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
KMW LTD. 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1991

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)
KMW LTD.

535 WEST GARFIELD AVENUE
STERLING, KS 67579

2b Employer Identification Number (EIN)
74-2811718

2c Plan Sponsor's telephone number
620-278-3641

2d Business code (see instructions)
333100

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.	10/14/2026	MS. JONA THOMAS
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	148
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)**	100
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	117
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	43
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	160
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	160
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)**	144
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)**	141
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **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
KMW LTD. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KMW LTD.

D Employer Identification Number (EIN)
74-2811718

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	25506	141	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
2	0

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

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

CREATIVEONE SECURITIES LLC
6330 SPRINT PRKW STE 400
SHAWNEE MISSION, KS 66211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	ADVISORY SERVICES	4

(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	828
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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 ▶ GIC

b	Balance at the end of the previous year			7b	530
c	Additions: (1) Contributions deposited during the year	7c(1)	198		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	10		
	(4) Transferred from separate account	7c(4)	112		
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	320
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	850
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	22		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	22
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	828

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
KMW LTD. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KMW LTD.

D Employer Identification Number (EIN)
74-2811718

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)

CREATIVEONE SECURITIES LLC

6330 SPRINT PRKW STE 400
SHAWNEE MISSION, KS 66211

27-1408998

(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	ADVISORY SERVICES	0	Yes [X] No [ ]	Yes [X] No [ ]	17074	Yes [X] No [ ]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	11706	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MAP RETIREMENT, INC.

W6180 AEROTECH DRIVE
APPLETON, WI 54914

39-1884254

(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?
16	TPA	6880	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

FUTUREPLAN BY ASCENSUS

82-3719843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	200	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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
KMW LTD. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KMW LTD.

D Employer Identification Number (EIN)
74-2811718

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AB LGCAP GR I

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

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)
04-3157927-001	P	28560

a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS ALLNZGI MDCAP INST

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

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)
04-3157927-001	P	131

a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS ALLNZGI TECH INST

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

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)
04-3157927-001	P	933

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT GR R6

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

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)
04-3157927-001	P	844

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT ULTRA R6

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

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)
04-3157927-001	P	837

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

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

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)
04-3157927-001	P	1102

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

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

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)
04-3157927-001	P	1094

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68403

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1095

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1120

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 760

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1288

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK HLTH SCNC OPPR INST

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 838

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

b Name of sponsor of entity listed in (a): COHEN & STEERS FUNDS

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13519

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 517

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 751

a Name of MTIA, CCT, PSA, or 103-12 IE: FID TTL MKT INDX			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10558
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDADV GR OPPR INST			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	892
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDADV HLTH CARE I			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	821
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDADV INDSTRLS I			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59868
a Name of MTIA, CCT, PSA, or 103-12 IE: FRSTEGLE GOLD R6			
b Name of sponsor of entity listed in (a): FIRST EAGLE			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	202
a Name of MTIA, CCT, PSA, or 103-12 IE: INVSCO GOLDSPECMNRLS Y			
b Name of sponsor of entity listed in (a): INVESCO			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11684
a Name of MTIA, CCT, PSA, or 103-12 IE: JNHNCK DSCPID VAL I			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4045
a Name of MTIA, CCT, PSA, or 103-12 IE: JNHNCK US GLBL LDRS GR I			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3955
a Name of MTIA, CCT, PSA, or 103-12 IE: JNSHNDRSN ENTRP I			
b Name of sponsor of entity listed in (a): JANUS HENDERSON FUNDS			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40780
a Name of MTIA, CCT, PSA, or 103-12 IE: JNSHNDRSN GLBL LF SCNC I			
b Name of sponsor of entity listed in (a): JANUS HENDERSON FUNDS			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	844

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

b Name of sponsor of entity listed in (a): JANUS HENDERSON FUNDS

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5055

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM UM BEHVAL FD R6

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8451

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER GENESIS - INSTITUTIONAL C

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4045

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11362

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO STK PLUS LONG DUR BND ALPHA -

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21422

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158590

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1895

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2020 FUND -

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336045

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 492396

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 563957

a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2035 FUND -		
b Name of sponsor of entity listed in (a):	NUVEEN		
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	162276
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2040 FUND -		
b Name of sponsor of entity listed in (a):	NUVEEN		
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	791509
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2045 FUND -		
b Name of sponsor of entity listed in (a):	NUVEEN		
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	444955
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2050 FUND -		
b Name of sponsor of entity listed in (a):	NUVEEN		
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	321747
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2055 FUND -		
b Name of sponsor of entity listed in (a):	NUVEEN		
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	295472
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX 2060 FUND -		
b Name of sponsor of entity listed in (a):	NUVEEN		
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	152794
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN LIFECYCLE INDEX RETIREMENT I		
b Name of sponsor of entity listed in (a):	NUVEEN		
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	827
a Name of MTIA, CCT, PSA, or 103-12 IE:	TROWEPR COMM TECH		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE		
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12039
a Name of MTIA, CCT, PSA, or 103-12 IE:	TROWEPR DIVD GR		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE		
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10091
a Name of MTIA, CCT, PSA, or 103-12 IE:	TROWEPR FIN SVC		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE		
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5698

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

b Name of sponsor of entity listed in (a): T. ROWE PRICE

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 834

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY NASDAQ-100 INDEX FUND R6 SH

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 961

a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS KAR SMCAP COR R6

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 591

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD 500 INDEX FD AS

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 823

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD DIVRS EQ INV

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 820

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2120

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 819

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 843

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 805

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50813

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD GLBL EQ INV

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 828

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MORNINGSTAR GROWTH INDEX -

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 818

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 838

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 840

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158970

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54248

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD SEL VAL INV

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22278

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11255

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MORNINGSTAR VALUE INDEX -

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48491

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

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 529

a Name of MTIA, CCT, PSA, or 103-12 IE: AS PREC MTLS INST			
b Name of sponsor of entity listed in (a): ALLSPRING			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	203
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2065 FUND -			
b Name of sponsor of entity listed in (a): NUVEEN			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	707842
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK TECH OPPR INST			
b Name of sponsor of entity listed in (a): BLACKROCK			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4910
a Name of MTIA, CCT, PSA, or 103-12 IE: EVENTDE HLTH LF SCNC I			
b Name of sponsor of entity listed in (a): EVENTIDE			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	821
a Name of MTIA, CCT, PSA, or 103-12 IE: BARON PTNRS R6			
b Name of sponsor of entity listed in (a): BARON FUNDS			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1161
a Name of MTIA, CCT, PSA, or 103-12 IE: FID SEL TECH			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1083
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ULTRA(R) FUND - CL			
b Name of sponsor of entity listed in (a): AMERICAN CENTURY			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	702
a Name of MTIA, CCT, PSA, or 103-12 IE: RYDEXSGINASDAQ100 2XSTRATH			
b Name of sponsor of entity listed in (a): GUGGENHEIM			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	824
a Name of MTIA, CCT, PSA, or 103-12 IE: RYDEXSGI S P 500 2X STRATH			
b Name of sponsor of entity listed in (a): GUGGENHEIM			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	783
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SELECT SEMICONDUCTORS PORT			
b Name of sponsor of entity listed in (a): FIDELITY			
c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	254284

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR GROWTH OPP FUND Z

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 225

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA GLOBAL TECHNOLOGY FUND - I

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

c EIN-PN 04-3157927-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8946

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
KMW LTD. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KMW LTD.

D Employer Identification Number (EIN)
74-2811718

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	499	517
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	118313	138964
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4464038	5410002
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	530	828

		(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	4583380	5550311
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4583380	5550311

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)	184913	
(B) Participants	2a(1)(B)	413761	
(C) Others (including rollovers)	2a(1)(C)	34848	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		633522
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)	9934	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9934
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		821466
c Other income	2c		582
d Total income. Add all **income** amounts in column (b) and enter total	2d		1465504
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	490493	
(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)		490493
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)	8080	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		8080
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		498573
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		966931
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: BETHKE CPA, LLC **(2)** EIN: 42-1591506

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
KMW LTD. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KMW LTD.

D Employer Identification Number (EIN)
74-2811718

Part I Distributions

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

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

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

EIN(s): 04-3157927

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

KMW Ltd. 401(k) Retirement Plan

Financial Statements
And Supplemental Information

December 31, 2025 and 2024

With Independent Auditor's Report

KMW Ltd. 401(k) Retirement Plan
December 31, 2025 and 2024

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Members of AICPA

BETHKE CPA, LLC
Certified Public Accountant
13975 Connecticut Avenue, Suite 301
Silver Spring, MD 20906-2921
301-272-2150

AICPA
Employee Benefit Plan Audit
Quality Center Member

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator, Trustees, and Those In Charge of Governance of **KMW Ltd. 401(k) Retirement Plan:**

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

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

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

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

Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 KMW Ltd. 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 schedule of assets (held at end of year) as of or for the period January 1, 2025 through December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Bethke CPA, LLC

Bethke CPA, LLC
Silver Spring, Maryland
September 16, 2026

KMW Ltd. 401(k) Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	12/31/2025	12/31/2024
Assets		
Investments		
Investments, at fair value	$ 5,410,519	$ 4,464,537
Investments, at contract value	828	530
Total investments	5,411,347	4,465,067
Receivables		
Notes receivable from participants	138,085	118,313
Net assets available for benefits	$ 5,549,432	$ 4,583,380

The accompanying Notes to Financial Statements are an integral part of the financial statements.

KMW Ltd. 401(k) Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

	Year Ended 12/31/2025
Additions to net assets attributable to:	
Investment income	
Net appreciation in fair value of investments	$ 849,246
Dividends and interest	582
Total investment income	849,828
Interest on notes receivable from participants	9,934
Contributions	
Participants	413,761
Employer	184,913
Rollovers	34,848
Total contributions	633,522
Total additions	1,493,284
Deductions from net assets attributable to:	
Benefits paid to participants	491,372
Fees and other expenses	35,860
Total deductions	527,232
Net increase	966,052
Net assets available for benefits at beginning of year	4,583,380
Net assets available for benefits at end of year	$ 5,549,432

The accompanying Notes to Financial Statements are an integral part of the financial statements.

KMW Ltd. 401(k) Retirement Plan
Notes to Financial Statements
December 31, 2025 and 2024

A. Description of Plan

The following description of KMW Ltd. 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement or the Summary Plan Description for a more complete description of the Plan's provisions.

General

KMW Ltd. (the "Company") is the Plan sponsor and serves as the Plan administrator. The Plan is a defined contribution, tax-deferred retirement savings plan covering employees of the Company who are at least 18 years of age, with certain exceptions. Employees may begin participation in the Plan after completing six months of employment with the Company with at least 500 hours in the six-month period. Otherwise, an employee becomes eligible after completing one year of service. Entry dates are monthly following completion of eligibility requirements. Leased employees are exempt from participation in the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

After meeting eligibility requirements, employees are automatically enrolled in the Plan at a 6% contribution rate. Employees have the option to affirmatively select a different deferral percent or amount, including zero. The participant contribution rate automatically increases by 1% annually on the first day of the second plan year after the year in which the initial automatic deferral became effective, and on the first day of each subsequent Plan year up to a maximum of a 10% of compensation. All participants deferring less than the automatic schedule amount will be increased to the scheduled amount annually unless a new deferral election is made.

Participants may contribute up to 100% of compensation, not to exceed the maximum salary deferral limit and other limitations established by law. Compensation includes wages, tips and other compensation as reported on Form W-2 plus pre-tax deferrals and pre-tax contributions made to a qualified cafeteria plan, minus taxable fringe benefits, reimbursements, and certain other items as defined in the Plan documents.

Participants may elect deferral contributions as either pre-tax or Roth elective deferrals, or both. Participants who have reached age 50 before the end of the Plan year are eligible to make catch-up contributions as allowed by the Internal Revenue Code (IRC). Participants also may make rollover contributions of distributions from other retirement plans and certain individual retirement accounts, subject to Plan provisions. Participant contributions are invested according to direction of the participants.

The Company makes safe harbor matching contributions to the Plan equal to 100% of employee deferrals on the first 3% of compensation and 50% of deferrals on the next 2% of compensation. The safe harbor matching contributions are calculated and deposited into participant accounts each pay period. Company safe harbor matching contributions are invested according to direction of the participants.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Company safe harbor matching contributions. Investment earnings, losses, and changes in market value are allocated based upon the investment experience of each holding in a participant account. Certain transactional costs and service charges, if any, are allocated to the specific accounts involved in the transaction or receiving the service. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their own deferral contributions, safe harbor matching contributions, rollover contributions, and earnings thereon. Participants vest in Company non-elective contributions and earnings under a five-year vesting schedule, as follows: 20% vesting after completion of one year of service, 40% vesting after completion of two years of service, 60% vesting after completion of three years of service, 80% vesting after completion of four years of service, and 100% vesting after completion of five years of service. Participants become 100% vested under certain other circumstances, including attainment of age 65, the Plan's normal retirement age. Non-vested balances are subject to forfeiture upon termination of employment.

Participant Loans

Participants who are active employees may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their nonforfeitable account balance, subject to certain other Plan provisions. A participant may have one loan outstanding at any point in time. Loans are secured by the balance in the participant's account and bear interest at the prime rate of interest plus 1%. Principal and interest are paid ratably through payroll deduction from each regular paycheck.

Payment of Benefits

Plan participants are eligible to receive benefit payments from the Plan at retirement, prior to retirement under certain circumstances, upon termination of employment with the Company, upon disability and at death. Hardship distributions are allowed under certain conditions. In-service distributions are allowed for participants beginning at age 65. Benefit payments may be elected as a lump-sum payment, a partial withdrawal for the purpose of meeting minimum distribution requirements, or as a life annuity.

Forfeitures

At December 31, 2025 and 2024, forfeited non-vested balances were $0 and $0, respectively. Forfeitures may be used to offset employer contributions or pay Plan expenses. Forfeitures totaling $1,137 were used to offset employer contributions or pay Plan expenses during 2025.

B. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

Preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Notes receivable from participants are secured by vested participant account balances. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

Contributions

Participant deferral contributions and related employer matching contributions are recorded as of the pay date when deferrals are withheld.

Payment of Benefits

Benefits payments are recorded when paid.

Expenses

Certain administrative expenses of the Plan are paid by the Company and are excluded from these financial statements. Per-use transaction fees are charged directly to specific participant accounts for certain services, such as processing loans, in-service withdrawals, distributions, and other transactions. Investment related expenses are included in net appreciation or depreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events for disclosure in these financial statements through September 16, 2026, the date the financial statements were available to be issued.

C. Information Prepared and Certified by the Plan Custodian

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, Nationwide Trust Company, FSB has certified as to the completeness and accuracy of reported investment balances and related investment activity in these financial statements and supplemental schedule as of December 31, 2025 and 2024, and for the year ended December 31, 2025, summarized as follows:

	12/31/2025	12/31/2024
Investments	$ 5,411,347	$ 4,465,067
Notes receivable from participants	$ 138,085	$ 118,313
Net appreciation in fair value of investments	$ 849,246	
Dividends and interest	$ 582	
Interest on notes receivable from participants	$ 9,934	

D. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability. Inputs to the valuation methodology include:

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Pooled separate accounts are valued per the unit value methodology, which is calculated based on the observable net asset values of the underlying investments. The value is a readily determinable fair value and is the basis for current transactions. The separate accounts held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	12/31/2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Pooled separate accounts	$ -	$ 5,410,519	$ -	$ 5,410,519
Total investments, at fair value	$ -	$ 5,410,519	$ -	$ 5,410,519

	12/31/2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Pooled separate accounts	$ -	$ 4,464,537	$ -	$ 4,464,537
Total investments, at fair value	$ -	$ 4,464,537	$ -	$ 4,464,537

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

E. Guaranteed Interest Contract

The Fixed Select Option contract is a traditional guaranteed investment contract with Nationwide Life Insurance Company for which the contract value was $828 and $530 at December 31, 2025 and 2024, respectively. The Plan holds no synthetic investment contracts. Nationwide Life Insurance Company maintains the contributions in a general company account and is contractually obligated to repay principal and a specified interest rate to the Plan. The crediting interest rates at December 31, 2025 and 2024 were 1.49% and 1.49%, respectively.

The guaranteed investment contract meets the fully benefit responsive investment criteria and therefore is presented at contract value on the statements of net assets available for benefits. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Nationwide Life Insurance Company, represents contributions made under the contract, plus interest credited, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its financial obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer or otherwise. Certain events, such as Plan termination or merger, bankruptcy of the Plan sponsor, or premature cancellation of the contract may limit the ability of the Plan to transact at contract value with the issuer of the guaranteed investment contract.

F. Related Party and Party-In-Interest Transactions

Nationwide Life Insurance Company (Nationwide) is the Plan provider and receives fees for services. Under contract with Nationwide, SS&C Retirement Services, LLC provides recordkeeper and administration services and receives fees for services. Nationwide Trust Company, FSB (Trust Company) is a wholly owned subsidiary of Nationwide that provides directed trustee and custodial services to the Plan and receives fees for services. MAP Retirement, Inc. provides third party administrator services and receives fees for services. A financial advisor receives fees for services. The company provides the Plan with accounting and administrative services, for which no fees are charged to the Plan. The Plan allows loans to participants. These transactions qualify as party-in-interest transactions.

G. 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 become 100 percent vested in their accounts and the Company will arrange for distributions as soon as administratively feasible.

H. Tax Status

The Internal Revenue Service has determined and reported in its opinion letter dated June 30, 2020, that the form of the adopted pre-approved plan was then designed in accordance with applicable sections of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. The Plan administrator believes the Plan is currently being operated in compliance with applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management believes that no uncertain tax positions have been taken or are expected to be taken that would require recognition or disclosure in the financial statements.

I. Risks and Uncertainties

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

J. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits reported on the financial statements to net assets reported on Schedule H of the Form 5500 as of December 31, 2025 and 2024.

	12/31/2025	12/31/2024
Net assets available for benefits - financial statement	$ 5,549,432	$ 4,583,380
Deemed loans	879	-
Form 5500 - net assets	$ 5,550,311	$ 4,583,380

The following is a reconciliation of changes in net assets available for benefits reported on the financial statements to net income reported on Schedule H of the Form 5500 for the year ended December 31, 2025.

	12/31/2025
Net increase in assets - financial statement	$ 966,052
Deemed loans	879
Form 5500 - net income	$ 966,931

KMW Ltd. 401(k) Retirement Plan
Supplemental Schedule

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
KMW Ltd. 401(k) Retirement Plan
EIN: 74-2811718
Plan Number: 001
Plan Year: January 1, 2025 to December 31, 2025

(a) *	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost **	(e) Current Value
	Alliance Bernstein Large Cap Growth	Separate account	**	$ 28,560
	Allspring Opportunity Institutional	Separate account	**	529
	Allspring Precious Metals Fund	Separate account	**	203
	American Century Growth Fund	Separate account	**	844
	American Century Ultra A	Separate account	**	702
	American Century Ultra R6	Separate account	**	837
	American Funds AMCAP R6	Separate account	**	1,094
	American Funds American Mutual R6	Separate account	**	1,102
	American Funds Bond Admiral R6	Separate account	**	68,403
	American Funds Growth Admiral R6	Separate account	**	1,095
	American Funds International Growth & Income R6	Separate account	**	1,120
	American Funds The New Economy Fund R6	Separate account	**	116
	Baron Opportunity Fund Institutional	Separate account	**	761
	Baron Partners Fund Institutional	Separate account	**	1,288
	Baron Partners Fund R6	Separate account	**	1,161
	BlackRock Health Sciences Opportunities Inst	Separate account	**	838
	BlackRock Technology Opportunities Inst	Separate account	**	4,910
	Cohen & Steers Real Estate Securities Z	Separate account	**	13,519
	Colombia Global Technology Fund	Separate account	**	8,946
	Eventide Healthcare & Life Sciences	Separate account	**	821
	Federated Hermes Government Obligations Premier	Separate account	**	517
	Fidelity Advisor Energy Fund	Separate account	**	14,028
	Fidelity Advisor Growth Opportunities Fund – Inst	Separate account	**	225
	Fidelity Advisor Growth Opportunities INSTL	Separate account	**	892
	Fidelity Advisor Health Care	Separate account	**	821
	Fidelity Advisor Industrials Fund	Separate account	**	59,868
	Fidelity Nasdaq Composite Index	Separate account	**	751
	Fidelity Select Semiconductors Portfolio +	Separate account	**	254,284
	Fidelity Select Technology Portfolio	Separate account	**	1,083
	Fidelity Total Market Index	Separate account	**	10,558
	First Eagle Gold R6	Separate account	**	202
	Invesco Gold & Special Minerals Y	Separate account	**	11,684
	Janus Henderson Enterprise	Separate account	**	40,780
	Janus Henderson Global Life Sciences	Separate account	**	844
	Janus Henderson Overseas N	Separate account	**	5,055
	John Hancock Disciplined Value Mid Cap Fund	Separate account	**	4,045
	John Hancock U.S. Global Leaders Growth	Separate account	**	3,955
	JPMorgan Undiscovered Managers Behavioral Value	Separate account	**	8,451
	Neuberger Berman Genesis Institutional	Separate account	**	4,045
	PIMCO Income Institutional	Separate account	**	11,362
	PIMCO StocksPLUS Long Duration Institutional	Separate account	**	21,422
	Rydex NASDAQ-100 2x Strategy Fund H	Separate account	**	824
	Rydex S&P 500 2x Strategy Fund H	Separate account	**	783

KMW Ltd. 401(k) Retirement Plan
Supplemental Schedule

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
KMW Ltd. 401(k) Retirement Plan
EIN: 74-2811718
Plan Number: 001
Plan Year: January 1, 2025 to December 31, 2025

(a) *	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost **	(e) Current Value
	T. Rowe Price Communications & Technology	Separate account	**	12,039
	T. Rowe Price Dividend Growth	Separate account	**	10,091
	T. Rowe Price Financial Services	Separate account	**	5,697
	T. Rowe Price Health Sciences	Separate account	**	834
	TIAA-CREF Lifecycle Index 2010 Institutional	Separate account	**	158,590
	TIAA-CREF Lifecycle Index 2015 Institutional	Separate account	**	1,895
	TIAA-CREF Lifecycle Index 2020 Institutional	Separate account	**	336,045
	TIAA-CREF Lifecycle Index 2025 Institutional	Separate account	**	492,396
	TIAA-CREF Lifecycle Index 2030 Institutional	Separate account	**	563,957
	TIAA-CREF Lifecycle Index 2035 Institutional	Separate account	**	162,276
	TIAA-CREF Lifecycle Index 2040 Institutional	Separate account	**	791,509
	TIAA-CREF Lifecycle Index 2045 Institutional	Separate account	**	444,955
	TIAA-CREF Lifecycle Index 2050 Institutional	Separate account	**	321,747
	TIAA-CREF Lifecycle Index 2055 Institutional	Separate account	**	295,472
	TIAA-CREF Lifecycle Index 2060 Institutional	Separate account	**	152,794
	TIAA-CREF Lifecycle Index 2065 Institutional	Separate account	**	707,842
	TIAA-CREF Lifecycle Index Retirement Income	Separate account	**	827
	Vanguard 500 Index Admiral	Separate account	**	823
	Vanguard Diversified Equity Investor	Separate account	**	820
	Vanguard Energy Index Admiral	Separate account	**	2,120
	Vanguard Equity Income Admiral	Separate account	**	819
	Vanguard European Stock Index Admiral	Separate account	**	843
	Vanguard Explorer Admiral	Separate account	**	805
	Vanguard Financials Index Admiral	Separate account	**	50,813
	Vanguard Global Equity Investor	Separate account	**	828
	Vanguard Growth Index Admiral	Separate account	**	818
	Vanguard Health Care Admiral	Separate account	**	838
	Vanguard Health Care Index Admiral	Separate account	**	840
	Vanguard Information Technology Index Admiral	Separate account	**	158,970
	Vanguard Materials Index Admiral	Separate account	**	54,248
	Vanguard Selected Value Investor	Separate account	**	22,278
	Vanguard Utility Index Admiral	Separate account	**	11,255
	Vanguard Value Index Admiral	Separate account	**	48,491
	Victory Nasdaq-100 Index Fund R6	Separate account	**	961
	Virtus KAR Small-Cap Core Fund R6	Separate account	**	591
	Virtus Silvant Mid-Cap Growth Institutional	Separate account	**	131
	Virtus Zevenbergen Technology Institutional	Separate account	**	933
*	Nationwide Fixed Select Option	Insurance company general account	**	828
	Total investments			$ 5,411,347
*	**Participant Loans**	Interest: 4.50% to 9.50%		$ 138,085

* A party-in-interest as defined under ERISA.
** Cost information is not required for participant directed investments.