ANNUITY 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
06-1050034	93629	780927-08	7	11/03/2025	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

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

(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	

(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	79063
5	Current value of plan's interest under this contract in separate accounts at year end	5	21220

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	88693		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	511		
	(4) Transferred from separate account	7c(4)	82535		
	(5) Other (specify below)	7c(5)	652		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	172391
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	172391
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	-12		
	(3) Transferred to separate account	7e(3)	93340		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	93328
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	79063

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
AMERICAN HARDWOOD INDUSTRIES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN HARDWOOD INDUSTRIES, LLC

D Employer Identification Number (EIN)
20-5856281

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

COMMONWEALTH FINANCIAL NETWROK

04-2675571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	12160	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	1313	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EMPOWER LIFE & ANNUITY INSURANCE CO

84-0467907

(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 50 64	NONE	552	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
AMERICAN HARDWOOD INDUSTRIES 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
AMERICAN HARDWOOD INDUSTRIES, LLC

D Employer Identification Number (EIN)
20-5856281

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:	T ROWE PRICE RET BLEND SEL TR 2055		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271349-743	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	186752
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SEL TR 2045		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271347-741	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	247616
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SEL TR 2060		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271350-744	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	191006
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SEL TR 2010		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7264570-734	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1530
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SEL TR 2035		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271345-739	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1138071
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SEL TR 2030		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271344-738	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	637861
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SEL TR 2020		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271342-736	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	468205

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SEL TR 2040

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

c EIN-PN 38-7271346-740	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 403894

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SEL TR 2025

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

c EIN-PN 38-7271343-737	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 531980

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SEL TR 2050

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

c EIN-PN 38-7271348-742	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168610

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SEL TR 2065

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

c EIN-PN 38-7271351-745	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89730

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SEL TR 2015

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

c EIN-PN 38-7271341-735	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102826

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FUND (IS PLATFORM

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-858	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTNL GROWTH EQUITY (IS PLATFOR

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-839	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125

a Name of MTIA, CCT, PSA, or 103-12 IE: ROBECO BP LARGE CAP VAL EQTY (IS PL

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-786	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21070

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
AMERICAN HARDWOOD INDUSTRIES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN HARDWOOD INDUSTRIES, LLC

D Employer Identification Number (EIN)
20-5856281

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	76150	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	130829	95833
(9) Value of interest in common/collective trusts	1c(9)	0	4168083
(10) Value of interest in pooled separate accounts	1c(10)	0	21220
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3680658	314624
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	79064
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	3887637	4678824
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	3887637	4678824

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)	76617	
(B) Participants	2a(1)(B)	382320	
(C) Others (including rollovers)	2a(1)(C)	594	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		459531
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2501	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	9713	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12214
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	153868	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		153868
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		46242
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		527
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		492469
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1164851
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	359860	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		359860
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	1865	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	11939	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		13804
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		373664
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		791187
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CHIAMPOU TRAVIS BESAW & KERSHNER LL **(2)** EIN: 16-1468002

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		300000
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
AMERICAN HARDWOOD INDUSTRIES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN HARDWOOD INDUSTRIES, LLC

D Employer Identification Number (EIN)
20-5856281

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): 04-6568107 84-1455663

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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

AMERICAN HARDWOOD INDUSTRIES 401(k) PLAN

Financial Statements
as of December 31, 2025 and 2024 and
for the Year Ended December 31, 2025
and Supplemental Schedule as of
December 31, 2025
with
Independent Auditors' Report

AMERICAN HARDWOOD INDUSTRIES 401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
American Hardwood Industries 401(k) Plan
Hamburg, New York

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

We have performed audits of the financial statements of American Hardwood Industries 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of American Hardwood Industries 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 audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Fidelity Management Trust Company as of December 31, 2024, and for the period January 1, 2025 through October 31, 2025. Management has obtained a certification from Empower Annuity Insurance Company as of December 31, 2025, and for the period November 1, 2025 through December 31, 2025, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

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 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 American Hardwood Industries 401(k) Plan's ability to continue as a going concern for one year after the date that 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of American Hardwood Industries 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 American Hardwood Industries 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter – Supplemental Schedule Required by ERISA

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

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

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Chiampone Travis Besaw + Kershner LLP

October 9, 2026

AMERICAN HARDWOOD INDUSTRIES 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS, at fair value:		
Mutual funds	$ 314,624	$ 3,680,658
Common collective trust funds	4,168,083	-
Pooled separate accounts	21,220	-
Money market fund	-	76,150
	4,503,927	3,756,808
FULLY BENEFIT-RESPONSIVE GUARANTEED INVESTMENT ACCOUNT AT CONTRACT VALUE	79,064	-
RECEIVABLES:		
Employer contributions	-	76,617
Notes receivable from participants	96,143	134,151
	96,143	210,768
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,679,134	$ 3,967,576

See notes to financial statements.

AMERICAN HARDWOOD INDUSTRIES 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	$ 539,238
Interest and dividends	156,369
	695,607
Less investment expenses	11,939
Net investment income	683,668
Interest earned on notes receivable from participants	9,713
Contributions:	
Participant	382,320
Rollover	594
Total contributions	382,914
Total additions	1,076,295
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	362,872
Administrative expenses	1,865
Total deductions	364,737
NET INCREASE	711,558
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	3,967,576
End of year	$ 4,679,134

See notes to financial statements.

1. PLAN DESCRIPTION

The following is a brief description of American Hardwood Industries 401(k) Plan (the "Plan") provided for general informational purposes. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan as permitted under Section 401(k) of the Internal Revenue Code ("IRC"). The Plan covers substantially all employees of American Hardwood Industries, LLC (the "Company" or "Plan Sponsor") who have completed three months of service and are twenty-one years of age. Effective January 1, 2026, the service requirement for participant elective and discretionary employer matching contributions was amended to cover substantially all employees who have completed one month of service. The service requirement for discretionary employer non-matching contributions was amended to cover all employees who have completed twelve months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective November 3, 2025, the Plan transitioned its recordkeeping and administrative services from Fidelity Work Place Services LLC to Empower Retirement, LLC. Custody of Plan assets was transferred to Empower Annuity Insurance Company during November 2025.

Contributions – Each eligible participant may make both pre-tax and Roth contributions to the Plan up to 100% of eligible compensation, as defined in the Plan, not to exceed statutory limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Newly eligible employees are automatically enrolled in the Plan at 3% of eligible compensation unless they affirmatively elect not to participate in the Plan. The Company may make discretionary matching contributions to the Plan. There were no discretionary matching contributions for the year ended December 31, 2025. The Company may make additional discretionary non-matching contributions to the Plan in an amount to be determined by the Company's board of directors. There were no such contributions for the year ended December 31, 2025.

Effective January 1, 2026, the Plan was amended to reduce eligible compensation from 100% to 90%. Additionally, the Plan's automatic enrollment feature was amended to automatically enroll newly eligible participants in the Plan at 5% of the contributing employee's eligible compensation, as defined by the Plan, as well as 1% annual automatic increases up to 10% of eligible compensation unless they affirmatively elect not to participate in the Plan. Participants auto-enrolled in the Plan prior to January 1, 2026, remain at 3% with no annual automatic increase.

Vesting – Participants are immediately vested in their contributions and related investment earnings. Vesting in the Company's discretionary matching and non-matching contributions, plus actual earnings thereon, occurs on a graduated basis and is based on years of continuous service. A participant is 100 percent vested in discretionary matching contributions after three years of credited service. A participant is 100 percent vested in discretionary non-matching contributions after six years of credited service.

1. PLAN DESCRIPTION (continued)

Forfeited Accounts – Forfeiture accounts may be used to reduce employer discretionary contributions or administrative expenses. Effective November 3, 2025, forfeiture accounts must first be used to reduce employer discretionary matching contributions, then employer non-matching contributions, and then may be used to pay for administrative expenses. During the year ended December 31, 2025, there were $5,551 of forfeitures utilized to reduce 2024 employer discretionary contributions paid in 2025. Forfeitures available amounted to $5,720 and $5,515 as of December 31, 2025 and 2024, respectively.

Participant Accounts – Each participant's account is credited with the participant's contributions and allocations of the Company's contributions, and Plan earnings, and is charged with withdrawals and an allocation of administrative expenses. Allocations are based on the participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range from one to five years (except for the purchase of a primary residence), the notes are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through payroll deductions. The loans bear interest at rates ranging from 4.25% to 9.50% and mature through August 2030.

Effective November 3, 2025, notes receivable from participants are no longer permitted by the Plan. The remaining notes receivable outstanding continue to be administered in accordance with the terms of the Plan and the applicable loan agreements in effect at the time the loans were issued.

Payment of Benefits – Benefits are determined by the final vested value of the participant's account at the time of distribution. Distributions are made via installments or a lump-sum payment. Distributions will be made as soon as practical after a participant's request. The Plan also allows for in-service withdrawals for employees who attain age 59 ½. Distributions are also permitted in the event of financial hardship, as defined by the Plan.

Participants may receive their accumulated benefits upon termination of employment or elect to keep their account in the Plan if their account balance exceeds $7,000. If the participant elects to keep their account in the Plan, the account will continue to receive its allocation of Plan earnings.

Administrative Expenses – The majority of the costs of administering the Plan are borne by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participants' accounts and are included in administrative expenses.

Plan Termination – Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants shall become fully vested in their accounts at the date of such termination.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition – The Plan determines the fair value of assets and liabilities which are subject to reporting at fair value based on standards established within accounting principles generally accepted in the United States of America. These standards establish a hierarchy for the determination of fair value, as well as disclosure requirements relative to those assets and liabilities.

The hierarchy identifies three levels of input. Level 1 inputs are generally quoted market prices for identical assets or liabilities, which are actively traded on an exchange. Level 2 inputs generally consist of market prices for identical assets which are not actively traded or market prices of similar assets or liabilities which are actively traded on an exchange. Level 3 inputs are referred to as unobservable inputs and consist primarily of information derived by management where Level 1 and Level 2 inputs are not available. These may include such things as present value of expected future cash flows or other valuation methodologies. Under the hierarchy, Level 1 inputs are the most preferred, followed by Level 2, and Level 3 are to be used only where neither Level 1 nor Level 2 inputs are available.

An investment's 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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value as of December 31, 2025 and 2024:

Mutual funds: Mutual funds are valued based on quoted market prices available on an active market, which represent the NAV of the shares held by the Plan.

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish a daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

Common collective trust funds: Valued at the NAV of units held by the Plan at year-end. These common collective trusts have been measured at fair value using the NAV practical expedient as of December 31, 2025, and generally have no redemption restrictions or unfunded capital commitments.

Pooled separate accounts: Valued at the NAV of units held by the Plan at year-end. These pooled separate accounts have been measured at fair value using the NAV practical expedient as of December 31, 2025, and generally have no redemption restrictions or unfunded capital commitments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value 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 value of certain financial instruments could result in different fair value measurements at the reporting date.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation in fair value of investments, which includes unrealized and realized gains and losses on investments that were held or sold during the year.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recognized on the ex-dividend date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Guaranteed Investment Account – This account is fully benefit-responsive and is valued based on contract value. Contract value represents contributions made under the contract plus credited interest less participant withdrawals and fees.

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.

Payment of Benefits – Benefit payments to participants are recorded when paid.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets 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 provides for various investment options. Investment securities are exposed to various risks, such as interest, market and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Subsequent Events – Management has evaluated the effects of all subsequent events through October 9, 2026, the date the financial statements were available to be issued, to determine if events or transactions occurring through that date require potential adjustment or disclosure in the financial statements.

3. FAIR VALUE MEASUREMENTS

The Plan uses fair value measurements to record fair value adjustments to certain assets and to determine fair value disclosures (as discussed in Note 2). The following table sets forth, by level within the fair value hierarchy, the Plan's assets that are measured at fair value as of December 31, with the exception of the common collective trust funds and pooled separate accounts, which are valued at fair value using the NAV practical expedient. The fair value of the common collective trust funds and pooled separate accounts is provided below to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

	2025	2024
Level 1:		
Mutual funds	$ 314,624	$ 3,680,658
Money market fund	-	76,150
Investments measured at NAV:		
Common collective trust funds	4,168,083	-
Pooled separate accounts	21,220	-
	$ 4,503,927	$ 3,756,808

4. INCOME TAX STATUS

The Plan Sponsor has adopted the Empower Retirement, LLC Non-Standardized Pre-Approved Profit Sharing/Money Purchase/CODA Plan (the "Pre-Approved Plan"). The Pre-Approved Plan received an Opinion Letter from the Internal Revenue Service dated November 14, 2022, stating that the form of the Plan is acceptable under Section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. Accordingly, no provision has been made for Federal income taxes in the accompanying financial statements.

5. PARTY IN INTEREST TRANSACTIONS

The Plan invests in a guaranteed investment contract issued by Empower Annuity Insurance Company, the Plan's trustee. The Plan invests in a certain mutual fund managed by Empower Retirement, LLC, an affiliate of Empower Annuity Insurance Company.

The Plan's trustees Fidelity Management Trust Company and Empower Annuity Insurance Company are affiliated with Fidelity Work Place Services, LLC and Empower Retirement, LLC, the Plan's recordkeepers. The Plan paid approximately $1,313 and $552, respectively, to these recordkeepers for these services during the year ended December 31, 2025.

6. CERTIFIED INVESTMENT INFORMATION

The following is a summary of unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule. The information was prepared by the trustees of the Plan, Fidelity Management Trust Company as of December 31, 2024, and for the period January 1, 2025 through October 31, 2025 and Empower Annuity Insurance Company as of December 31, 2025, and for the period November 1, 2025 through December 31, 2025, and furnished to the Plan Sponsor. The trustees have certified that the following information is complete and accurate:

a. Current value of assets held by the trustees at December 31:

	2025	2024
Mutual funds	$ 314,624	$ 3,680,658
Common collective trust funds	4,168,083	-
Pooled separate accounts	21,220	-
Money market fund	-	76,150
Guaranteed investment account, at contract value	79,064	-
Notes receivable from participants	96,143	134,151

b. Additions to net assets available for Plan benefits for the year ended December 31, 2025:

Net appreciation in fair value of investments	$ 539,238
Interest and dividends	156,369
Interest earned on notes receivable from participants	9,713

c. Form 5500: Schedule of Assets (Held at End of Year) See supplemental schedule, page 12.

d. Fair value of investments reported in Note 3 at December 31, 2025 and 2024, with the exception of the classification of investments within the fair value hierarchy.

7. RECONCILIATION OF FORM 5500 TO THE FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

	2025	2024
Net assets available for benefits per the financial statements	$ 4,679,134	$ 3,967,576
Employer contributions receivable	-	(76,617)
Deemed loans with no distributable event	(310)	(3,322)
Net assets available for benefits per the Form 5500	$ 4,678,824	$ 3,887,637

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2025:

Change in net assets available for benefits per the financial statements	$ 711,558
Change in employer contributions receivable	76,617
Deemed loans with no distributable event	3,012
Change in net assets available for benefits per the Form 5500	$ 791,187

* * * * * *

AMERICAN HARDWOOD INDUSTRIES 401(k) PLAN
EIN #16-1470112
PLAN NUMBER: 001

FORM 5500: SCHEDULE H, 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
		Mutual funds:		
	Fidelity Investments	Fidelity 500 Index	**	$ 133,206
	John Hancock	Jhancock Bond I	**	97,865
	Fidelity Investments	Fidelity Growth Company Fund	**	24,349
	Fidelity Investments	Fidelity Balanced Fund	**	21,160
	MassMutual	MassMutual Small Cap Opportun I	**	18,810
	Fidelity Investments	Fidelity Mid Cap Index	**	9,816
	Dodge & Cox	Dodge & Cox Global Bond - I	**	5,282
	Lazard	Lazard International Equity Instl	**	2,517
	American Fund Distributors, Inc.	American Funds New World R6	**	1,011
	Fidelity Investments	Fidelity International Index	**	341
	Fidelity Investments	Fidelity Small Cap Index	**	99
	Federated Hermes	Federated Hermes MDT Small CP Core IS	**	63
*	Empower Retirement	Empower Real Estate Index Inst	**	50
	MassMutual	MassMutual Blue Chip Growth I	**	29
	Fidelity Investments	American Beacon Small CP Val R5	**	26
		Common collective trusts:		
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2035 CL 2	**	1,138,071
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2030 CL 2	**	637,861
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2025 CL 2	**	531,980
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2020 CL 2	**	468,205
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2040 CL 2	**	403,894
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2045 CL 2	**	247,616
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2060 CL 2	**	191,007
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2055 CL 2	**	186,752
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2050 CL 2	**	168,611
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2015 CL 2	**	102,826
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2065 CL 2	**	89,730
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2010 CL 2	**	1,530
		Pooled separate accounts:		
	Robeco	Robeco BP Large Cap Val Eqty (IS Pltfrm)	**	21,070
	MFS Investment Management	MFS Intnl Growth Equity (IS Platform)	**	125
	MFS Investment Management	MFS Mid Cap Value Fund (IS platform)	**	25
		Fully benefit-responsive investment contract:		
*	Empower Annuity Insurance	Guaranteed Income Fund, at contract value	**	79,064
		Notes receivable from participants:		
		Interest rates range from 4.25% to 9.50%, maturing through August 2030	$ -0-	96,143

* Represents a party in interest.
** Cost information omitted due to investments and transactions being participant-directed.

SCHEDULE C SUPPLEMENTAL REPORT

This report includes fee-related information recordkept by Fidelity Investments for the plan, as well as information made available to Fidelity through Morningstar, Inc., an independent investments research company, and certain other sources, which has not been independently verified by Fidelity. The notes section of this report may or may not be applicable to your plan. In some cases, you may also need to reference the Auditor's Guide for more detail. Please log into PSW to access the Auditor's Guide and related documents that can assist you and/or your auditors in facilitating your employee benefit plan audit.

PART I, LINE 1 - INFORMATION ON PERSONS EXCLUDED FROM THE REST OF PART I BECAUSE THEY RECEIVED ONLY ELIGIBLE INDIRECT FEES.

- If there are non-Fidelity funds in the plan and all information is available in the eligible indirect compensation disclosure at the end of this report, check "yes" and in part I, line 1(b) enter Fidelity Investments Institutional Operations Company LLC - 04-2647786.
- If all information is not available, you may need to contact the applicable fund family for additional information and disclose the name and EIN of the entity providing the disclosure in part I, line 1(b).

PART I, LINE 2 - INFORMATION ON SERVICE PROVIDERS RECEIVING DIRECT FEES

SERVICE PROVIDER NAME Part I, Line 2(a)	EIN/ADDRESS *1 Part I, Line 2(a)	SERVICE CODE Part I, Line 2(b)	RELATIONSHIP TO ER, EE,ORG OR PERSON OF INTEREST Part I, Line 2(c)	DIRECT COMP PAID BY PLAN Part I, Line 2(d)
SEE NOTE *2	SEE NOTE *2	27	ADVISOR	$12,160
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	04-2647786	37 64 65	RECORDKEEPER	$1,313

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME Part I, Line 3(a)	SERVICE CODE Part I, Line 3(b) Part I, Line 2(b)	AMOUNT OF INDIRECT COMPENSATION Part I, Line 3(c)	NAME OF SOURCE OF INDIRECT COMPENSATION Part I, Line 3(d)	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 Part I, Line 3(d)	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) Part I, Line 3(e)
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	$0	COL MID CAP INDEX I2 - COLUMBIA MGT INVESTMENT SERVICES CORP	SEE NOTE *2	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	$0	MFS EMRG MKT DEBT R4 - MFS SERVICE CENTER INC.	04-2865649	0.15%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0458	FID GOVT MMKT - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	SPAXX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.25%
1382	FA SMALL CAP GR I - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCIGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.91%
2220	FA CORP BOND I - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCBIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.35%
2328	FID 500 INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FXAIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.01%
2733	FA TOTAL BOND Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FBKWX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.28%
3238	FA FRDM RETIRE Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJUX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.42%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
3241	FA FREEDOM 2015 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
3242	FA FREEDOM 2020 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJLX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.48%
3243	FA FREEDOM 2025 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJMX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.52%
3244	FA FREEDOM 2030 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJNX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.55%
3245	FA FREEDOM 2035 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJOX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.59%
3246	FA FREEDOM 2040 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJPX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.62%
3247	FA FREEDOM 2045 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJQX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.64%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
3248	FA FREEDOM 2050 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJRX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.64%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
3249	FA FREEDOM 2055 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJSX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.64%
3250	FA FREEDOM 2060 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FIJTX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.64%
3412	FA FREEDOM 2065 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDFQX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.64%
7646	FA FREEDOM 2070 Z - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FRBOX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.64%
OEAO	MFS EMRG MKT DEBT R4 - MASSACHUSETTS FINANCIAL SERVICES COMPANY	MEDGX	MFS	FUND MANAGEMENT	0.68%
OK2J	PUTN LG CAP VAL R6 - PUTNAM INVESTMENT MANAGEMENT, LLC	PEQSX	FRANKLIN TEMPLETON INVESTMENTS	FUND MANAGEMENT	0.46%
OKT4	COL MID CAP INDEX I2 - COLUMBIA MGMT	CPXRX	COLUMBIA THREADNEEDLE	FUND MANAGEMENT	0.20%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
	INVESTMENT ADVISERS, LLC				
OUBI	AF CAP WORLD G&I R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RWIGX	CAPITAL GROUP	FUND MANAGEMENT	0.37%
OUBT	AF BALANCED R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RLBGX	CAPITAL GROUP	FUND MANAGEMENT	0.21%
OUBU	AF GRTH FUND AMER R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RGAGX	CAPITAL GROUP	FUND MANAGEMENT	0.26%
OUFP	AF NEW WORLD R6 - CAPITAL RESEARCH AND MANAGEMENT COMPANY	RNWGX	CAPITAL GROUP	FUND MANAGEMENT	0.51%

SCHEDULE C SUPPLEMENTAL REPORT

*1 If EIN is provided, Address will not be provided. If EIN is not available and Address is available, the Address will be displayed. If neither EIN nor Address is available "See Note *2" will be displayed.

*2 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for non-Fidelity funds and/or other third party service providers related to compensation is not available, more information for the annual operating expenses of the fund may be found in the Fee Table of the Fund Summary section of each prospectus and/or statement of additional information. In addition, information about the services provided and the identity of the entities performing services with respect to each fund may be found in the Fund Services section of each prospectus. If the compensation being reported relates to a Fidelity fund, more information for the annual operating expenses of the fund may be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, statement of additional information, the fund's investment manager or annuity provider.

*3 For Self-Directed Brokerage Investments, each fund family may offer an indirect support fee paid to Fidelity Investments. Each indirect support fee paid by a fund may differ depending on the form of investment. Please contact your Fidelity representative to receive information on indirect support fees for your Self- Directed Brokerage Investments.

*4 Net Expense Ratio is displayed.

*5 Gross Expense Ratio is displayed.

*6 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for this Fund is not available, the fee information for the annual operating expenses and/or information about the services provided and identity of the entities performing the services can be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, the fund's investment manager or annuity provider.

Additional Information:

Fidelity may have provided non-monetary compensation, such as meals or business entertainment, to associates or service providers during the plan year for which this data is being reported. If you believe there are associates or plan service providers who have received total non-monetary compensation, from all sources of $5,000 or more, that are not reflected on this report, you may contact your Fidelity representative and ask for a detailed summary of non-monetary compensation provided during the plan year. For additional information, please refer to the Auditor's Guide.

Fidelity utilizes omnibus accounts at unaffiliated banks to facilitate transactions for the defined contribution plans it services as set forth in your trust or service agreement or letter of authorization. If markets permit, omnibus account balances are invested in short-term investments that generally earn a rate approximating the Target Federal Funds Rate and/or money market rates. These earnings are called "float" and are considered eligible indirect compensation for purposes of Schedule C. Fidelity uses these earnings to pay bank fees and make other required adjustments and generally retains any float earnings that exceed such fees and adjustments. Fidelity is responsible for paying bank fees to the extent they exceed float earnings.

Since the amount of float generated depends on the length of time that assets are held in the omnibus accounts, Fidelity adheres to the following specific time frames within which cash pending investment or distribution is held:

SCHEDULE C SUPPLEMENTAL REPORT

- If contributions are received by Fidelity in good order before the close of trading, Fidelity executes transactions in the investment options as of that day's closing price (the "transaction date" or "T"). Settlement of trades for most investment options occurs on the following business day ("T+1") or, in the case of certain securities including company stock, on T+2 (prior to September 5, 2017 the settlement period for certain securities including company stock was T+3).

- Exchange requests received by Fidelity in good order before the close of trading are processed in that day's nightly cycle. If investment options have identical settlement rules, exchanges between them generate no overnight balances, as money is received from one investment option and conveyed to another investment option on the same business day. If investment options have different settlement rules, balances attributable to exchanges may remain in the omnibus account for a few days if FMTC serves as trustee of the plan.

- Disbursement requests received in good order before the close of trading are processed in that day's nightly cycle, and reflected as debits from participant accounts as of that date ("T"). Proceeds attributable to disbursements are received from investment options or from the unaffiliated Plan trustee based on the settlement period for the investment options. Disbursements are made to participants on T+2 either through electronic funds transfers or by mailing a check. Disbursement proceeds distributed by check remain in the omnibus account until the check is presented for payment.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

American Hardwood Industries 401(k) Plan

03-NOV-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TR30C2			631,457.62	637,860.75
1TR10C2			1,518.17	1,530.23
1TR20C2			464,247.83	468,204.90
1TR25C2			527,282.79	531,980.33
1TR60C2			188,362.30	191,006.50
1TR50C2			166,315.04	168,610.48
1TR35C2			1,125,131.23	1,138,070.53
1TR15C2			101,981.93	102,826.40
1TR65C2			88,447.29	89,730.32
1TR45C2			244,320.92	247,616.39
1TR40C2			398,803.60	403,894.43
1TR55C2			184,133.88	186,751.85
1RNWGX			1,041.65	1,010.84
1FSPSX			335.21	340.94
1LZIEX			2,708.88	2,517.31
1S6058R			121.76	125.06
1MXSFX			51.38	49.60
1AVFIX			27.45	25.77
1QISCX			68.74	62.97
1FSSNX			97.84	99.25
1MSOOX			19,923.20	18,810.51
1FSMDX			9,781.00	9,816.36
1S6078R			24.98	25.54
1FDGRX			25,769.98	24,349.28
1FXAIX			133,405.34	133,206.04
1MBCZX			34.69	28.85
1S6061R			20,547.09	21,069.88
1FBALX			21,344.82	21,159.85
1DODLX			5,324.03	5,282.03
1JHBIX			98,221.10	97,864.55
1NCFACN			72,888.89	73,343.52
			4,533,720.63	**4,577,271.26**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	95,475.62	95,833.36
FORFEITURES			5,687.00	5,719.83

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 161439224

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

American Hardwood Industries 401(k) Plan

03-NOV-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1TR30C2	T Rowe Price Ret Blend Sel Tr 2030 CL 2	1TR10C2	T Rowe Price Ret Blend Sel Tr 2010 CL 2
1TR20C2	T Rowe Price Ret Blend Sel Tr 2020 CL 2	1TR25C2	T Rowe Price Ret Blend Sel Tr 2025 CL 2
1TR60C2	T Rowe Price Ret Blend Sel Tr 2060 CL 2	1TR50C2	T Rowe Price Ret Blend Sel Tr 2050 CL 2
1TR35C2	T Rowe Price Ret Blend Sel Tr 2035 CL 2	1TR15C2	T Rowe Price Ret Blend Sel Tr 2015 CL 2
1TR65C2	T Rowe Price Ret Blend Sel Tr 2065 CL 2	1TR45C2	T Rowe Price Ret Blend Sel Tr 2045 CL 2
1TR40C2	T Rowe Price Ret Blend Sel Tr 2040 CL 2	1TR55C2	T Rowe Price Ret Blend Sel Tr 2055 CL 2
1RNWGX	American Funds New World R6	1FSPSX	Fidelity International Index
1LZIEX	Lazard International Equity Instl	1S6058R	MFS Intnl Growth Equity (IS Platform)
1MXSFX	Empower Real Estate Index Inst	1AVFIX	American Beacon Small Cp Val R5
1QISCX	Federated Hermes MDT Small Cp Core IS	1FSSNX	Fidelity Small Cap Index
1MSOOX	MassMutual Small Cap Opportun I	1FSMDX	Fidelity Mid Cap Index
1S6078R	MFS Mid Cap Value Fund (IS Platform)	1FDGRX	Fidelity Growth Company Fund
1FXAIX	Fidelity 500 Index	1MBCZX	MassMutual Blue Chip Growth I
1S6061R	Robeco BP Large Cap Val Eqty (IS Pltfrm)	1FBALX	Fidelity Balanced Fund
1DODLX	Dodge & Cox Global Bond - I	1JHBIX	JHancock Bond I
1NCFACN	Guaranteed Income Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

AMERICAN HARDWOOD INDUSTRIES 401(k) PLAN
EIN #16-1470112
PLAN NUMBER: 001

FORM 5500: SCHEDULE H, 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
		Mutual funds:		
	Fidelity Investments	Fidelity 500 Index	**	$ 133,206
	John Hancock	Jhancock Bond I	**	97,865
	Fidelity Investments	Fidelity Growth Company Fund	**	24,349
	Fidelity Investments	Fidelity Balanced Fund	**	21,160
	MassMutual	MassMutual Small Cap Opportun I	**	18,810
	Fidelity Investments	Fidelity Mid Cap Index	**	9,816
	Dodge & Cox	Dodge & Cox Global Bond - I	**	5,282
	Lazard	Lazard International Equity Instl	**	2,517
	American Fund Distributors, Inc.	American Funds New World R6	**	1,011
	Fidelity Investments	Fidelity International Index	**	341
	Fidelity Investments	Fidelity Small Cap Index	**	99
	Federated Hermes	Federated Hermes MDT Small CP Core IS	**	63
*	Empower Retirement	Empower Real Estate Index Inst	**	50
	MassMutual	MassMutual Blue Chip Growth I	**	29
	Fidelity Investments	American Beacon Small CP Val R5	**	26
		Common collective trusts:		
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2035 CL 2	**	1,138,071
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2030 CL 2	**	637,861
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2025 CL 2	**	531,980
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2020 CL 2	**	468,205
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2040 CL 2	**	403,894
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2045 CL 2	**	247,616
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2060 CL 2	**	191,007
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2055 CL 2	**	186,752
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2050 CL 2	**	168,611
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2015 CL 2	**	102,826
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2065 CL 2	**	89,730
	MassMutual Select	T. Rowe Price Ret Blend Sel TR 2010 CL 2	**	1,530
		Pooled separate accounts:		
	Robeco	Robeco BP Large Cap Val Eqty (IS Pltfrm)	**	21,070
	MFS Investment Management	MFS Intnl Growth Equity (IS Platform)	**	125
	MFS Investment Management	MFS Mid Cap Value Fund (IS platform)	**	25
		Fully benefit-responsive investment contract:		
*	Empower Annuity Insurance	Guaranteed Income Fund, at contract value	**	79,064
		Notes receivable from participants:		
		Interest rates range from 4.25% to 9.50%, maturing through August 2030	$ -0-	96,143

* Represents a party in interest.
** Cost information omitted due to investments and transactions being participant-directed.