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. . . . . ▶ [X]

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
CDA DBA MAXSENT 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2013

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)
CDA INCORPORATED

185 ADMIRAL COCHRANE DR
SUITE 220
ANNAPOLIS, MD 21401

2b Employer Identification Number (EIN)
62-1478263

2c Plan Sponsor's telephone number
443-221-2750

2d Business code (see instructions)
238900

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	MITCH WEISS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	1296
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)**	1177
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1429
b	Retired or separated participants receiving benefits	**6b**	108
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1537
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	1537
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)**	596
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)**	559
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 3D 2G 2J 2K 2F 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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 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
CDA DBA MAXSENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CDA INCORPORATED

D Employer Identification Number (EIN)
62-1478263

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	91783	Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMMONWEALTH FINANCIAL NETWORK

04-2675571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	23380	Yes [ ] No [X]

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

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	22334	Yes [ ] No [X]

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
COMMONWEALTH FINANCIAL NETWORK	27 99	23380

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GLOBAL RETIREMENT PARTNERS LLC	27 99	22334

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CDA DBA MAXSENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CDA INCORPORATED

D Employer Identification Number (EIN)
62-1478263

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: PRINCIPAL STABLE VALUE Z FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

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)
93-6274328-001	C	153905

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CDA DBA MAXSENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CDA INCORPORATED

D Employer Identification Number (EIN)
62-1478263

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	146827	153905
(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)	7193819	7933858
(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	7340646	8087763
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	7340646	8087763

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)	397468	
(B) Participants	2a(1)(B)	817722	
(C) Others (including rollovers)	2a(1)(C)	102154	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1317344
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(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)	209790	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		209790
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7714
(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)		1070135
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2604983
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1740965	
(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)		1740965
f Corrective distributions (see instructions)	2f		25118
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(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)	91783	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		91783
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1857866
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		747117
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: BARNETT-BARNETT ASSOCIATES, CPA'S **(2)** EIN: 45-4456229

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CDA DBA MAXSENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CDA INCORPORATED

D Employer Identification Number (EIN)
62-1478263

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): 42-0127290

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 Q703354A .

CDA, INCORPORATED, DBA MAXSENT 401K PLAN

AUDITED FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

STEVEN L. BARNETT ,CPA
CERTIFIED PUBLIC ACCOUNTANTS
6415 CRAIN HIGHWAY, 2ND FL
UPPER MARLBORO, MD 20772
TELEPHONE: (301) 922-2237
EMAIL: SLBACPA@GMAIL.COM

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BARNETT ASSOCIATES
Certified Public Accountants

Independent Auditors Report

Plan Administrator
CDA, Inc. dba, MaxSent 401(k) Plan
185 Admiral Cochran Drive
Suite 220
Annapolis, Maryland 21401

We have audited the accompanying financial statements of CDA Inc., DBA MaxSent 401(k) Plan, which 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 years ended December 31, 2025 and 2024, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Investment Activity Summary for the year ended December 31, 2025 and 2024, is presented for the purpose of additional analysis and is 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

Barnett Associates, CPA's,

Barnett Associates, CPAs
Upper Marlboro, Maryland

October 14, 2026

CDA Inc., DBA MaxSent 401(k) Plan
Statement of Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Assets:		
Investments at fair market value (see notes D and E)	$ 8,087,763	$ 7,340,646
Total Assets	8,087,763	7,340,646
Net assets reflecting investments at fair value	8,087,763	7,340,646
Adjustment from fair value to contract value for fully benefit responsive investment contracts		
Net assets available for benefits	$ 8,087,763	$ 7,340,646

See the Accompanying Audit Report and Notes to these Financial Statements

CDA Inc., DBA MaxSent 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Investment income:		
Net unrealized appreciation/ in fair value of investments (see Note D)	$ 1,069,940	$ 405,917
Realized gains/(losses) on plan asset sales	7,714	93,169
Capital Gain Distributions		20,969
Dividend and Interest	209,790	171,228
	1,287,444	691,283
Contributions:		
Employer	397,468	776,506
Participants	817,722	829,102
Net Loan Repayments		
Rollovers (see note F)	102,154	763,072
	1,317,344	2,368,680
Total additions	2,604,788	3,059,963

See the Accompanying Audit Report and Notes to these Financial Statements

CDA, Inc, dba MaxSent 401(K) Plan
Notes to Financial Statements
December 31, 2025, and 2024

A. Description of Plan

The following description of the MaxSent 401(K) Plan provides only general information. Users of these statements should refer to the plan agreement for a more complete description of the Plans provisions.

1. General. The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age 21 or older. The Plan is subject to the provisions of ERISA. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

2. Contributions. Each year, participants may contribute up to the Internal Revenue Service prescribed maximum percent of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

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

4. Vesting.
Participants are vested immediately in their contributions plus actual earnings hereon.

5. Notes receivable from participants.
At the beginning of 2014 plan participants were allowed to borrow from their fund accounts.

6. Payment of benefits.
On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amounts equal to the value of the participant's vested interest in his or her account, or annual installments over a 10-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

7. Forfeited accounts.
As of December 31, 2025, and 2024 there are no forfeited non-vested accounts.

B. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit- responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit- responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

Use of 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. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by investment advisers, custodians and insurance companies. See note D for discussion of fair value measurements.

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

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

C. Subsequent Events

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued.

D. Investments

100 percent of Plan assets are invested in either mutual funds or held as cash. During the years ended December 31, 2025, and 2024 the plan's investments, including unrealized gains on investments bought and sold, as well as being held during the year appreciated in value by $1,069,940 and $405,917, respectively. The following presents investments that comprise all the Plan's net assets and the related appreciation in value:

ASSETS HELD AT END OF YEAR

The following is a summary of assets as of 12/31/2025

	Number of Shares	Share Price	Contract Value	Cost	Gain/Loss	% of Portfolio
Fixed Income						
Taxable Fixed Income						
BrandywineGLOBAL - Global Opportunities Bond Fund	33.794	8.92	301.44	387.77	(86.33)	0.00%
Fidelity Total Bond Fund	2,189.447	9.66	21,150.06	20,794.04	356.02	0.26%
PIMCO Income Fund	2,791.918	10.99	30,683.18	29,678.16	1,005.02	0.39%
PIMCO Real Return Fund	0.337	10.37	3.49	3.74	(0.25)	0.00%
Principal High Yield Fund	3,282.685	6.71	22,026.82	21,999.28	27.54	0.27%
Total Taxable Fixed Income			**$74,164.99**	**$72,862.99**	**1,302.00**	**0.92%**
Total Fixed Income			**$74,164.99**	**$72,862.99**	**1,302.00**	**0.92%**
Equity						
US Equities						
Allspring Special Mid Cap Value Fund	326.197	45.69	14,903.94	15,477.19	(573.25)	0.18%
American Century Small Cap Growth Fund	2,341.362	23.56	55,162.49	54,761.00	401.49	0.68%
ClearBridge Large Cap Growth Fund	3,045.072	74.42	226,614.26	212,477.81	14,136.45	2.80%
JPMorgan Large Cap Growth Fund	12.44	86.44	1,075.31	1,178.89	(103.58)	0.01%
JPMorgan Mid Cap Growth Fund	91.654	51.74	4,742.18	5,313.94	(571.76)	0.06%
Undiscovered Managers Behavioral Value Fund	177.809	78.48	13,954.45	13,963.98	(9.53)	0.17%
Vanguard 500 Index Fund	701.405	631.84	443,175.74	330,715.59	112,460.15	5.49%
Vanguard Equity Income Fund	550.087	92.91	51,108.58	48,641.20	2,467.38	0.63%
Vanguard Mid-Cap Index Fund	164.012	359.36	58,939.35	49,295.82	9,643.53	0.73%
Vanguard Small-Cap Index Fund	659.114	123.58	81,453.31	67,736.52	13,716.79	1.01%
Washington Mutual Investors Fund	71.48	65.24	4,663.36	4,396.79	266.57	0.06%
Total US Equities			**$955,792.97**	**$803,958.73**	**151,834.24**	**11.82%**
Foreign Equities						
Columbia Overseas Value Fund	696.645	14.13	9,843.59	10,051.95	(208.36)	0.12%
Eupac Fund	705.779	60.58	42,756.09	42,556.35	199.74	0.53%
New World Fund Inc	828.879	93.17	77,226.66	67,973.10	9,253.56	0.95%
Vanguard Total International Stock Index Fund	2,092.587	40.53	84,812.55	71,706.82	13,105.73	1.05%
Total Foreign Equities			**$214,638.89**	**$192,288.22**	**22,350.67**	**2.65%**
Total Equity			**$1,170,431.86**	**$996,246.95**	**174,184.91**	**14.47%**
	Number of Shares	**Share Price**	**Contract Value**	**Cost**	**Gain/Loss**	**Portfolio**
Balanced Investments						
Balanced Investments						
JPMorgan SmartRetirement Blend 2025 Fund	8,755.365	25.15	220,197.43	194,408.74	25,788.69	2.72%
JPMorgan SmartRetirement Blend 2030 Fund	41,686.516	29.02	1,209,742.69	1,031,913.45	177,829.24	14.97%

JPMorgan SmartRetirement Blend 2035 Fund	32,256.246	33.08	1,067,036.62	878,537.58	188,499.04	13.19%
JPMorgan SmartRetirement Blend 2040 Fund	15,349.821	36.00	552,593.56	447,788.80	104,804.76	6.83%
JPMorgan SmartRetirement Blend 2045 Fund	25,518.051	38.36	978,872.44	762,121.00	216,751.44	12.10%
JPMorgan SmartRetirement Blend 2050 Fund	26,116.827	38.82	1,013,855.22	737,580.40	276,274.82	12.54%
JPMorgan SmartRetirement Blend 2055 Fund	14,738.157	38.59	568,745.48	440,604.03	128,141.45	7.03%
JPMorgan SmartRetirement Blend 2060 Fund	11,699.876	30.13	352,517.26	280,179.89	72,337.37	4.36%
JPMorgan SmartRetirement Blend 2065 Fund	3,459.668	23.84	82,478.49	71,475.63	11,002.86	1.02%
JPMorgan SmartRetirement Blend Income Fund	32,387.791	19.86	643,221.53	592,285.28	50,936.25	7.95%
Total Balanced Investments			**$6,689,260.72**	**$5,436,894.80**	**1,252,365.92**	**82.71%**
Total Balanced Investments			**$6,689,260.72**	**$5,436,894.80**	**1,252,365.92**	**82.71%**
Other						
Collective Investment Trusts						
Morley Capital Management - Principal Stable Value Z Fund	5,882.1975	26.1645	153,904.76	146,190.97	7,713.79	1.90%
Total Collective Investment Trusts			**$153,904.76**	**$146,190.97**	**7,713.79**	**1.90%**
Total Other			**$153,904.76**	**$146,190.97**	**7,713.79**	**1.90%**
Grand Total			**$8,087,762.33**	**$6,652,195.71**	**1,435,566.62**	**100.00%**

ASSETS HELD AT END OF YEAR-

Thefollowing is a summary of assets as of 12/31/2024

	Number of Shares	Share Price	Market Value/ Contract Value	Cost	Unrealized Gain/Loss	% of Portfolio
Fixed Income						
Taxable Fixed Income						
Brandywine GLOBAL - Global Opportunities Bond Fund	32.693	8.20	268.08	379.02	-110.94	0.00%
Lord Abbett High Yield Fund	3,201.652	6.42	20,554.61	20,307.06	247.55	0.28%
PIMCO Income Fund	3,207.805	10.52	33,746.11	34,046.37	-300.26	0.47%
PIMCO Real Return Fund	1,608.181	9.97	16,033.56	17,979.96	-1,946.40	0.22%
Western Asset Core Plus Bond Fund	1,813.551	9.07	16,448.91	18,631.56	-2,182.65	0.22%
Total Taxable Fixed Income			**$87,051.27**	**$91,343.97**	**-4,292.70**	**1.19%**
Total Fixed Income			**$87,051.27**	**$91,343.97**	**-4,292.70**	**1.19%**
Equity						
US Equities						
Allspring Special Mid Cap Value Fund	236.23	47.81	11,294.16	11,203.34	90.82	0.15%
ClearBridge Large Cap Growth Fund	3,634.752	75.40	274,060.30	246,688.51	27,371.79	3.73%
Janus Investment Fund - Janus Henderson Triton Fund	1,775.495	27.52	48,861.62	55,436.62	-6,575.00	0.67%
Undiscovered Managers Behavioral Value Fund	149.417	84.28	12,592.86	11,635.38	957.48	0.17%
Vanguard 500 Index Fund	945.115	542.76	512,970.62	423,936.15	89,034.47	6.99%

Vanguard Equity Income Fund	353.979	88.17	31,210.33	30,480.86	729.47	0.43%
Vanguard Mid-Cap Index Fund	217.934	326.87	71,236.09	61,450.14	9,785.95	0.97%
Vanguard Small-Cap Index Fund	797.535	115.16	91,844.13	80,341.15	11,502.98	1.25%
Washington Mutual Investors Fund	51.801	61.60	3,190.94	2,934.06	256.88	0.04%
Total US Equities			**$1,057,261.05**	**$924,106.21**	**133,154.84**	**14.40%**
Foreign Equities						
Columbia Overseas Value Fund	39.99	10.47	418.70	435.81	-17.11	0.01%
EuroPacific Growth Fund	517.177	53.72	27,782.75	30,812.17	-3,029.42	0.38%
New World Fund Inc	761.054	76.97	58,578.33	60,743.37	-2,165.04	0.79%
Vanguard Total International Stock Index Fund	1,332.413	31.69	42,224.17	42,889.09	-664.92	0.58%
Total Foreign Equities			**129,003.95**	**134,880.44**	**-5876.49**	**1.76%**
Total Equity			**1,186,265.00**	**1,058,986.65**	**127278.35**	**16.16%**
Balanced Investments						
Balanced Investments						
JPMorgan SmartRetirement Blend 2020 Fund	23,509.52	20.22	475,362.49	473,381.89	1,980.60	6.48%
JPMorgan SmartRetirement Blend 2025 Fund	16,284.591	22.98	374,219.90	356,605.42	17,614.48	5.10%
JPMorgan SmartRetirement Blend 2030 Fund	42,626.518	25.93	1,105,305.61	1,024,977.97	80,327.64	15.04%
JPMorgan SmartRetirement Blend 2035 Fund	29,480.098	29.04	856,102.05	778,586.06	77,515.99	11.66%
JPMorgan SmartRetirement Blend 2040 Fund	14,191.093	31.14	441,910.64	397,477.26	44,433.38	6.02%
JPMorgan SmartRetirement Blend 2045 Fund	23,164.859	32.85	760,965.62	671,763.82	89,201.80	10.37%
JPMorgan SmartRetirement Blend 2050 Fund	31,770.641	33.04	1,049,701.98	865,436.09	184,265.89	14.30%
JPMorgan SmartRetirement Blend 2055 Fund	13,541.155	32.84	444,691.53	381,395.43	63,296.10	6.06%
JPMorgan SmartRetirement Blend 2060 Fund	10,520.616	25.63	269,643.39	239,050.61	30,592.78	3.67%
JPMorgan SmartRetirement Blend 2065 Fund	1,579.749	20.32	32,100.50	32,081.17	19.33	0.44%
JPMorgan SmartRetirement Blend Income Fund	6,094.834	18.13	110,499.34	108,062.09	2,437.25	1.51%
Total Balanced Investments			5,920,503.05	5,328,817.81	**591,685.24**	**80.65%**
Total Balanced Investments			5,920,503.05	5,328,817.81	**591,685.24**	**80.65%**
Other						
Collective Investment Trusts						
Morley Capital Management - Principal Stable Value Z Fund	5,771.9749	25.4379	146,826.92	138,015.38	8,811.54	2.00%
Total Collective Investment Trusts			146,826.92	138,015.38	**8,811.54**	**2.00%**
Total Other			146,826.92	138,015.38	**8,811.54**	**2.00%**
Grand Total			7,340,646.24	6,617,163.81	**723,482.43**	**100.00%**

E. 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). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

F. Rollovers Contributions

During the years ended December 31, 2025, and 2024, Plan participants rolled over $102,154 and $76,3072 respectively, which is included in rollovers on the statement of changes in net assets available for benefits.

G. Related-Party Transactions

There were no reportable related party transactions for the years ended December 31, 2025, and 2024. The Plan Sponsor pays directly any other fees related to the plan's operations.

H. Plan Termination

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

I. Tax Status

The IRS has determined and informed the Company by a letter dated 01/01/2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

J. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rates, markets, 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.

K. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements on December 31, 2025, and 2024, to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 8,807,763	$7,340,646

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2025, and 2024, to Form 5500:

	2025	2024
Benefits paid to participants per the financial statements	$ 674,990	$ 674,990
Benefits paid to participants per Form 5500	$ 1,740,965	$ 674,990
Net assets available for benefits per the Form 5500	$ 8,087,763	$ 7,340,646

ASSETS HELD AT END OF YEAR

The following is a summary of assets as of 12/31/2025

	Number of Shares	Share Price	Contract Value	Cost	Gain/Loss	% of Portfolio
Fixed Income						
Taxable Fixed Income						
BrandywineGLOBAL - Global Opportunities Bond Fund	33.794	8.92	301.44	387.77	(86.33)	0.00%
Fidelity Total Bond Fund	2,189.447	9.66	21,150.06	20,794.04	356.02	0.26%
PIMCO Income Fund	2,791.918	10.99	30,683.18	29,678.16	1,005.02	0.39%
PIMCO Real Return Fund	0.337	10.37	3.49	3.74	(0.25)	0.00%
Principal High Yield Fund	3,282.685	6.71	22,026.82	21,999.28	27.54	0.27%
Total Taxable Fixed Income			**$74,164.99**	**$72,862.99**	**1,302.00**	**0.92%**
Total Fixed Income			**$74,164.99**	**$72,862.99**	**1,302.00**	**0.92%**
Equity						
US Equities						
Allspring Special Mid Cap Value Fund	326.197	45.69	14,903.94	15,477.19	(573.25)	0.18%
American Century Small Cap Growth Fund	2,341.362	23.56	55,162.49	54,761.00	401.49	0.68%
ClearBridge Large Cap Growth Fund	3,045.072	74.42	226,614.26	212,477.81	14,136.45	2.80%
JPMorgan Large Cap Growth Fund	12.44	86.44	1,075.31	1,178.89	(103.58)	0.01%
JPMorgan Mid Cap Growth Fund	91.654	51.74	4,742.18	5,313.94	(571.76)	0.06%
Undiscovered Managers Behavioral Value Fund	177.809	78.48	13,954.45	13,963.98	(9.53)	0.17%
Vanguard 500 Index Fund	701.405	631.84	443,175.74	330,715.59	112,460.15	5.49%
Vanguard Equity Income Fund	550.087	92.91	51,108.58	48,641.20	2,467.38	0.63%
Vanguard Mid-Cap Index Fund	164.012	359.36	58,939.35	49,295.82	9,643.53	0.73%
Vanguard Small-Cap Index Fund	659.114	123.58	81,453.31	67,736.52	13,716.79	1.01%
Washington Mutual Investors Fund	71.48	65.24	4,663.36	4,396.79	266.57	0.06%
Total US Equities			**$955,792.97**	**$803,958.73**	**151,834.24**	**11.82%**
Foreign Equities						
Columbia Overseas Value Fund	696.645	14.13	9,843.59	10,051.95	(208.36)	0.12%
Eupac Fund	705.779	60.58	42,756.09	42,556.35	199.74	0.53%
New World Fund Inc	828.879	93.17	77,226.66	67,973.10	9,253.56	0.95%
Vanguard Total International Stock Index Fund	2,092.587	40.53	84,812.55	71,706.82	13,105.73	1.05%
Total Foreign Equities			**$214,638.89**	**$192,288.22**	**22,350.67**	**2.65%**
Total Equity			**$1,170,431.86**	**$996,246.95**	**174,184.91**	**14.47%**
	Number of Shares	**Share Price**	**Contract Value**	**Cost**	**Gain/Loss**	**Portfolio**
Balanced Investments						
Balanced Investments						
JPMorgan SmartRetirement Blend 2025 Fund	8,755.365	25.15	220,197.43	194,408.74	25,788.69	2.72%
JPMorgan SmartRetirement Blend 2030 Fund	41,686.516	29.02	1,209,742.69	1,031,913.45	177,829.24	14.97%

JPMorgan SmartRetirement Blend 2035 Fund	32,256.246	33.08	1,067,036.62	878,537.58	188,499.04	13.19%
JPMorgan SmartRetirement Blend 2040 Fund	15,349.821	36.00	552,593.56	447,788.80	104,804.76	6.83%
JPMorgan SmartRetirement Blend 2045 Fund	25,518.051	38.36	978,872.44	762,121.00	216,751.44	12.10%
JPMorgan SmartRetirement Blend 2050 Fund	26,116.827	38.82	1,013,855.22	737,580.40	276,274.82	12.54%
JPMorgan SmartRetirement Blend 2055 Fund	14,738.157	38.59	568,745.48	440,604.03	128,141.45	7.03%
JPMorgan SmartRetirement Blend 2060 Fund	11,699.876	30.13	352,517.26	280,179.89	72,337.37	4.36%
JPMorgan SmartRetirement Blend 2065 Fund	3,459.668	23.84	82,478.49	71,475.63	11,002.86	1.02%
JPMorgan SmartRetirement Blend Income Fund	32,387.791	19.86	643,221.53	592,285.28	50,936.25	7.95%
Total Balanced Investments			**$6,689,260.72**	**$5,436,894.80**	**1,252,365.92**	**82.71%**
Total Balanced Investments			**$6,689,260.72**	**$5,436,894.80**	**1,252,365.92**	**82.71%**
Other						
Collective Investment Trusts						
Morley Capital Management - Principal Stable Value Z Fund	5,882.1975	26.1645	153,904.76	146,190.97	7,713.79	1.90%
Total Collective Investment Trusts			**$153,904.76**	**$146,190.97**	**7,713.79**	**1.90%**
Total Other			**$153,904.76**	**$146,190.97**	**7,713.79**	**1.90%**
Grand Total			**$8,087,762.33**	**$6,652,195.71**	**1,435,566.62**	**100.00%**

ASSETS HELD AT END OF YEAR-

Thefollowing is a summary of assets as of 12/31/2024

	Number of Shares	Share Price	Market Value/ Contract Value	Cost	Unrealized Gain/Loss	% of Portfolio
Fixed Income						
Taxable Fixed Income						
Brandywine GLOBAL - Global Opportunities Bond Fund	32.693	8.20	268.08	379.02	-110.94	0.00%
Lord Abbett High Yield Fund	3,201.652	6.42	20,554.61	20,307.06	247.55	0.28%
PIMCO Income Fund	3,207.805	10.52	33,746.11	34,046.37	-300.26	0.47%
PIMCO Real Return Fund	1,608.181	9.97	16,033.56	17,979.96	-1,946.40	0.22%
Western Asset Core Plus Bond Fund	1,813.551	9.07	16,448.91	18,631.56	-2,182.65	0.22%
Total Taxable Fixed Income			**$87,051.27**	**$91,343.97**	**-4,292.70**	**1.19%**
Total Fixed Income			**$87,051.27**	**$91,343.97**	**-4,292.70**	**1.19%**
Equity						
US Equities						
Allspring Special Mid Cap Value Fund	236.23	47.81	11,294.16	11,203.34	90.82	0.15%
ClearBridge Large Cap Growth Fund	3,634.752	75.40	274,060.30	246,688.51	27,371.79	3.73%
Janus Investment Fund - Janus Henderson Triton Fund	1,775.495	27.52	48,861.62	55,436.62	-6,575.00	0.67%
Undiscovered Managers Behavioral Value Fund	149.417	84.28	12,592.86	11,635.38	957.48	0.17%
Vanguard 500 Index Fund	945.115	542.76	512,970.62	423,936.15	89,034.47	6.99%

Vanguard Equity Income Fund	353.979	88.17	31,210.33	30,480.86	729.47	0.43%
Vanguard Mid-Cap Index Fund	217.934	326.87	71,236.09	61,450.14	9,785.95	0.97%
Vanguard Small-Cap Index Fund	797.535	115.16	91,844.13	80,341.15	11,502.98	1.25%
Washington Mutual Investors Fund	51.801	61.60	3,190.94	2,934.06	256.88	0.04%
Total US Equities			**$1,057,261.05**	**$924,106.21**	**133,154.84**	**14.40%**
Foreign Equities						
Columbia Overseas Value Fund	39.99	10.47	418.70	435.81	-17.11	0.01%
EuroPacific Growth Fund	517.177	53.72	27,782.75	30,812.17	-3,029.42	0.38%
New World Fund Inc	761.054	76.97	58,578.33	60,743.37	-2,165.04	0.79%
Vanguard Total International Stock Index Fund	1,332.413	31.69	42,224.17	42,889.09	-664.92	0.58%
Total Foreign Equities			**129,003.95**	**134,880.44**	**-5876.49**	**1.76%**
Total Equity			**1,186,265.00**	**1,058,986.65**	**127278.35**	**16.16%**
Balanced Investments						
Balanced Investments						
JPMorgan SmartRetirement Blend 2020 Fund	23,509.52	20.22	475,362.49	473,381.89	1,980.60	6.48%
JPMorgan SmartRetirement Blend 2025 Fund	16,284.591	22.98	374,219.90	356,605.42	17,614.48	5.10%
JPMorgan SmartRetirement Blend 2030 Fund	42,626.518	25.93	1,105,305.61	1,024,977.97	80,327.64	15.04%
JPMorgan SmartRetirement Blend 2035 Fund	29,480.098	29.04	856,102.05	778,586.06	77,515.99	11.66%
JPMorgan SmartRetirement Blend 2040 Fund	14,191.093	31.14	441,910.64	397,477.26	44,433.38	6.02%
JPMorgan SmartRetirement Blend 2045 Fund	23,164.859	32.85	760,965.62	671,763.82	89,201.80	10.37%
JPMorgan SmartRetirement Blend 2050 Fund	31,770.641	33.04	1,049,701.98	865,436.09	184,265.89	14.30%
JPMorgan SmartRetirement Blend 2055 Fund	13,541.155	32.84	444,691.53	381,395.43	63,296.10	6.06%
JPMorgan SmartRetirement Blend 2060 Fund	10,520.616	25.63	269,643.39	239,050.61	30,592.78	3.67%
JPMorgan SmartRetirement Blend 2065 Fund	1,579.749	20.32	32,100.50	32,081.17	19.33	0.44%
JPMorgan SmartRetirement Blend Income Fund	6,094.834	18.13	110,499.34	108,062.09	2,437.25	1.51%
Total Balanced Investments			5,920,503.05	5,328,817.81	**591,685.24**	**80.65%**
Total Balanced Investments			5,920,503.05	5,328,817.81	**591,685.24**	**80.65%**
Other						
Collective Investment Trusts						
Morley Capital Management - Principal Stable Value Z Fund	5,771.9749	25.4379	146,826.92	138,015.38	8,811.54	2.00%
Total Collective Investment Trusts			146,826.92	138,015.38	**8,811.54**	**2.00%**
Total Other			146,826.92	138,015.38	**8,811.54**	**2.00%**
Grand Total			7,340,646.24	6,617,163.81	**723,482.43**	**100.00%**