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
CWPM, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

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)
CWPM, LLC

25 NORTON PLACE
PLAINVILLE, CT 06062

2b Employer Identification Number (EIN)
06-1600557

2c Plan Sponsor's telephone number
860-747-1335

2d Business code (see instructions)
562000

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	STEVE REWENKO
	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**	468
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)**	348
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	347
b	Retired or separated participants receiving benefits	**6b**	26
c	Other retired or separated participants entitled to future benefits	**6c**	127
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	500
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	501
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)**	458
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)**	478
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	52
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 3D

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
CWPM, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
06-1600557

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 OF AMERICA

(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
84-0467907	68322	332649-01	44	01/01/2025	12/31/2025

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

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

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	368763

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	296301
c	Additions: (1) Contributions deposited during the year	7c(1)	124879		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	9674		
	(4) Transferred from separate account	7c(4)	129674		
	(5) Other (specify below)	7c(5)	31662		
	▶ LOAN REPAYMENT(S), FORFEITURES, ROUNDING				
	(6)Total additions			7c(6)	295889
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	592190
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	55925		
	(2) Administration charge made by carrier	7e(2)	762		
	(3) Transferred to separate account	7e(3)	170263		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	226950
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	365240

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
CWPM, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
06-1600557

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	51465	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

REDHAWK WEALTH ADVISORS INC

7700 FRANCE AVENUE S STE 430
MINNEAPOLIS, MN 55435

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	34822	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PENSION CONSULTANTS INC

10 WATERSIDE DRIVE
SUITE 200
FARMINGTON, CT 06032

(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?
13	CONTRACT ADMIN	5519	Yes [X] No [ ]	Yes [ ] No [X]	9999	Yes [ ] No [X]

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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	6002	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PENSION CONSULTANTS INC	13	9999

(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.
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 84-0467907	TPA ALLOWANCE PAYMENT

(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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
CWPM, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CWPM, LLC

D Employer Identification Number (EIN)
06-1600557

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: FUTURE SERIES ACCT II OF GRT WEST

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

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)
84-0467907-001	P	26097839

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
CWPM, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
06-1600557

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14216	22005
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	685028	811363
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	296301	368763
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	21281839	25747320
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	22277384	26949451
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	5303
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	5303
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	22277384	26944148

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)	708030	
(B) Participants	2a(1)(B)	1520488	
(C) Others (including rollovers)	2a(1)(C)	24178	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2252696
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	60229	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		60229
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1373532	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1373532
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2566407
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6252864
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1487602	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1487602
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	98498	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		98498
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1586100
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4666764
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] 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: BUDWITZ & MEYERJACK, PC **(2)** EIN: 06-1218594

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

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

Part IV Compliance Questions

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

During the plan year:

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

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
CWPM, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
06-1600557

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): 84-0467907

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 05 / 26 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q704488A .

CWPM, LLC
401(K) PROFIT-SHARING PLAN

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

BUDWITZ & MEYERJACK, P.C.
Certified Public Accountants

DANIEL C. VOLLARO, CPA
MICHAEL A. ZIEBKA, CPA
DAVID A. PELLETIER, CPA
MICHAEL J. ALFIERI, CPA
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REPORT OF THE INDEPENDENT AUDITOR

To the Plan Administrator and Participants of
the CWPM, LLC 401(k) Profit-Sharing Plan:

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

We have performed audits of the accompanying financial statements of CWPM, LLC 401(k) Profit-Sharing 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of CWPM, LLC 401(k) Profit-Sharing 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 certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 CWPM, LLC 401(k) Profit-Sharing 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 CWPM, LLC 401(k) Profit-Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at year end, and the supplemental schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Budwitz & Meyerjack, P.C.
Farmington, Connecticut
October 8, 2026

CWPM, LLC
401(K) PROFIT-SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments:		
Investments - at fair value	$ 25,747,320	$ 21,281,838
Investment contracts - at contract value	368,763	296,302
Total Investments	26,116,083	21,578,140
Receivables:		
Employer matching contributions receivable	22,005	14,216
Notes receivable from participants	811,363	685,026
Total Receivables	833,368	699,242
TOTAL ASSETS	$ 26,949,451	$ 22,277,382
LIABILITIES		
Excess contributions payable	5,303	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 26,944,148	$ 22,277,382

The accompanying notes are an integral part
of these financial statements.

CWPM, LLC
401(K) PROFIT-SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions to Assets Attributed to		
Investment Income:		
Net appreciation in fair value of investments	$ 2,566,407	$ 1,855,900
Interest and dividend income on investments	1,373,532	847,600
Net Investment Gain	3,939,939	2,703,500
Interest income on notes receivable from participants	60,229	49,409
Contributions:		
Participant contributions	1,520,488	1,364,812
Employer matching contributions	708,030	657,210
Participant rollovers into the plan	24,178	89,072
Total Contributions	2,252,696	2,111,094
Total Additions	6,252,864	4,864,003
Deductions from Assets Attributed to:		
Benefits paid to participants	1,487,602	2,266,462
Administrative expenses	98,498	83,622
Total Deductions	1,586,100	2,350,084
Net Increase in Assets	4,666,764	2,513,919
Net Assets Available for Benefits:		
Beginning of Year	22,277,384	19,763,463
End of Year	$ 26,944,148	$ 22,277,382

The accompanying notes are an integral part
of these financial statements.

1. DESCRIPTION OF PLAN

The following description of the CWPM, LLC 401(k) Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General Information:
The Plan is a defined contribution plan established to provide retirement benefits for employees of CWPM, LLC (the Company) who have at least sixty (60) days of service and have reached the age of 18, effective by a Plan Amendment on January 1, 2024. Previously, participants were eligible if they had at least one year of service and were at least 18 years old. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:
This is a safe harbor 401(k) plan and is referred to as a qualified automatic contribution arrangement 401(k) plan. The employer makes safe harbor matching contributions equal to 100% of employee salary deferrals that do not exceed 1% of their respective compensation, plus 50% of salary deferrals between 1% and 6% of employee compensation.

Participant contributions to the Plan were $1,520,488 and $1,364,812 for the years ended December 31, 2025 and 2024, respectively. Participants also rolled over $24,178 and $89,072 of contributions from other qualified retirement plans in 2025 and 2024, respectively. The employer's matching contributions were $708,030 in 2025 and $657,210 in 2024.

Participant Accounts:
Participants have separate accounts for employee and employer contributions for each investment option selected. Participants may elect to have contributions invested in any or all of the investment options, subject to certain limitations. Investment income and administrative expenses are allocated to the participant's accounts. Allocations of investment income and administrative expenses are based on the participant's compensation or account balances, as defined.

Notes Receivable from Participants:
At the Plan's discretion, participants may borrow from their accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or one-half of their vested account balance. Loan terms range from one to five years, except for loans to purchase a primary residence, which may be offered over a term up to thirty years. The loans are secured by the balance in the participant's account and bear interest at a rate that professional lenders would charge, as determined by the plan administrator. The notes currently bear interest at rates ranging from 4.25% to 9.50%. Generally, principal and interest are paid ratably through payroll deductions.

Vesting:
Participants are immediately 100% vested in their salary deferral contributions, including catch-up contributions, and any rollover contributions they make to the plan. Earnings on employee deferral contributions and rollover contributions are immediately 100% vested to the participant. Participants are 100% vested in qualified safe harbor contributions after the completion of two years of service.

The Plan also features a five-year graded vesting schedule for other than safe harbor matching contributions as follows:

Years of Service	Vested %
1	20%
2	40%
3	60%
4	80%
5	100%

Forfeitures:
Upon termination of employment, a participant's non-vested account balance is used to reduce the Company's matching contributions to the Plan. During 2025 and 2024 no forfeitures were used to reduce employer contributions.

Payment of Benefits:
Upon retirement, disability, death or termination of employment, the participant shall become entitled to the total value of his or her vested account, determined as of the valuation date. The Plan also provides for in-service withdrawals by qualified participants. Distributions will be paid by lump sum. Benefits to participants are recorded when paid.

Administrative Expenses:
The plan sponsor bears the majority of the costs of administering the Plan. The Plan records certain costs for recordkeeping and participant loan administration.

Investment Options:
Upon enrollment in the plan, participants may direct their contributions to a variety of mutual funds and guaranteed investment contracts held with the Trustee, Empower Retirement.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:
The Plan uses the accrual basis of accounting for plan transactions.

Investment Valuation and Income Recognition:
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a disclosure of fair value measurements.

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

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 certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants:
Loans to participants are reported at their unpaid principal balances plus any accrued and unpaid interest.

Reclassifications:
Certain amounts reported in 2024 have been reclassified to conform to classifications reflected in these financial statements. None of the reclassifications affected previously reported changes in assets available for benefits.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

All asset information included in the Plan's financial statements and supplemental schedules at and for the years ended December 31, 2025 and 2024 were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustees.

The Plan's investments, including investments bought, sold, and held during the year, appreciated or (depreciated) in fair value as follows:

	2025	2024
Mutual Funds	$ 2,566,407	$ 1,855,900

The following table presents individual investments that represent five percent (5%) or more of the Plan's assets:

	2025	2024
American Funds Growth and Income Port. R-6	$ 5,724,216	$ 5,218,741
American Funds Moderate G/I Portfolio R6	3,779,870	3,270,267
American Funds 2045 Target Date Retirement R6	3,591,610	3,096,317
American Funds 2040 Target Date Retirement R6	1,960,667	1,566,886
Vanguard 500 Index Fund Admiral Shares	1,826,885	1,483,638

4. FULLY BENEFIT-RESPONSIVE GUARANTEED INVESTMENT CONTRACTS

The Plan holds investments in a stable value general account product, the EI Fixed Account – Series Class VI (Investment Option Code: 1GWAQ10), issued by Empower Annuity Insurance Company of America. Empower Trust Company, LLC maintains the contributions in a medium-to-long term portfolio general account. The account is credited with earnings on the underlying investments and charged for participant-initiated withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The contract is benefit-responsive for all participant-initiated transactions, allowing participants to ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. However, the investment contract contains provisions that prevent the immediate and full payout of the entire contract value for plan-initiated transactions. Under Statement of Position (SOP) 94-4-1, the plan must evaluate whether plan-level limiting events (such as premature termination of the contract by the plan, plant closings, layoffs, plan termination, bankruptcy, mergers, or early retirement incentives) are probable of occurring. If such plan-level events are deemed not probable of occurring, contract value is the relevant measurement attribute for the portion of net assets available for benefits attributable to this investment. If the contract is determined to be non-benefit responsive at the plan level, regulations require the contract to be reported at Fair Value. Using a discounted cash flow valuation methodology, prior to any contract termination, the Fair Value of this investment contract equals the Contract Value.

The comparative contract values (which equal fair values prior to contract termination) held by the plan are as follows:

- As of December 31, 2025, the Contract Value was $350,519.
- As of December 31, 2024, the Contract Value was $296,302.

The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the general account portfolio compared to the contractual minimum interest crediting rate and prevailing market conditions. The interest crediting rate is reviewed and reset quarterly. For the plan years ended December 31, 2025 and 2024, the actual average yields earned by the Plan and the average yields earned by the fund were identical and tracked as follows:

Yield Performance Attribute	Plan Year 2025	Plan Year 2024
Average Yield Earned by the Fund	2.70%	2.66%
Actual Average Yield Earned by the Plan	2.70%	2.66%

Certain events limit the Plan's ability to transact at contract value with the issuer. These plan-directed events include, but are not limited to, plan amendments, complete or partial plan termination, plan mergers, bankruptcy of the plan sponsor, or failure of the trust to maintain its tax-exempt status. The Plan administrator does not believe that the occurrence of any such event limiting the Plan’s ability to transact at contract value is probable.

5. FAIR VALUE MEASUREMENTS

Authoritative guidance on fair value measurements provides a framework for measuring fair value and establishes a fair value hierarchy that prioritizes the inputs used in valuation techniques. This hierarchy has three broad levels: Level 1 inputs are unadjusted quoted prices in active markets for identical assets and liabilities (and have the highest priority), and Level 3 inputs are unobservable and have the lowest priority. The level of a fair value hierarchy is determined entirely by the lowest level input that is significant to the fair value measurement. When available, the Plan uses Level 1 inputs because they generally provide the most reliable evidence of fair value.

- Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities;

- Level 2 - Unadjusted quoted prices in active markets that are accessible at the financial instruments for which all significant inputs are observable, either directly or indirectly;

- Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

Investments at Fair Value as of December 31, 2025

Asset Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Mutual Funds	$ 25,747,320	$25,747,320	$ -	$ -
Fixed Annuities	368,763	-	368,763	-
Total Investments	$ 26,116,083	$25,747,320	$ 368,763	$ -

Investments at Fair Value as of December 31, 2024

Asset Category	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Mutual Funds	$ 21,281,838	$21,281,838	$ -	$ -
Fixed Annuities	296,302	-	296,302	-
Total Investments	$ 21,578,140	$21,281,838	$ 296,302	$ -

The following table reconciles the beginning balances of fair value measurements using significant other observable inputs (Level 2) of investment contracts with the insurance company for the years ending December 31, 2025 and 2024:

Level 2 Rollforward Elemant	**Plan Year 2025**	**Plan Year 2024**
Beginning Balance (January 1)	$ 296,302	$ 221,724
Net Participant Contributions & Deposits	53,247	73,145
Net Plan Asset Transfers	19,766	21,448
Guaranteed Interest / Dividends Credited	9,301	6,767
Forfeiture Account Additions / Reallocations	40,980	2,756
Contract Fees & Administrative Expenses	(762)	(403)
Contract Withdrawals & Payouts	(50,071)	(29,135)
Ending Balance (December 31)	$ 368,763	$ 296,302

6. INCOME TAX STATUS

The Plan is qualified under the applicable section of the Internal Revenue Code (the "IRC") and, as such, is exempt from Federal income taxes. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The CWPM, LLC Plan Administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, complied with the applicable requirements of the IRC. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2020.

7. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and stable value instruments managed by affiliates of Empower Trust Company, LLC. Empower Trust Company, LLC is the Plan's designated Trustee and recordkeeper; therefore, these transactions qualify as party-in-interest transactions under employee benefit regulations, but they are exempt from the prohibited transaction rules under the Employee Retirement Income Security Act of 1974 (ERISA).

Fees paid by the Plan for investment management, recordkeeping, and participant administrative services are directly deducted from participant accounts or netted against the underlying investment options' asset performance. Under the cash basis method of accounting, total administrative expenses recognized on the face of the financial statements were $98,498 for the plan year ended December 31, 2025, and $83,620 for the plan year ended December 31, 2024. These combined totals include direct party-in-interest fees paid to the Trustee of $79,435 and $74,944, respectively. The remaining balances of plan expenses, $19,063 (2025) and $8,676 (2024), represent non-fiduciary plan administration expenses, third-party compliance testing costs, legal updates, and annual reporting fees that are bundled within the total administrative expenses line.

8. PLAN INVESTMENT ADVISORY DISCLOSURES

The Plan has an agreement with Redhawk Wealth Advisors, Inc. to provide independent co-fiduciary investment advisory and portfolio consulting services to the Plan. Redhawk Wealth Advisors, Inc. is an independent registered investment advisor and is not an affiliate of the Plan Sponsor, the Plan Administrator, or the Plan Trustee (Empower Trust Company, LLC). Because these professional services are rendered directly to the Plan, transactions under this agreement qualify as party-in-interest transactions under employee benefit regulations; however, they are exempt from the prohibited transaction rules under ERISA Section 408(b)(2).

In accordance with the service contract, investment advisory fees are calculated based on a contractually specified percentage of total plan assets under advisement and are charged quarterly. Direct compensation paid by the Plan out of the trust asset base to Redhawk Wealth Advisors, Inc. for these investment advisory services for the plan years ended December 31, 2025 and 2024, tracked as follows:

- For the plan year ended December 31, 2025, direct compensation paid to the advisor totaled $34,822.
- For the plan year ended December 31, 2024, direct compensation paid to the advisor totaled $30,605.

These advisory fees are bundled on the face of the financial statements within the total administrative expenses line, matching the statutory direct compensation disclosures filed on Schedule C (Form 5500) for both reporting periods.

9. RISKS AND UNCERTAINTIES

The Plan provides for various investment options in mutual funds and guaranteed investment contracts. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect participant account balances and the amounts reported in the statement of assets available for benefits.

10. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent (100%) vested in their employer contributions.

11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 8, 2026, the date these financial statements were available for issuance.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The net assets available for benefit as of December 31, 2025 and 2024 agree to Schedule H of Form 5500.

The increase in net assets available for benefit for the years ended December 31, 2025, and 2024 agrees with Schedule H of Form 5500.

SUPPLEMENTAL SCHEDULES

CWPM, LLC
401(K) PROFIT-SHARING PLAN
FORM 5500, SCHEDULE H - LINE 1 C (14)
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2025

Employer Identification Number: 06-1600557
Plan Number: 001

Lessor or Similar Party Identity of Issue, Borrower, or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
American Funds Conserv G/I Portfolio R6	Mutual Funds	$ 564,725
American Funds Moderate G/I Portfolio R6	Mutual Funds	3,779,870
American Funds 2020 Trgt Date Retire R6	Mutual Funds	84,254
American Funds 2025 Trgt Date Retire R6	Mutual Funds	575,538
American Funds 2030 Trgt Date Retire R6	Mutual Funds	1,104,343
American Funds 2035 Trgt Date Retire R6	Mutual Funds	1,475,607
American Funds 2040 Trgt Date Retire R6	Mutual Funds	1,960,667
American Funds 2045 Trgt Date Retire R6	Mutual Funds	3,591,610
American Funds 2050 Trgt Date Retire R6	Mutual Funds	1,074,746
American Funds 2055 Trgt Date Retire R6	Mutual Funds	352,335
American Funds 2060 Trgt Date Retire R6	Mutual Funds	243,288
American Funds 2065 Trgt Date Retire R6	Mutual Funds	262,373
American Funds Gr And Inc Port R-6	Mutual Funds	5,724,216
American Funds Growth Portfolio R6	Mutual Funds	1,171,949
Fidelity Advisor Small Cap Value Z	Mutual Funds	30,025
Hartford Schroders International STK SDR	Mutual Funds	172,766
Janus Henderson Enterprise I	Mutual Funds	64,205
JHancock Bond R6	Mutual Funds	148,277
Lord Abbett Growth Leaders R6	Mutual Funds	93,968
Morgan Stanley Inst Intl Advtg R6	Mutual Funds	93,467
Pimco Income INSTL	Mutual Funds	411,423
Putnam Core Bond Fund R6	Mutual Funds	7,098
Putnam Small Cap Growth R6	Mutual Funds	19,268
Putnam Small Cap Value R6	Mutual Funds	193,373
Vanguard 500 Index Admiral	Mutual Funds	1,826,885
Vanguard Growth Index ADM	Mutual Funds	262,567
Vanguard Mid Cap Index Fund-Admiral	Mutual Funds	159,129
Vanguard Small Cap Index ADM	Mutual Funds	239,169
Victory Sycamore Established Value R6	Mutual Funds	39,829
Victory Trivalent Intl Small Cap R6	Mutual Funds	20,350
	FASB ASC 820 CATEGORY CODE 1 - SUBTOTAL	$25,747,320
EI Fixed Account Series Class VI	Fixed Annuities	$ 368,763
	FASB ASC 820 CATEGORY CODE 2 - SUBTOTAL	$ 368,763
	TOTAL PLAN INVESTMENTS DECEMBER 31, 2025	$26,116,083

CWPM, LLC
401(k) PROFIT-SHARING PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF 5% REPORTABLE TRANSACTIONS
DECEMBER 31, 2025

Employer Identification Number: 06-1600557
Plan Number: 001

(a) Investment Symbol	(b) Identity of Investment Involved	(c) Purchase Amount	(d) Purchase Units/Shares	(e) Purchase Count	(f) Sales Amount	(g) Sales Unit/Shares	(h) Sales Count	(i) Cost of Sales	(j) Transaction Date
3GWAQ10	EI Fixed Account - Series Class VI	22,784	-	39	$ 19,698	-	1	$ 19,698	SERIES
4GWAQ10	EI Fixed Account - Series Class VI	351	-	1	68	-	1	68	SERIES
5GWAQ10	EI Fixed Account - Series Class VI	-	-	-	-	-	24	-	SERIES
1MXCJX	Empower SecureFoundation Bal Inst	-	-	-	1,443	209.410	24	1,587	SERIES
1RRCTX	American Funds 2020 Trgt Date Retire R6	31,121	2,176	469	247	17.423	52	234	SERIES
1RFDTX	American Funds 2025 Trgt Date Retire R6	160,848	9,912	1,917	119,090	7,417.061	247	110,347	SERIES
1RFETX	American Funds 2030 Trgt Date Retire R6	270,673	14,456	3,287	89,703	4,802.213	391	77,767	SERIES
1RFFTX	American Funds 2035 Trgt Date Retire R6	298,493	14,435	5,015	83,981	4,152.368	514	76,733	SERIES
1RFGTX	American Funds 2040 Trgt Date Retire R6	309,387	13,679	3,821	112,670	5,158.779	421	97,760	SERIES
1RFHTX	American Funds 2045 Trgt Date Retire R6	526,795	22,417	6,180	438,691	19,255.038	787	377,820	SERIES
1RFITX	American Funds 2050 Trgt Date Retire R6	279,473	12,204	4,976	55,606	2,471.455	546	48,432	SERIES
1RFKTX	American Funds 2055 Trgt Date Retire R6	168,493	5,822	4,020	102,261	3,633.369	530	88,803	SERIES
1RFUTX	American Funds 2060 Trgt Date Retire R6	101,017	5,138	2,738	38,106	1,959.492	324	33,923	SERIES
1RFVTX	American Funds 2065 Trgt Date Retire R6	125,340	6,548	3,392	34,479	1,733.716	470	28,922	SERIES
1SCIJX	Hartford Schroders International Stk SDR	122,146	5,960	3,877	118,339	5,738.036	1,797	100,130	SERIES
1IDVSX	Morgan Stanley Inst Intl Advtg R6	30,002	1,100	2,371	9,769	350.636	222	8,199	SERIES
1MSSIX	Victory Trivalent Int'l Small-Cap R6	3,342	180	459	759	38.373	88	627	SERIES
1VGSLX	Vanguard Real Estate Index Admiral	5,775	46	1,246	88,066	741.963	410	103,804	SERIES
1FIKNX	Fidelity Advisor Small Cap Value Z	15,292	762	1,998	1,552	78.185	368	1,541	SERIES
1PLKGX	Putnam Small Cap Growth R6	3,205	39	113	8,346	97.197	14	7,416	SERIES
1VSMAX	Vanguard Small Cap Index Adm	85,328	760	4990	47,533	409.640	1,374	42,307	SERIES
1JMGRX1	Janus Henderson Enterprise I	80,034	597	1210	21,863	147.559	327	19,333	SERIES
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	151,234	473	5044	59,521	178.728	1,195	53,955	SERIES
1VEVRX	Victory Sycamore Established Value R6	29,513	666	3151	24,388	521.353	575	24,184	SERIES
1VRMGX	Virtus KAR Mid-Cap Growth R6	1,901	31	120	53,135	943.510	33	53,088	SERIES
1RGWGX	American Funds Growth Portfolio R-6	169,180	6,013	701	17,990	664.220	87	14,604	SERIES
1OIEJX	JPMorgan Equity Income R6	8,416	345	1481	141,656	6,179.144	382	145,021	SERIES
1LGLVX	Lord Abbett Growth Leaders R6	9,858	183	408	23,352	434.206	60	14,315	SERIES

CWPM, LLC
401(k) PROFIT-SHARING PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF 5% REPORTABLE TRANSACTIONS
DECEMBER 31, 2025

Employer Identification Number: 06-1600557
Plan Number: 001

(a) Investment Symbol	(b) Identity of Investment Involved	(c) Purchase Amount	(d) Purchase Units/Shares	(e) Purchase Count	(f) Sales Amount	(g) Sales Unit/Shares	(h) Sales Count	(i) Cost of Sales	(j) Transaction Date
1PEQSX	Putnam Large Cap Value R6	185,672	5,483	3778	20,516	558.845	909	18,686	SERIES
1PCEKX	Victory Pioneer Core Equity R6	14,815	725	283	15,281	751.265	87	15,443	SERIES
1VFIAX	Vanguard 500 Index Admiral	312,884	549	6183	223,694	390.660	1,897	159,544	SERIES
1VIGAX	Vanguard Growth Index Adm	95,591	436	4994	64,985	279.024	1,244	45,936	SERIES
1RBAGX	Amer Funds Conserv G/I Portfolio R6	476,856	24,439	6051	305,944	15,649.360	1,175	268,628	SERIES
1RGNGX	American Funds Gr and Inc Port R-6	740,458	35,304	5115	799,500	40,297.731	856	699,620	SERIES
1RINGX	Amer Funds Conserv G/I Portfolio R6	193,459	14,113	3535	118,739	8,303.425	1,024	108,992	SERIES
1RCWGX	American Funds Capital World Bond R6	4,304	272	688	50,631	3,158.094	360	51,035	SERIES
1JHBSX	JHancock Bond R6	83,070	6,139	4544	107,101	7,928.401	993	107,627	SERIES
1PIMIX	PIMCO Income Instl	339,202	31,263	3123	16,190	1,513.199	740	16,071	SERIES
1PTREX	Putnam Core Bond Fund R6	130,303	16,145	308	124,497	15,290.393	331	123,405	SERIES
1WATFX	Western Asset Core Bond I	7,332	702	1056	97,526	9,455.136	459	103,930	SERIES
1GWAQ10	EI Fixed Account - Series Class VI	263,079	-	7626	207,183	-	903	207,183	SERIES

CWPM, LLC
401(K) PROFIT-SHARING PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2025

Employer Identification Number: 06-1600557
Plan Number: 001

Identity of Issue, Borrower, or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Assets	Current Value	Investment Symbol
American Funds Conserv G/I Portfolio R6	Mutual Funds	$ 523,297	$ 564,725	1RINGX
American Funds Moderate G/I Portfolio R6	Mutual Funds	3,248,636	3,779,870	1RBAGX
American Funds 2020 Trgt Date Retire R6	Mutual Funds	81,136	84,254	1RRCTX
American Funds 2025 Trgt Date Retire R6	Mutual Funds	540,010	575,538	1RFDTX
American Funds 2030 Trgt Date Retire R6	Mutual Funds	988,701	1,104,343	1RFETX
American Funds 2035 Trgt Date Retire R6	Mutual Funds	1,277,685	1,475,607	1RFFTX
American Funds 2040 Trgt Date Retire R6	Mutual Funds	1,611,766	1,960,667	1RFGTX
American Funds 2045 Trgt Date Retire R6	Mutual Funds	2,887,722	3,591,610	1RFHTX
American Funds 2050 Trgt Date Retire R6	Mutual Funds	891,743	1,074,746	1RFITX
American Funds 2055 Trgt Date Retire R6	Mutual Funds	309,315	352,335	1RFKTX
American Funds 2060 Trgt Date Retire R6	Mutual Funds	207,256	243,288	1RFUTX
American Funds 2065 Trgt Date Retire R6	Mutual Funds	227,062	262,373	1RFVTX
American Funds Gr And Inc Port R-6	Mutual Funds	4,725,318	5,724,216	1RGNGX
American Funds Growth Portfolio R6	Mutual Funds	915,389	1,171,949	1RGWGX
Fidelity Advisor Small Cap Value Z	Mutual Funds	30,505	30,025	1FIKNX
Hartford Schroders International STK SDR	Mutual Funds	150,389	172,766	1SCIJX
Janus Henderson Enterprise I	Mutual Funds	60,701	64,205	1JMGRX1
JHancock Bond R6	Mutual Funds	148,489	148,277	1JHBSX
Lord Abbett Growth Leaders R6	Mutual Funds	59,211	93,968	1LGLVX
Morgan Stanley Inst Intl Advtg R6	Mutual Funds	79,622	93,467	1IDVSX
Pimco Income INSTL	Mutual Funds	406,230	411,423	1PIMIX
Putnam Core Bond Fund R6	Mutual Funds	6,898	7,098	1PTREX
Putnam Small Cap Growth R6	Mutual Funds	17,186	19,268	1PLKGX
Putnam Small Cap Value R6	Mutual Funds	166,986	193,373	1PEQSX
Vanguard 500 Index Admiral	Mutual Funds	1,344,388	1,826,885	1VFIAX
Vanguard Growth Index ADM	Mutual Funds	185,536	262,567	1VIGAX
Vanguard Mid Cap Index Fund-Admiral	Mutual Funds	140,450	159,129	1VIMAX
Vanguard Small Cap Index ADM	Mutual Funds	199,498	239,169	1VSMAX
Victory Sycamore Established Value R6	Mutual Funds	40,473	39,829	1VEVRX
Victory Trivalent Intl Small Cap R6	Mutual Funds	15,788	20,350	1MSSIX
EI Fixed Account - Series Class VI	2.7% Fixed Annuities	332,220	368,763	1GWAQ10
Total Assets Held for Investment at December 31, 2025		**$ 21,819,605**	**$ 26,116,083**	

CWPM, LLC
401(K) PROFIT-SHARING PLAN
FORM 5500, SCHEDULE H - LINE 1 C (14)
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

Employer Identification Number: 06-1600557
Plan Number: 001

Identity of Issue, Borrower, or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Assets	Current Value	Investment Symbol
American Funds Conserv G/I Portfolio R6	Mutual Funds	$ 438,830	$ 446,175	1RINGX
American Funds Moderate G/I Portfolio R6	Mutual Funds	3,040,408	3,270,267	1RGNGX
American Funds 2020 Trgt Date Retire R6	Mutual Funds	50,248	50,635	1RRCTX
American Funds 2025 Trgt Date Retire R6	Mutual Funds	489,509	503,091	1RFDTX
American Funds 2030 Trgt Date Retire R6	Mutual Funds	795,795	850,360	1RFETX
American Funds 2035 Trgt Date Retire R6	Mutual Funds	1,055,926	1,142,110	1RFFTX
American Funds 2040 Trgt Date Retire R6	Mutual Funds	1,400,138	1,566,886	1RFGTX
American Funds 2045 Trgt Date Retire R6	Mutual Funds	2,738,747	3,096,318	1RGHTX
American Funds 2050 Trgt Date Retire R6	Mutual Funds	660,702	742,774	1RFITX
American Funds 2055 Trgt Date Retire R6	Mutual Funds	229,625	251,121	1RFKTX
American Funds 2060 Trgt Date Retire R6	Mutual Funds	140,161	155,582	1RFUTX
American Funds 2065 Trgt Date Retire R6	Mutual Funds	130,643	143,191	1RFVTX
American Funds Capital World Bond R6	Mutual Funds	45,730	45,085	1RCWGX
American Funds Gr And Inc Port R-6	Mutual Funds	4,684,480	5,218,741	1RGNGX
American Funds Growth Portfolio R6	Mutual Funds	760,813	890,171	1RGWGX
Empower Secure Foundation Bal Inst	Mutual Funds	1,587	1,501	1MXCJX
Fidelity Advisor Small Cap Value Z	Mutual Funds	16,753	16,635	1PLKGX
Hartford Schroders International STK SDR	Mutual Funds	128,373	136,910	1IDVSK
JHancock Bond R6	Mutual Funds	173,048	168,035	1JHBSX
JPMorgan Equity Income R6	Mutual Funds	136,605	139,660	1SCIJX
Lord Abbett Growth Leaders R6	Mutual Funds	63,668	94,763	1LGLVX
Morgan Stanley Inst Intl Advtg R6	Mutual Funds	57,819	62,631	1IDVSX
Pimco Income INSTL	Mutual Funds	83,099	80,863	1PIMIX
Pioneer Core Equity K	Mutual Funds	628	596	1PCEKX
Putnam Small Cap Growth R6	Mutual Funds	21,397	22,292	1PLKGX
Vanguard 500 Index Admiral	Mutual Funds	1,191,048	1,483,628	1VFIAX
Vanguard Growth Index ADM	Mutual Funds	135,882	187,777	1VIGAX
Vanguard Mid Cap Index Fund-Admiral	Mutual Funds	43,170	48,425	1VEVRX
Vanguard Real Estate Index Admiral	Mutual Funds	98,029	87,893	1VGLSLX
Vanguard Small Cap Index ADM	Mutual Funds	156,477	182,551	1VIMAX
Victory Sycamore Established Value R6	Mutual Funds	35,147	34,001	1VEVRX
Victory Trivalent Intl Small Cap R6	Mutual Funds	13,072	13,084	1MSSIX
Virtus Kar Mid-Cap Growth R6	Mutual Funds	51,187	57,313	1VRMGX
Western Asset Core Bond I	Mutual Funds	96,598	90,773	1WATFX
EI Fixed Account - Series Class VI	Fixed Annuities	272,289	296,302	1GWAQ10
Total Assets Held for Investment at December 31, 2024		**$ 19,437,631**	**$21,578,140**	

CWPM, LLC
401(k) PROFIT-SHARING PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF 5% REPORTABLE TRANSACTIONS
DECEMBER 31, 2025

Employer Identification Number: 06-1600557
Plan Number: 001

(a) Investment Symbol	(b) Identity of Investment Involved	(c) Purchase Amount	(d) Purchase Units/Shares	(e) Purchase Count	(f) Sales Amount	(g) Sales Unit/Shares	(h) Sales Count	(i) Cost of Sales	(j) Transaction Date
3GWAQ10	EI Fixed Account - Series Class VI	22,784	-	39	$ 19,698	-	1	$ 19,698	SERIES
4GWAQ10	EI Fixed Account - Series Class VI	351	-	1	68	-	1	68	SERIES
5GWAQ10	EI Fixed Account - Series Class VI	-	-	-	-	-	24	-	SERIES
1MXCJX	Empower SecureFoundation Bal Inst	-	-	-	1,443	209.410	24	1,587	SERIES
1RRCTX	American Funds 2020 Trgt Date Retire R6	31,121	2,176	469	247	17.423	52	234	SERIES
1RFDTX	American Funds 2025 Trgt Date Retire R6	160,848	9,912	1,917	119,090	7,417.061	247	110,347	SERIES
1RFETX	American Funds 2030 Trgt Date Retire R6	270,673	14,456	3,287	89,703	4,802.213	391	77,767	SERIES
1RFFTX	American Funds 2035 Trgt Date Retire R6	298,493	14,435	5,015	83,981	4,152.368	514	76,733	SERIES
1RFGTX	American Funds 2040 Trgt Date Retire R6	309,387	13,679	3,821	112,670	5,158.779	421	97,760	SERIES
1RFHTX	American Funds 2045 Trgt Date Retire R6	526,795	22,417	6,180	438,691	19,255.038	787	377,820	SERIES
1RFITX	American Funds 2050 Trgt Date Retire R6	279,473	12,204	4,976	55,606	2,471.455	546	48,432	SERIES
1RFKTX	American Funds 2055 Trgt Date Retire R6	168,493	5,822	4,020	102,261	3,633.369	530	88,803	SERIES
1RFUTX	American Funds 2060 Trgt Date Retire R6	101,017	5,138	2,738	38,106	1,959.492	324	33,923	SERIES
1RFVTX	American Funds 2065 Trgt Date Retire R6	125,340	6,548	3,392	34,479	1,733.716	470	28,922	SERIES
1SCIJX	Hartford Schroders International Stk SDR	122,146	5,960	3,877	118,339	5,738.036	1,797	100,130	SERIES
1IDVSX	Morgan Stanley Inst Intl Advtg R6	30,002	1,100	2,371	9,769	350.636	222	8,199	SERIES
1MSSIX	Victory Trivalent Int'l Small-Cap R6	3,342	180	459	759	38.373	88	627	SERIES
1VGSLX	Vanguard Real Estate Index Admiral	5,775	46	1,246	88,066	741.963	410	103,804	SERIES
1FIKNX	Fidelity Advisor Small Cap Value Z	15,292	762	1,998	1,552	78.185	368	1,541	SERIES
1PLKGX	Putnam Small Cap Growth R6	3,205	39	113	8,346	97.197	14	7,416	SERIES
1VSMAX	Vanguard Small Cap Index Adm	85,328	760	4990	47,533	409.640	1,374	42,307	SERIES
1JMGRX1	Janus Henderson Enterprise I	80,034	597	1210	21,863	147.559	327	19,333	SERIES
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	151,234	473	5044	59,521	178.728	1,195	53,955	SERIES
1VEVRX	Victory Sycamore Established Value R6	29,513	666	3151	24,388	521.353	575	24,184	SERIES
1VRMGX	Virtus KAR Mid-Cap Growth R6	1,901	31	120	53,135	943.510	33	53,088	SERIES
1RGWGX	American Funds Growth Portfolio R-6	169,180	6,013	701	17,990	664.220	87	14,604	SERIES
1OIEJX	JPMorgan Equity Income R6	8,416	345	1481	141,656	6,179.144	382	145,021	SERIES
1LGLVX	Lord Abbett Growth Leaders R6	9,858	183	408	23,352	434.206	60	14,315	SERIES

CWPM, LLC
401(k) PROFIT-SHARING PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF 5% REPORTABLE TRANSACTIONS
DECEMBER 31, 2025

Employer Identification Number: 06-1600557
Plan Number: 001

(a) Investment Symbol	(b) Identity of Investment Involved	(c) Purchase Amount	(d) Purchase Units/Shares	(e) Purchase Count	(f) Sales Amount	(g) Sales Unit/Shares	(h) Sales Count	(i) Cost of Sales	(j) Transaction Date
1PEQSX	Putnam Large Cap Value R6	185,672	5,483	3778	20,516	558.845	909	18,686	SERIES
1PCEKX	Victory Pioneer Core Equity R6	14,815	725	283	15,281	751.265	87	15,443	SERIES
1VFIAX	Vanguard 500 Index Admiral	312,884	549	6183	223,694	390.660	1,897	159,544	SERIES
1VIGAX	Vanguard Growth Index Adm	95,591	436	4994	64,985	279.024	1,244	45,936	SERIES
1RBAGX	Amer Funds Conserv G/I Portfolio R6	476,856	24,439	6051	305,944	15,649.360	1,175	268,628	SERIES
1RGNGX	American Funds Gr and Inc Port R-6	740,458	35,304	5115	799,500	40,297.731	856	699,620	SERIES
1RINGX	Amer Funds Conserv G/I Portfolio R6	193,459	14,113	3535	118,739	8,303.425	1,024	108,992	SERIES
1RCWGX	American Funds Capital World Bond R6	4,304	272	688	50,631	3,158.094	360	51,035	SERIES
1JHBSX	JHancock Bond R6	83,070	6,139	4544	107,101	7,928.401	993	107,627	SERIES
1PIMIX	PIMCO Income Instl	339,202	31,263	3123	16,190	1,513.199	740	16,071	SERIES
1PTREX	Putnam Core Bond Fund R6	130,303	16,145	308	124,497	15,290.393	331	123,405	SERIES
1WATFX	Western Asset Core Bond I	7,332	702	1056	97,526	9,455.136	459	103,930	SERIES
1GWAQ10	EI Fixed Account - Series Class VI	263,079	-	7626	207,183	-	903	207,183	SERIES

CWPM, LLC
401(K) PROFIT-SHARING PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2025

Employer Identification Number: 06-1600557
Plan Number: 001

Identity of Issue, Borrower, or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost of Assets	Current Value	Investment Symbol
American Funds Conserv G/I Portfolio R6	Mutual Funds	$ 523,297	$ 564,725	1RINGX
American Funds Moderate G/I Portfolio R6	Mutual Funds	3,248,636	3,779,870	1RBAGX
American Funds 2020 Trgt Date Retire R6	Mutual Funds	81,136	84,254	1RRCTX
American Funds 2025 Trgt Date Retire R6	Mutual Funds	540,010	575,538	1RFDTX
American Funds 2030 Trgt Date Retire R6	Mutual Funds	988,701	1,104,343	1RFETX
American Funds 2035 Trgt Date Retire R6	Mutual Funds	1,277,685	1,475,607	1RFFTX
American Funds 2040 Trgt Date Retire R6	Mutual Funds	1,611,766	1,960,667	1RFGTX
American Funds 2045 Trgt Date Retire R6	Mutual Funds	2,887,722	3,591,610	1RFHTX
American Funds 2050 Trgt Date Retire R6	Mutual Funds	891,743	1,074,746	1RFITX
American Funds 2055 Trgt Date Retire R6	Mutual Funds	309,315	352,335	1RFKTX
American Funds 2060 Trgt Date Retire R6	Mutual Funds	207,256	243,288	1RFUTX
American Funds 2065 Trgt Date Retire R6	Mutual Funds	227,062	262,373	1RFVTX
American Funds Gr And Inc Port R-6	Mutual Funds	4,725,318	5,724,216	1RGNGX
American Funds Growth Portfolio R6	Mutual Funds	915,389	1,171,949	1RGWGX
Fidelity Advisor Small Cap Value Z	Mutual Funds	30,505	30,025	1FIKNX
Hartford Schroders International STK SDR	Mutual Funds	150,389	172,766	1SCIJX
Janus Henderson Enterprise I	Mutual Funds	60,701	64,205	1JMGRX1
JHancock Bond R6	Mutual Funds	148,489	148,277	1JHBSX
Lord Abbett Growth Leaders R6	Mutual Funds	59,211	93,968	1LGLVX
Morgan Stanley Inst Intl Advtg R6	Mutual Funds	79,622	93,467	1IDVSX
Pimco Income INSTL	Mutual Funds	406,230	411,423	1PIMIX
Putnam Core Bond Fund R6	Mutual Funds	6,898	7,098	1PTREX
Putnam Small Cap Growth R6	Mutual Funds	17,186	19,268	1PLKGX
Putnam Small Cap Value R6	Mutual Funds	166,986	193,373	1PEQSX
Vanguard 500 Index Admiral	Mutual Funds	1,344,388	1,826,885	1VFIAX
Vanguard Growth Index ADM	Mutual Funds	185,536	262,567	1VIGAX
Vanguard Mid Cap Index Fund-Admiral	Mutual Funds	140,450	159,129	1VIMAX
Vanguard Small Cap Index ADM	Mutual Funds	199,498	239,169	1VSMAX
Victory Sycamore Established Value R6	Mutual Funds	40,473	39,829	1VEVRX
Victory Trivalent Intl Small Cap R6	Mutual Funds	15,788	20,350	1MSSIX
EI Fixed Account - Series Class VI	2.7% Fixed Annuities	332,220	368,763	1GWAQ10
Total Assets Held for Investment at December 31, 2025		**$ 21,819,605**	**$ 26,116,083**	