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
EKORNES 401(K) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 08/01/2014

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)
EKORNES INC.

615 PIERCE STREET
SOMERSET, NJ 08873

2b Employer Identification Number (EIN)
13-3320804

2c Plan Sponsor's telephone number
732-907-2237

2d Business code (see instructions)
442110

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.	10/15/2026	ANDREW GERMANN
	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**	178
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)**	119
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	108
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	58
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	172
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	172
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)**	178
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)**	172
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 2J 2K 2F 2G 2R 3D 3H 2S 2T

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
EKORNES 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-3320804

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

(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
13-3320804	66869	88871	172	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	291203
5	Current value of plan's interest under this contract in separate accounts at year end	5	15517075

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	207662
c	Additions: (1) Contributions deposited during the year	7c(1)	9715		
	(2) Dividends and credits	7c(2)	1		
	(3) Interest credited during the year	7c(3)	4898		
	(4) Transferred from separate account	7c(4)	91547		
	(5) Other (specify below)	7c(5)	3807		
	▶				
	(6)Total additions			7c(6)	109968
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	317630
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	786		
	(3) Transferred to separate account	7e(3)	315		
	(4) Other (specify below)	7e(4)	25326		
	▶				
	(5) Total deductions			7e(5)	26427
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	291203

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
EKORNES 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-3320804

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
1 W NATIONWIDE BLVD
COLUMBUS, OH 43218

31-4177100

(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	RECORD KEEPER	581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSOCIATED PENSION CONSULTANTS

401 BROADHOLLOW RD STE 403
MELVILLE, NY 11747

11-3271022

(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?
		3840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROACCOUNT

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

73-0988442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		3339	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
1 W NATIONWIDE BLVD
COLUMBUS, OH 43218

31-4177100

(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?
		17571	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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

(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
EKORNES 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-3320804

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: ALPS CRCOMMGCPLTCOMSTRAT I

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

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)
13-3320804-000	P	0

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

b Name of sponsor of entity listed in (a): 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)
13-3320804-000	P	31835

a Name of MTIA, CCT, PSA, or 103-12 IE: EUPAC FUND - CLASS 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)
13-3320804-000	P	4104

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW WLD 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)
13-3320804-000	P	13038

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HIGH YLD PORTF - CLASS K

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

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)
13-3320804-000	P	3911

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

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

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)
13-3320804-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: CARLIN REAMS COR PLS BD I

b Name of sponsor of entity listed in (a): EAGLE FAMILY OF 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)
13-3320804-000	P	4209

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24004

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): DODGE & COX

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27415

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 593433

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MULTI-ASSET INDX FUND

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74723

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20346

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18936

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17858

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37112

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9037

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34233

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7140

a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS GQGPTNRINTLOPPR R6

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22573

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135306

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 316235

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM EQ INC R5

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54325

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33568

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47556

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8183

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17911

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 299608

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29391

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TROWEPR BLUE CHIP GR

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67240

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72348

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 577414

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EMRG MKT STKINDXADML

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174599

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 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152146

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 227238

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 299190

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159279

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 309973

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86971

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 335341

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL INTL BD IDX ADML

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101379

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 692691

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194853

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59070

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20017

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7106

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32586

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 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72731

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8811

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4162

a Name of MTIA, CCT, PSA, or 103-12 IE: MYGUIDE AMERICAN FUNDS TD 2015

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 223500

a Name of MTIA, CCT, PSA, or 103-12 IE: MYGUIDE AMERICAN FUNDS TD 2020

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1239076

a Name of MTIA, CCT, PSA, or 103-12 IE: MYGUIDE AMERICAN FUNDS TD 2025

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 947348

a Name of MTIA, CCT, PSA, or 103-12 IE: MYGUIDE AMERICAN FUNDS TD 2030

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1112984

a Name of MTIA, CCT, PSA, or 103-12 IE: MYGUIDE AMERICAN FUNDS TD 2035

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1697195

a Name of MTIA, CCT, PSA, or 103-12 IE: MYGUIDE AMERICAN FUNDS TD 2040

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1689782

a Name of MTIA, CCT, PSA, or 103-12 IE: MYGUIDE AMERICAN FUNDS TD 2045

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

c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 710834

a Name of MTIA, CCT, PSA, or 103-12 IE:	MYGUIDE AMERICAN FUNDS TD 2050		
b Name of sponsor of entity listed in (a):	CIT GREAT GRAY TRUST		
c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1119474
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYGUIDE AMERICAN FUNDS TD 2055		
b Name of sponsor of entity listed in (a):	CIT GREAT GRAY TRUST		
c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	529678
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYGUIDE AMERICAN FUNDS TD 2060		
b Name of sponsor of entity listed in (a):	CIT GREAT GRAY TRUST		
c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	484273
a Name of MTIA, CCT, PSA, or 103-12 IE:	MYGUIDE AMERICAN FUNDS TD 2065		
b Name of sponsor of entity listed in (a):	CIT GREAT GRAY TRUST		
c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	202185
a Name of MTIA, CCT, PSA, or 103-12 IE:	LEGAL & GENERAL COMMODITY STRAT FD		
b Name of sponsor of entity listed in (a):	PGIM		
c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	COL SLIGMN TECH AND INFO FND - INST		
b Name of sponsor of entity listed in (a):	COLUMBIA		
c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8757
a Name of MTIA, CCT, PSA, or 103-12 IE:	COL SLIGMN TECH AND INFO FND		
b Name of sponsor of entity listed in (a):	COLUMBIA		
c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	200
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY ADVISOR TECHNOLOGY FND		
b Name of sponsor of entity listed in (a):	FIDELITY		
c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO GLOBAL REAL ESTATE INCOME R		
b Name of sponsor of entity listed in (a):	INVESCO		
c EIN-PN 13-3320804-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10661
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

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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
EKORNES 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-3320804

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	277	19392
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	282935	272715
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	200620	324768
(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)	13969622	15951096
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	14453454	16567971
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	14453454	16567971

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)	505932	
(B) Participants	2a(1)(B)	528582	
(C) Others (including rollovers)	2a(1)(C)	6641	
(2) Noncash contributions	2a(2)	14309	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1055464
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)	18952	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18952
(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)		2224285
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3298701
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1153082	
(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)		1153082
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		23342
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	7760	
(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)		7760
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1184184
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2114517
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: BARATZ & ASSOCIATES, PA **(2)** EIN: 22-2212404

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		33773
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
EKORNES 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-3320804

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** |

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): _____ _____

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 .

Ekornes 401k Plan
Financial Statements
and
Supplemental Information
As of December 31, 2025 and 2024 and
For the Year Ended December 31, 2025

Ekornes 401k Plan
As of December 31, 2025 and 2024 and
For the Year Ended December 31, 2025

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Baratz & Associates, P.A.
accountants and consultants

4B EVES DRIVE | SUITE 100 | MARLTON, NJ 08053 | P 856.985.5688 | F 856.985.8340

Independent Auditors' Report

To the Plan Administrator of
Ekornes 401k Plan

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

We have performed audits of the accompanying financial statements of Ekornes 401k 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025, and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

550 PINETOWN RD | SUITE 410 | FORT WASHINGTON, PA 19034 | P 215.641.8300 | F 215.641.8335
991 ROUTE 22 WEST | SUITE 200 | BRIDGEWATER, NJ 08807 | P 732.412.3825 | F 732.412.3826
baratzcpa.com

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ekornes 401k 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 Ekornes 401k Plan's ability to continue as a going concern for a reasonable period of time.
- Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Baratz & Associates, P.A.
accountants and consultants
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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) and Schedule of Delinquent Participants' Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Baratz & Associates, P.A.

Baratz & Associates, P.A.
Marlton, NJ

October 14, 2026

Ekornes 401k Plan
Statements of Net Assets Available for Benefits
December 31,

	2025	2024
Assets		
Investments, at fair value	$ 15,923,681	$ 13,957,403
Cash	27,415	12,219
Total Investments	15,951,096	13,969,622
Receivables		
Participants' loans receivable	363,217	225,709
Employer contributions receivable	272,715	282,935
Total Receivables	635,932	508,644
Other Assets		
Non-interest bearing cash	19,392	277
Total Other Assets	19,392	277
Total Assets	16,606,420	14,478,543
Liabilities	-	-
Net Assets Available for Benefits	$ 16,606,420	$ 14,478,543

The accompanying notes are an integral part of these financial statements

Ekornes 401k Plan
Statement of Changes in Net Assets Available For Benefits
Year Ended December 31, 2025

Additions to Net Assets Attributed To:		
Net appreciation in fair value of investments, dividends and interest	$	2,224,285
Interest on participants' loans		18,952
Contributions:		
Employer's		517,092
Participants'		528,582
Rollovers		6,641
Total Contributions		1,052,315
Total Additions		3,295,552
Deductions From Net Assets Attributed To:		
Administrative fees		7,760
Benefits paid to participants		1,159,915
Total Deductions		1,167,675
Net Increase in Net Assets		2,127,877
Net Assets Available for Benefits, Beginning of Year		14,478,543
Net Assets Available for Benefits, End of Year	**$**	16,606,420

1. Description of Plan

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

General

The Plan is a defined contribution plan sponsored by Ekornes Inc. (the "Company"). The Plan is a multiple employer defined contribution plan, which is offered to the employees of Ekornes Inc., International Mobel Group USA, Inc., and J.E. Ekornes USA, Inc., excluding members of collective bargaining agreements, non-resident aliens with no U.S. earned income, and employees receiving an active pension from any other Ekornes company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

The Plan covers all eligible employees, as defined in the Plan agreement, who attain age 18 and have completed 3 months of service. An employee is eligible to participate in the plan on the first day of the month coinciding with the date the eligibility requirements are met.

Contributions

Each year, participants may contribute 100% of their annual compensation up to the annual IRS limit, as defined in the plan. Participants who reached the age of 50 before the end of the Plan year are eligible for an additional catch-up contribution, subject to certain Internal Revenue Code limitations. The Company makes a safe harbor matching contribution of 100% of the participants' deferral up to 3% plus 50% of deferrals on the next 2% of participants' deferrals. The employer may also contribute a discretionary amount determined each year by the participating employer.

Participant Accounts

Each participant's account is credited with the participant's contribution, the company's matching contributions, as well as allocations of the Company's profit-sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations of Plan expenses are based on participant account balances or specific transactions directed by the participant as defined by the Plan Document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately 100% vested in their elective deferrals, including catch-up contributions, rollover contributions from other plans, and actual earnings thereon. The method for crediting vesting service for company matching and profit-sharing contributions is based on vesting periods of service. Participants are credited with a period of service for 12 months from date of hire. Participants are always 100% vested in their company matching and profit-sharing contributions if they are employed on or after their Normal Retirement Age or if they terminate employment on account of their death or disability.

Participants are always 100% vested in their safe harbor matching contributions. For discretionary matching contributions, participants are 20% vested after two years, and 100% vested after three years.

Participant Loans

Participant loans are classified as notes receivable from participants, which are segregated from Plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Participant loan rules are covered in a separate loan application form and promissory note form, and loans must be applied for through the plan administrator. Participants may borrow from their employee elective deferral accounts up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with prevailing rates as determined quarterly by the plan administrator. Loan terms range from 1-5 years or up to a reasonable amount of time for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions at market rates from 4.25% to 9.50% currently.

Payment of Benefits

Participants will receive the full amount of their vested account balances in the event of normal retirement, termination of service, death, or disability. Early withdrawals are permitted at the participant's request after the age of 59-1/2. Certain hardship withdrawals are also permitted. Distributions will be made in lump-sum payments.

Hardship Withdrawals

The Plan provides for hardship withdrawals, not to exceed an amount required to meet the immediate need created by the hardship, and then only to the extent such immediate need cannot be satisfied by other sources readily available to the participant. Permissible circumstances for hardship withdrawals include education expenses, costs directly related to the purchase of a principal residence, and costs necessary to prevent eviction from the participants' personal residence and such other circumstances as the Plan Administrator may determine based on rules set forth in the Internal Revenue Service regulations.

Forfeited Accounts

All forfeitures from non-vested interests in the Plan occurring during the plan year shall be applied to reduce employer contributions and pay Plan expenses. In addition, forfeitures shall be calculated and applied separately with respect to employees of each particular employer. Balances in forfeited non-vested accounts at December 31, 2025 and 2024 were $27,415 and $12,219, respectively. During 2025 and 2024, $0 and $24 of the forfeited balances were used to offset the employer contributions, respectively.

Investment Options

Participants direct the investment of their employer contributions into various investment options offered by the Plan. The Plan currently offers a variety of registered investment companies and one collective trust investment to participants.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States as contained in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities.

Allowance for Credit Losses

The Plan's financial assets subject to credit loss evaluation consist primarily of employer and participant contributions receivable. Management evaluates these receivables at each reporting date and records an allowance for expected credit losses when collection of amounts due is not considered probable based on historical experience, current economic conditions, and reasonable and supportable forecasts affecting participating employers.

The allowance for credit losses is a valuation account that is deducted from the carrying amount of contributions receivable to present the net amount expected to be collected. Changes in the allowance are recognized in earnings in the period in which management determines that expected credit losses have changed. Management considers factors such as the collection history of participating employers, the age of outstanding balances, known payment issues, employer delinquencies, and other relevant information in estimating expected credit losses.

As of December 31, 2025 and 2024, management determined that no allowance for credit losses was required, as substantially all contributions receivable were considered collectible.

Fair Value Accounting

Valuation techniques used in fair value measurements maximize the use of observable inputs and minimize the use of unobservable inputs. A valuation method may produce a fair value measurement 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 those used by other market participants, the use of different methodologies or assumptions could result in different fair value measurements at the reporting date. Assets and liabilities measured at fair value are categorized into one of three different levels depending on the observability of the inputs employed in their measurement. Level 1 inputs are quoted prices in active markets for identical assets or liabilities. Level 2 inputs are observable inputs other than quoted prices included within Level 1 for the asset or liability, either directly or indirectly through market-corroborated inputs. Level 3 inputs are unobservable inputs for the asset or liability, including the Plan’s own assumptions in determining the fair value of the assets or liabilities.

Investment Valuation and Income Recognition

The Plan’s investments are stated at fair value. See Note 3 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan’s gains and losses on investments bought and sold during the year.

Administrative Expenses

The Plan expenses are paid by either the Plan or the Company, as provided by the plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits

Benefits are recorded when paid.

Concentrations

The investments of the Plan are held in publicly traded mutual funds and collective investment funds and are administered by the Nationwide Trust Company. Investments that represent 10% or more of total plan assets are separately identified.

	2025	2024
Myguide American Funds Target Date 2035 Fund	$ 1,697,195	$ 1,588,076
Myguide American Funds Target Date 2040 Fund	1,689,782	1,449,454

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

Date of Management's Review

Subsequent events have been evaluated through October 14, 2026, which is the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level I	Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
Level II	Inputs other than quoted prices included within Level I that are observable for the asset or liability, either directly or indirectly, such as: a. Quoted prices for similar assets or liabilities in active markets b. Quoted prices for identical or similar assets or liabilities in inactive markets c. Inputs other than quoted prices that are observable for the asset or liability d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level II input must be observable for substantially the full term of the asset or liability.
Level III	Inputs that are unobservable inputs for the asset or liability.

The following are descriptions 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.

Registered Investment Companies are valued at quoted market prices, which represent the Net Asset Value (NAV) per share at the close of the financial markets. The NAV is based on the value of the underlying assets owned by the investment, minus its liabilities and then divided by the number of shares outstanding. These investments report on NAV daily and are required to transact at that price.

Common/Collective Trusts are valued at quoted market prices, which represent the Net Asset Value (NAV) per share at the close of the financial markets. The NAV is based on the value of the underlying assets owned by the investment, minus its liabilities and then divided by the number of shares outstanding. These investments report on NAV daily and are required to transact at that price.

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets carried at fair value measured on a recurring basis as of December 31, 2025 and 2024:

Fair Value Measurements at December 31, 2025:

	Fair Value	Level I	Level II	Level III
Registered investment companies	$ 5,967,352	$ 5,967,352	$ -	$ -
Common Collective Trusts	9,956,329	9,956,329	-	-
Total Investments	$ 15,923,681	$ 15,923,681	$ -	$ -

Fair Value Measurements at December 31, 2024:

	Fair Value	Level I	Level II	Level III
Registered investment companies	$ 4,941,071	$ 4,941,071	$ -	$ -
Common Collective Trusts	9,016,332	9,016,332	-	-
Total Investments	$ 13,957,403	$ 13,957,403	$ -	$ -

The following tables summarize the collective investment that may have redemption restrictions:

December 31, 2025

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Myguide American Funds Target Date	$ 9,956,329	None	Daily	None

December 31, 2024

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Myguide American Funds Target Date	$ 9,016,332	None	Daily	None

4. Related Party and Party in Interest Transactions

Certain Plan assets are held by Nationwide Trust Company, the Trustee of the Plan. Accordingly, investment transactions and related balances held by the Trustee qualify as party-in-interest transactions under ERISA. Such transactions are exempt from the prohibited transaction provisions of ERISA.

The Plan's investments consist primarily of registered investment companies and common collective trusts available through the Plan's investment platform. Transactions involving these investments are conducted in the normal course of Plan operations. Participant loans also represent party-in-interest transactions because they are transactions between the Plan and Plan participants. Such loans are permitted under the terms of the Plan and are exempt from the prohibited transaction provisions of ERISA.

5. 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 will become fully vested in their accounts.

6. Risks and Uncertainties

The Plan invests in various investment securities which 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

7. Tax Status

The Plan obtained its latest determination letter dated October 6, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan. Management evaluated the Plan’s tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

8. Prohibited Transactions

During the year ended December 31, 2025, the Plan remitted employee contributions late. The total amount of contributions remitted late was $19,687. As of the date of this financial statement, the Plan Sponsor has calculated lost earnings and credited to the affected participants’ accounts.

9. Information Prepared and Certified by Nationwide Trust Company

The following is a summary of the plan's asset information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that the information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate.

Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	2025	2024
Investments, at fair value	$ 15,923,681	$ 13,957,403
Participant loans	363,217	225,709
Interest on participant loans	18,952	N/A
Net appreciation in fair value of investments, interest and dividends	2,224,285	N/A

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements to the Form 5500:

	2025	2024
Net assets available for benefits as reported on the financial statements	$ 16,606,420	$ 14,478,543
Less: deemed loans	(38,449)	(25,089)
Net assets available for benefits as reported on Form 5500	$ 16,567,971	$ 14,453,454

The following is a reconciliation of total additions as reported on the financial statements to Form 5500:

	2025
Total additions as reported on the financial statements	$ 3,295,552
Add: change in deemed loans	3,149
Total additions as reported on Form 5500	$ 3,298,701

The following is a reconciliation of total deductions as reported on the financial statements to Form 5500:

	2025
Total deductions as reported on the financial statements	$ 1,167,675
Add: prior year deemed loans distributed	16,509
Total deductions as reported on Form 5500	$ 1,184,184

Supplementary Information

Ekornes 401k Plan
EIN/PLAN No.: 13-3320804/003
Schedule of Assets (Held at End of Year)
(Attachment for Schedule H, Line 4i)
Year Ended December 31, 2025

(a)	(b) Identity of Issue	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Ab Global Bond Fund - Class Z	Registered Investment Company (RIC)	**	$ 20,017
	American Funds Europac Gro - R	Registered Investment Company (RIC)	**	4,104
	American Funds New World R6	Registered Investment Company (RIC)	**	13,038
	Amfds Am Hi Inc Tr R6	Registered Investment Company (RIC)	**	31,835
	Avantis US Small Cap Value Fund - Institutional Class	Registered Investment Company (RIC)	**	7,106
	Blackrock High Yield Portfolio - Class K	Registered Investment Company (RIC)	**	3,911
	Cariln Reams Cor Pls Bd I	Registered Investment Company (RIC)	**	4,209
	Columbia Commodity Strategy Fund Institutional 3	Registered Investment Company (RIC)	**	8,757
	Columbia Overseas Value Fund - Institutional 3	Registered Investment Company (RIC)	**	4,162
	Columbia Seligman Technology and Information Fund	Registered Investment Company (RIC)	**	200
	Dfa Intl Val	Registered Investment Company (RIC)	**	24,004
	Fid 500 Indx	Registered Investment Company (RIC)	**	593,433
	Fid Glbl Exus Indx	Registered Investment Company (RIC)	**	20,346
	Fid Infl Prtct Bd Idx	Registered Investment Company (RIC)	**	18,936
	Fid Lg Cap Gr Idx	Registered Investment Company (RIC)	**	17,858
	Fid Lg Cap Val Idx	Registered Investment Company (RIC)	**	37,112
	Fid Mdcap Indx	Registered Investment Company (RIC)	**	9,037
	Fid Us Bd Indx	Registered Investment Company (RIC)	**	34,233
	Fidelity Advisor Technology Fund Class Z	Registered Investment Company (RIC)	**	142,818
	Fidelity Multi-Asset Index Fund	Registered Investment Company (RIC)	**	74,723
	Fidelity Select Technology Portfolio	Registered Investment Company (RIC)	**	72,731
	Fnkln Smcap Gr R6	Registered Investment Company (RIC)	**	7,140
	Gdmnscs Gqgptnrintloppr R6	Registered Investment Company (RIC)	**	22,573
	Glnmdequanuslgcpgreq Inst	Registered Investment Company (RIC)	**	135,306
	Invesco Global Real Estate Income Fund	Registered Investment Company (RIC)	**	10,661
	JPMorgan Core Plus Bond R6	Registered Investment Company (RIC)	**	316,235
	Myguide American Funds Target Date 2015 Fund Fee Class R	Collective Trust	**	223,500
	Myguide American Funds Target Date 2020 Fund Fee Class R	Collective Trust	**	1,239,076
	Myguide American Funds Target Date 2025 Fund Fee Class R	Collective Trust	**	947,348
	Myguide American Funds Target Date 2030 Fund Fee Class R	Collective Trust	**	1,112,984
	Myguide American Funds Target Date 2035 Fund Fee Class R	Collective Trust	**	1,697,195
	Myguide American Funds Target Date 2040 Fund Fee Class R	Collective Trust	**	1,689,782
	Myguide American Funds Target Date 2045 Fund Fee Class R	Collective Trust	**	710,834
	Myguide American Funds Target Date 2050 Fund Fee Class R	Collective Trust	**	1,119,474
	Myguide American Funds Target Date 2055 Fund Fee Class R	Collective Trust	**	529,678
	Myguide American Funds Target Date 2060 Fund Fee Class R	Collective Trust	**	484,273
	Myguide American Funds Target Date 2065 Fund Fee Class R	Collective Trust	**	202,185
*	Nationwide Geneva Mid Cap Growth Fund R6	Registered Investment Company (RIC)	**	8,811
*	Nationwide Gqg Us Quality Equity Fund Class R6	Registered Investment Company (RIC)	**	32,586
*	Nationwide Invesco Cor Plus Bnd Fnd R6	Registered Investment Company (RIC)	**	54,325
*	Nw Bny Mellon Dyn US Eq Inc Fund Cl R6	Registered Investment Company (RIC)	**	8,183
*	NW Fixed Select Option	Registered Investment Company (RIC)	**	291,203
*	Nw Loomis Allcap Gr R6	Registered Investment Company (RIC)	**	33,568
*	Nw Loomis Cor Bd R6	Registered Investment Company (RIC)	**	47,556
*	Nw Mel Dynmc Us Cor R6	Registered Investment Company (RIC)	**	17,911
	Pimco Income Fund - Instl	Registered Investment Company (RIC)	**	299,608
	Pimco Real Rtn Inst	Registered Investment Company (RIC)	**	29,391
	T Rowe Price Blue Chip Gr I	Registered Investment Company (RIC)	**	67,240
	Vanguard Wellesley Income - Adm	Registered Investment Company (RIC)	**	59,070
	Vngrd Bal Indx Adml	Registered Investment Company (RIC)	**	72,348
	Vngrd Devl Mkt Indx Adml	Registered Investment Company (RIC)	**	577,414
	Vngrd Emrg Mkt Stkindxadml	Registered Investment Company (RIC)	**	174,599
	Vngrd Expir Adml	Registered Investment Company (RIC)	**	152,146
	Vngrd Gr Inc Adml	Registered Investment Company (RIC)	**	159,279
	Vngrd Gr Indx Adml	Registered Investment Company (RIC)	**	309,973
	Vngrd Mdcap Val Index Adml	Registered Investment Company (RIC)	**	227,238
	Vngrd Mid-Cap Idx Fd As	Registered Investment Company (RIC)	**	299,190
	Vngrd Realest Indx Adml	Registered Investment Company (RIC)	**	86,971
	Vngrd Sm Cap Indx Fd As	Registered Investment Company (RIC)	**	335,341
	Vngrd Ttl Intl Bd Idx Adml	Registered Investment Company (RIC)	**	101,372
	Vngrd Ttl Stmkt Indx Fd As	Registered Investment Company (RIC)	**	692,691
	Vngrd Val Indx Adml	Registered Investment Company (RIC)	**	194,853
	Total			$ 15,923,681

* Denotes party in interest
** Cost information is omitted for participant-directed or beneficiary-directed transactions under an individual account plan.

The above information has been certified by Nationwide, the Trust Company, as complete and accurate.

Ekornes 401k Plan
EIN/PLAN No.: 13-3320804/003
Schedule of Delinquent Participant Contributions
(Attachment for Schedule H, Line 4a)
Year Ended December 31, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
X	$26,513 (2023)			
X	$76,640 (2024)			
	$19,687 (2025)			

Ekornes 401k Plan
EIN/PLAN No.: 13-3320804/003
Schedule of Assets (Held at End of Year)
(Attachment for Schedule H, Line 4i)
Year Ended December 31, 2025

(a)	(b) Identity of Issue	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Ab Global Bond Fund - Class Z	Registered Investment Company (RIC)	**	$ 20,017
	American Funds Europac Gro - R	Registered Investment Company (RIC)	**	4,104
	American Funds New World R6	Registered Investment Company (RIC)	**	13,038
	Amfds Am Hi Inc Tr R6	Registered Investment Company (RIC)	**	31,835
	Avantis US Small Cap Value Fund - Institutional Class	Registered Investment Company (RIC)	**	7,106
	Blackrock High Yield Portfolio - Class K	Registered Investment Company (RIC)	**	3,911
	Cariln Reams Cor Pls Bd I	Registered Investment Company (RIC)	**	4,209
	Columbia Commodity Strategy Fund Institutional 3	Registered Investment Company (RIC)	**	8,757
	Columbia Overseas Value Fund - Institutional 3	Registered Investment Company (RIC)	**	4,162
	Columbia Seligman Technology and Information Fund	Registered Investment Company (RIC)	**	200
	Dfa Intl Val	Registered Investment Company (RIC)	**	24,004
	Fid 500 Indx	Registered Investment Company (RIC)	**	593,433
	Fid Glbl Exus Indx	Registered Investment Company (RIC)	**	20,346
	Fid Infl Prtct Bd Idx	Registered Investment Company (RIC)	**	18,936
	Fid Lg Cap Gr Idx	Registered Investment Company (RIC)	**	17,858
	Fid Lg Cap Val Idx	Registered Investment Company (RIC)	**	37,112
	Fid Mdcap Indx	Registered Investment Company (RIC)	**	9,037
	Fid Us Bd Indx	Registered Investment Company (RIC)	**	34,233
	Fidelity Advisor Technology Fund Class Z	Registered Investment Company (RIC)	**	142,818
	Fidelity Multi-Asset Index Fund	Registered Investment Company (RIC)	**	74,723
	Fidelity Select Technology Portfolio	Registered Investment Company (RIC)	**	72,731
	Fnkln Smcap Gr R6	Registered Investment Company (RIC)	**	7,140
	Gdmnscs Gqgptnrintloppr R6	Registered Investment Company (RIC)	**	22,573
	Glnmdequanuslgcpgreq Inst	Registered Investment Company (RIC)	**	135,306
	Invesco Global Real Estate Income Fund	Registered Investment Company (RIC)	**	10,661
	JPMorgan Core Plus Bond R6	Registered Investment Company (RIC)	**	316,235
	Myguide American Funds Target Date 2015 Fund Fee Class R	Collective Trust	**	223,500
	Myguide American Funds Target Date 2020 Fund Fee Class R	Collective Trust	**	1,239,076
	Myguide American Funds Target Date 2025 Fund Fee Class R	Collective Trust	**	947,348
	Myguide American Funds Target Date 2030 Fund Fee Class R	Collective Trust	**	1,112,984
	Myguide American Funds Target Date 2035 Fund Fee Class R	Collective Trust	**	1,697,195
	Myguide American Funds Target Date 2040 Fund Fee Class R	Collective Trust	**	1,689,782
	Myguide American Funds Target Date 2045 Fund Fee Class R	Collective Trust	**	710,834
	Myguide American Funds Target Date 2050 Fund Fee Class R	Collective Trust	**	1,119,474
	Myguide American Funds Target Date 2055 Fund Fee Class R	Collective Trust	**	529,678
	Myguide American Funds Target Date 2060 Fund Fee Class R	Collective Trust	**	484,273
	Myguide American Funds Target Date 2065 Fund Fee Class R	Collective Trust	**	202,185
*	Nationwide Geneva Mid Cap Growth Fund R6	Registered Investment Company (RIC)	**	8,811
*	Nationwide Gqg Us Quality Equity Fund Class R6	Registered Investment Company (RIC)	**	32,586
*	Nationwide Invesco Cor Plus Bnd Fnd R6	Registered Investment Company (RIC)	**	54,325
*	Nw Bny Mellon Dyn US Eq Inc Fund Cl R6	Registered Investment Company (RIC)	**	8,183
*	NW Fixed Select Option	Registered Investment Company (RIC)	**	291,203
*	Nw Loomis Allcap Gr R6	Registered Investment Company (RIC)	**	33,568
*	Nw Loomis Cor Bd R6	Registered Investment Company (RIC)	**	47,556
*	Nw Mel Dynmc Us Cor R6	Registered Investment Company (RIC)	**	17,911
	Pimco Income Fund - Instl	Registered Investment Company (RIC)	**	299,608
	Pimco Real Rtn Inst	Registered Investment Company (RIC)	**	29,391
	T Rowe Price Blue Chip Gr I	Registered Investment Company (RIC)	**	67,240
	Vanguard Wellesley Income - Adm	Registered Investment Company (RIC)	**	59,070
	Vngrd Bal Indx Adml	Registered Investment Company (RIC)	**	72,348
	Vngrd Devl Mkt Indx Adml	Registered Investment Company (RIC)	**	577,414
	Vngrd Emrg Mkt Stkindxadml	Registered Investment Company (RIC)	**	174,599
	Vngrd Expir Adml	Registered Investment Company (RIC)	**	152,146
	Vngrd Gr Inc Adml	Registered Investment Company (RIC)	**	159,279
	Vngrd Gr Indx Adml	Registered Investment Company (RIC)	**	309,973
	Vngrd Mdcap Val Index Adml	Registered Investment Company (RIC)	**	227,238
	Vngrd Mid-Cap Idx Fd As	Registered Investment Company (RIC)	**	299,190
	Vngrd Realest Indx Adml	Registered Investment Company (RIC)	**	86,971
	Vngrd Sm Cap Indx Fd As	Registered Investment Company (RIC)	**	335,341
	Vngrd Ttl Intl Bd Idx Adml	Registered Investment Company (RIC)	**	101,372
	Vngrd Ttl Stmkt Indx Fd As	Registered Investment Company (RIC)	**	692,691
	Vngrd Val Indx Adml	Registered Investment Company (RIC)	**	194,853
	Total			$ 15,923,681

* Denotes party in interest
** Cost information is omitted for participant-directed or beneficiary-directed transactions under an individual account plan.

The above information has been certified by Nationwide, the Trust Company, as complete and accurate.