

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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: ☒ 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 MCABEE CONSTRUCTION INC PROFIT SHARING / RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1972
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) MCABEE CONSTRUCTION INC PO DRAWER 1460 TUSCALOOSA, AL 35403
2b	Employer Identification Number (EIN) 63-0622649
2c	Plan Sponsor's telephone number 205-349-2212
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.	06/26/2024	LEROY MCABEE SR.
	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 ☒ 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		5 109
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) 82
a(2) Total number of active participants at the end of the plan year		6a(2) 82
b Retired or separated participants receiving benefits		6b 1
c Other retired or separated participants entitled to future benefits.....		6c 24
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 107
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 1
f Total. Add lines 6d and 6e		6f 108
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 91
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 Characteristics Codes in the instructions: 2E		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan	B Three-digit plan number (PN)	001
MCABEE CONSTRUCTION INC PROFIT SHARING / RETIREMENT PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
MCABEE CONSTRUCTION INC	63-0622649	

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	2841412	108	10/01/2022	09/30/2023

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
0	95

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
CRAFTON & CO. LLC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	95	FEES FOR SERVICES RENDERED	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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..... Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(6) Total additions.....	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions.....	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan MCABEE CONSTRUCTION INC PROFIT SHARING / RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MCABEE CONSTRUCTION INC	D Employer Identification Number (EIN) 63-0622649	

Part I	Service Provider Information (see instructions)
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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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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)

JAMISONMONEYFARMER PC

2200 JACK WARNER PARKWAY
TUSCALOOSA, AL 35401

63-0933119

(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?
10	AUDITOR	17900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FUTUREPLAN BY ASCENSUS

200 DRYDEN ROAD SUITE 3500
DRESHER, PA 19025

11-3665754

(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 16 38	THIRD PARTY ADMIN	5266	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>10/01/2022</u> and ending <u>09/30/2023</u>		
A Name of plan <u>MCABEE CONSTRUCTION INC PROFIT SHARING / RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCABEE CONSTRUCTION INC</u>	D Employer Identification Number (EIN) <u>63-0622649</u>	

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)	42609	42063
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	262664	111637
(2) U.S. Government securities	1c(2)	3133516	3186767
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3047138	2706033
(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)		
(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)	5426003	5271766
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1	1
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11911931	11318267

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11911931	11318267
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	180664	
(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)	4249	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		184913
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	120010	
(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)		120010
(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)		648318
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		953241
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1474719	
(2) To insurance carriers for the provision of benefits	2e(2)	1933	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1476652
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	22151	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	48102	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		70253
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1546905
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-593664
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) ☒ 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) ☒ 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: JAMISONMONEYFARMER PC

(2) EIN: 63-0933119

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 ☒ 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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan MCABEE CONSTRUCTION INC PROFIT SHARING / RETIREMENT PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 MCABEE CONSTRUCTION INC		D Employer Identification Number (EIN) 63-0622649
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 63-1112839		
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
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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 _____

**MCABEE CONSTRUCTION, INC.
PROFIT SHARING RETIREMENT PLAN**

Financial Statements and Supplemental Schedules

September 30, 2023 and 2022

MCABEE CONSTRUCTION, INC. PROFIT SHARING RETIREMENT PLAN

Tuscaloosa, Alabama

September 30, 2023 and 2022

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR’S REPORT	1-4
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-13
SUPPLEMENTAL SCHEDULES:	
Schedule I –Assets Held	14-17
Schedule II –Reportable Transactions	18



JamisonMoneyFarmer PC

Certified Public Accountants & Business Consultants

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798 Highland Avenue, Selma, Alabama 36701
tel: 334.874.4455

INDEPENDENT AUDITOR'S REPORT

Mr. Leroy McAbee, Sr.
McAbee Construction, Inc. Profit Sharing Retirement Plan
Tuscaloosa, Alabama

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

We have performed audits of the financial statements of McAbee Construction, Inc. Profit Sharing Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended September 30, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of September 30, 2023 and 2022 and for the year ended September 30, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of McAbee Construction, Inc. Profit Sharing Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about McAbee Construction, Inc. Profit Sharing Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of McAbee Construction, Inc. Profit Sharing Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about McAbee Construction, Inc. Profit Sharing Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held as of September 30, 2023 and Reportable Transactions for the year ended September 30, 2023 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Mr. Leroy McAbee, Sr.
McAbee Construction, Inc. Profit Sharing Retirement Plan
Page 4

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).

A handwritten signature in blue ink that reads "Jamison Money Farmer PC". The signature is fluid and cursive, with the letters "PC" at the end.

Certified Public Accountants

Tuscaloosa, Alabama

June 24, 2024

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

September 30, 2023 and 2022

	2023	2022
ASSETS:		
Investments at fair value, non-participant directed	\$ 11,449,182	\$ 12,039,900
Receivables:		
Accrued interest and dividend receivable	42,063	42,609
Other receivable	-	4,249
TOTAL ASSETS	11,491,245	12,086,758
LIABILITIES:		
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 11,491,245	\$ 12,086,758

See Notes to Financial Statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended September 30, 2023

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Net investment income:	
Interest	\$ 181,363
Dividends	122,845
Net appreciation in fair value of investments	646,864
Unrealized appreciation in life insurance	2,400
Other	755
TOTAL ADDITIONS	954,227

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Payments to participants	1,474,719
Administrative fees	70,253
Life insurance premiums	4,768
TOTAL DEDUCTIONS	1,549,740

NET DECREASE (595,513)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	12,086,758
END OF YEAR	\$ 11,491,245

NOTES TO FINANCIAL STATEMENTS

September 30, 2023

1. DESCRIPTION OF PLAN

The following description of the McAbee Construction, Inc. (the “company”) Profit Sharing Retirement Plan (the “plan”) provides only general information. For a more complete description of the plan’s provisions, refer to the plan agreement.

General

The plan is a defined contribution plan that covers certain full-time employees provided: (1) their employment commencement date is at least six calendar months before the eligibility date; (2) they have attained age 20 ½ on the eligibility date; (3) they are not a member of a collective bargaining unit; (4) they are not classified as “temporary”, “seasonal”, or a “consultant” and (5) they are classified as an employee for purposes of the employer’s payroll records, regardless of whether such individual is or is later determined to be a common law employee. In addition to the above provisions, employees must have worked at least 1,000 hours during the plan year in order to be eligible for a contribution allocation. The plan administrator and plan management are responsible for oversight of the plan. The plan administrator and plan management determine the appropriateness of the plan’s investment offerings and monitor investment performance.

The plan is subject to the provisions of ERISA.

Contributions

The plan does not provide for participant contributions. Discretionary employer contributions are allocated to all eligible participants based on total compensation. Contributions are allocated in a four-tier method and are integrated with Social Security benefits.

Participant Accounts

Each participant’s account is credited with allocations of the company’s profit sharing and 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.

Vesting

All participants are fully vested in their accounts.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant’s vested interest in his or her account, or installments, maximum of two per plan year, over a fifteen year period.

(continued)

1. **DESCRIPTION OF PLAN** (Continued)

Forfeited Accounts

All participants are fully vested in their accounts; therefore, there were no forfeitures of terminated participants' non-vested accounts.

Life Insurance Contracts

In prior years, the plan allowed participants to direct a portion of their account balance to the purchase of life insurance contracts. The plan has since been amended and no longer allows participants to purchase new contracts. However, there is a participant still active in the plan that previously purchased a life insurance contract. Premium payments are a reduction of that participant's account.

2. **SUMMARY OF ACCOUNTING POLICIES**

Basis of Accounting

The financial statements of the plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity 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 a liability in an orderly transaction between market participants at the measurement date. The plan's administrator and management determine the plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the plan are paid by the plan, unless otherwise paid by the company. Expenses that are paid by the company are excluded from these financial statements. Investment related expenses are included in net depreciation in fair value of investments.

(continued)

3. INFORMATION CERTIFIED BY THE TRUSTEE AND CUSTODIAN

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Regions Bank, the trustee and custodian of the plan, as complete and accurate, except for comparing such information certified by the trustee and custodian to information included in the plan's financial statements and supplemental schedules.

	<u>2023</u>	<u>2022</u>
Money market fund	\$ 111,637	\$ 262,664
U. S. government securities	1,711,077	1,483,914
Corporate bonds	2,706,034	3,047,138
Common stock	3,716,251	3,692,066
Mutual funds	1,555,515	1,733,938
Mortgage backed securities	1,475,690	1,649,602
Accrued interest and dividend receivable	42,063	42,609

The trustee and custodian also certified to the completeness and accuracy of \$646,864 of net appreciation in fair value of investments and \$302,128 of investment income related to the aforementioned investments for the year ended September 30, 2023.

4. 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

(continued)

4. **FAIR VALUE MEASUREMENTS** (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2023 and 2022.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Common stock: Valued at the closing price reported in the active market in which the individual securities are traded.

Mutual funds and money market funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Mortgage backed securities: Value is determined using observable inputs or can be derived principally from or corroborated by observable market data such as pricing for similar securities, recently executed transactions, cash flow models with yield curves and benchmark securities.

Life insurance policy: Valued at cash surrender value, which approximates fair value.

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

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of September 30, 2023 and 2022.

Assets at Fair Value:	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>September 30, 2023</u>				
Corporate bonds	\$ -	\$ 2,706,034	\$ -	\$ 2,706,034
Common stock	3,716,251	-	-	3,716,251
Mutual funds	1,555,515	-	-	1,555,515
Mortgage backed securities	-	1,475,690	-	1,475,690
U.S. government securities	-	1,711,077	-	1,711,077
Life insurance policy	-	-	172,978	172,978
Money market fund	<u>111,637</u>	<u>-</u>	<u>-</u>	<u>111,637</u>
Total investments	<u>\$ 5,383,403</u>	<u>\$ 5,892,801</u>	<u>\$ 172,978</u>	<u>\$ 11,449,182</u>

(continued)

4. **FAIR VALUE MEASUREMENTS** (Continued)

Assets at Fair Value:	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>September 30, 2022</u>				
Corporate bonds	\$ -	\$ 3,047,138	\$ -	\$ 3,047,138
Common stock	3,692,066	-	-	3,692,066
Mutual funds	1,733,938	-	-	1,733,938
Mortgage backed securities	-	1,649,602	-	1,649,602
U.S. government securities	-	1,483,914	-	1,483,914
Life insurance policy	-	-	170,578	170,578
Money market fund	<u>262,664</u>	<u>-</u>	<u>-</u>	<u>262,664</u>
Total investments	<u>\$ 5,688,668</u>	<u>\$ 6,180,654</u>	<u>\$ 170,578</u>	<u>\$ 12,039,900</u>

Level 3 Measurements

The plan administrator determines the fair value measurement policies and procedures. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third party information.

The table below sets forth a summary of changes in the fair value of the plan's Level 3 assets for the year ended September 30, 2023.

	<u>Level 3 Assets</u> <u>Year Ended September 30, 2023</u>
	<u>Life</u> <u>Insurance Policy</u>
Balance as of October 1, 2022	\$ 170,578
Unrealized appreciation in value	<u>2,400</u>
Balance as of September 30, 2023	<u>\$ 172,978</u>
The amount of total appreciation for the period attributable to the change in unrealized appreciation relating to assets still held at the reporting date.	<u>\$ 2,400</u>

Unrealized appreciation included in changes in net assets for the period above is reported in unrealized appreciation in life insurance in the statement of changes in net assets available for benefits.

5. **RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain plan investments are managed by Regions Bank. Regions Bank is the custodian and trustee for the plan and, therefore, these qualify as party-in-interest transactions. As described in Note 2, the plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

The company is the plan sponsor, and therefore, transactions with the company may qualify as exempt party-in-interest transactions.

Certain administrative functions are performed by the officers and employees of the company, who may also be participants, at no cost to the plan.

(continued)

6. 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 also to terminate the plan subject to the provisions of ERISA.

7. TAX STATUS

The plan obtained its latest determination letter on May 23, 2016, in which the Internal Revenue Service (IRS) 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 believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator will make any changes deemed necessary to ensure that the plan continues to be granted tax-exempt status; 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 and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. RISKS AND UNCERTAINTIES

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

9. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at September 30, 2023 and 2022, to Form 5500:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 11,491,245	\$ 12,086,758
Life insurance policy per the financial statements	(172,978)	(170,578)
Other receivable	<u>-</u>	<u>(4,249)</u>
	<u>\$ 11,318,267</u>	<u>\$ 11,911,931</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the year ended September 30, 2023, to Form 5500:

Net decrease in assets available for benefits per the financial statements	\$ (595,513)
Unrealized appreciation on life insurance	(2,400)
Dividends on life insurance	(2,835)
Insurance premiums paid	2,835
Other receivable	<u>4,249</u>
Net decrease per Form 5500	<u>\$ (593,664)</u>

(continued)

10. NET ASSETS AVAILABLE FOR BENEFITS

At September 30, 2023, there were no participants that had withdrawn from the plan that had requested a payout of their account balance.

11. PLAN AMENDMENTS

There were no plan amendments executed during the plan year. However, the plan implemented certain requirements of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act). Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

12. SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through June 24, 2024, the date which the financial statements were available to be issued.

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 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>10/01/2022</u> and ending <u>09/30/2023</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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: ☒ 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 MCABEE CONSTRUCTION INC PROFIT SHARING / RETIREMENT PLAN 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) MCABEE CONSTRUCTION INC PO DRAWER 1460 TUSCALOOSA AL 35403	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/01/1972</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 63-0622649</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 205-349-2212</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 238900</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 10/01/1972		2b Employer Identification Number (EIN) 63-0622649		2c Plan Sponsor's telephone number 205-349-2212		2d Business code (see instructions) 238900	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 10/01/1972											
2b Employer Identification Number (EIN) 63-0622649											
2c Plan Sponsor's telephone number 205-349-2212											
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		Date	6/26/24 Leroy McAbee Sr.
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		
SIGN HERE		Date	Enter name of individual signing as DFE
	Signature of DFE		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address ☒ 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	5 109
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 82 6a(2) 82 6b 1 6c 24 6d 107 6e 1 6f 108 6g 91 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 Characteristics Codes in the instructions:
2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

- (1) ☒ **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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **1 A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 H - REPORTABLE TRANSACTIONS
Schedule H, line 4j - Schedule of Reportable Transactions
Year Ended September 30, 2023
EIN # 63-0622649, Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Regions	Fidelity Government Portfolio	\$ 2,525,605	\$ -	\$ -	\$ -	\$ 2,525,605	\$ -	\$ -
Regions	Fidelity Government Portfolio	-	2,676,641	-	-	2,676,641	-	-
Regions	Fidelity Government Portfolio	-	655,207	-	-	655,207	-	-
Regions	United States Treasury Note/Bond	279,915	-	-	-	279,915	-	-
Regions	United States Treasury Note/Bond	-	373,653	-	-	373,664	-	(11)

SUPPLEMENTAL SCHEDULES

SCHEDULE I - ASSETS HELD

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

September 30, 2023

EIN # 63-0622649, Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Air Products and Chemicals Inc	225 Shares	\$ 61,413	\$ 63,765
	Alliant Energy Corp	700 Shares	25,660	33,915
	Arthur J Gallagher & Co	500 Shares	24,120	113,965
	BlackRock Inc	100 Shares	27,280	64,649
	Chevron Corp	600 Shares	61,065	101,172
	Cisco Systems Inc	500 Shares	22,028	26,880
	CME Group Inc	285 Shares	50,030	57,063
	Coca-Cola Co	1,000 Shares	42,625	55,980
	Comcast Corp	1,350 Shares	46,070	59,859
	ConocoPhillips	350 Shares	26,988	41,930
	CVS Health Corp	500 Shares	29,778	34,910
	Eli Lilly & Co	500 Shares	36,611	268,565
	Exxon Mobil Corp	1,000 Shares	82,792	117,580
	General Dynamics Corp	345 Shares	64,367	76,235
	Genuine Parts Co	300 Shares	23,209	43,314
	Hershey Co	150 Shares	19,557	30,012
	Home Depot Inc	175 Shares	31,867	52,878
	Honeywell International Inc	275 Shares	36,762	50,804
	Hubbell Inc	350 Shares	43,450	109,694
	iShares S&P 500 Growth ETF	8,000 Shares	361,361	547,360
	Johnson & Johnson	420 Shares	57,095	65,415
	JP Morgan Chase & Co	1,200 Shares	61,727	174,024
	McDonald's Corp	200 Shares	52,061	52,688
	Merck & Co Inc	900 Shares	42,328	92,655
	MetLife Inc	800 Shares	37,150	50,328
	Microsoft Corp	900 Shares	55,310	284,175
	Mondelez International Inc	1,000 Shares	67,008	69,400
	NextEra Energy Inc	800 Shares	10,679	45,832
	Qualcomm Inc	500 Shares	28,629	55,530
	Stryker Corp	130 Shares	30,713	35,525
	Sysco Corp	450 Shares	34,618	29,723
	Texas Instruments Inc	400 Shares	45,342	63,604
	TJX Cos Inc	1,000 Shares	68,650	88,880
	Union Pacific Corp	300 Shares	60,414	61,089
	United Health Group Inc	95 Shares	24,008	47,898
	Walmart Inc	600 Shares	38,714	95,958
	Waste Management Inc	775 Shares	45,257	118,139
	Darden Restaurants Inc	350 Shares	56,277	50,127
	Exelon Corp	1,500 Shares	46,036	56,685
	Vanguard Mid-Cap Index Fund	2,364 Shares	390,916	609,820
	Vanguard Small-Cap Index Fund	5,856 Shares	355,379	530,351

(continued)

SCHEDULE I - ASSETS HELD

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

September 30, 2023

EIN # 63-0622649, Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Baron Emerging Markets Fund	13,172 Shares	\$ 166,532	\$ 174,136
	Chubb Ltd	300 Shares	34,532	62,454
	Everest Re Group Ltd	250 Shares	76,001	92,918
	LyondellBasell Industries NV	350 Shares	29,728	33,145
	TE Connectivity Ltd	320 Shares	24,964	39,530
	Vanguard Developed Markets Index	17,180 Shares	216,689	241,207
	Fidelity Government Portfolio	111,637 Shares	111,637	111,637
	Principal Financial	Life Insurance	172,978	172,978
	Federal Home Loan Mortgage Corp	116,000 6.250%, Matures 07/15/32	163,979	128,342
	United States Treasury	380,000 1.250%, Matures 05/15/50	257,552	179,284
	United States Treasury	378,000 1.250%, Matures 04/30/28	348,821	325,435
	United States Treasury	167,000 2.375%, Matures 08/15/24	162,397	162,585
	United States Treasury	389,000 0.250%, Matures 05/31/25	367,062	358,701
	United States Treasury	248,000 2.875%, Matures 05/15/43	250,212	183,733
	United States Treasury	419,000 3.000%, Matures 02/15/48	461,084	306,557
	United States Treasury	70,000 3.750% Matures 06/30/30	68,524	66,440
	Fannie Mae Pool FN	1,714 5.500%, Matures 04/01/33	1,806	1,706
	Fannie Mae Pool FN	6,963 5.500%, Matures 06/01/33	7,504	6,927
	Fannie Mae Pool FN	1,057 5.500%, Matures 04/01/34	1,165	1,051
	Fannie Mae Pool FN	10,871 5.500%, Matures 04/01/34	10,822	10,815
	Fannie Mae Pool FN	1,832 5.500%, Matures 07/01/34	1,816	1,823
	Fannie Mae Pool FN	6,408 5.000%, Matures 06/01/35	6,911	6,278
	Fannie Mae Pool FN	1,383 5.500%, Matures 10/01/35	1,457	1,379
	Fannie Mae Pool FN	766 5.500%, Matures 04/01/36	843	764
	Fannie Mae Pool FN	759 6.000%, Matures 09/01/36	792	772
	Fannie Mae Pool FN	871 6.000%, Matures 01/01/36	883	860
	Fannie Mae Pool FN	2,905 6.000%, Matures 12/01/36	2,927	2,954
	Fannie Mae Pool FN	166 6.000%, Matures 06/01/36	165	164
	Fannie Mae Pool FN	1,394 6.000%, Matures 07/01/37	1,481	1,413
	Fannie Mae Pool FN	2,381 6.000%, Matures 07/01/37	2,406	2,420
	Fannie Mae Pool FN	1,107 6.000%, Matures 10/01/37	1,175	1,125
	Fannie Mae Pool FN	1,647 6.000%, Matures 11/01/37	1,659	1,673
	Fannie Mae Pool FN	806 5.500%, Matures 04/01/34	826	802
	Fannie Mae Pool FN	1 5.500%, Matures 01/01/24	1	1
	Fannie Mae Pool FN	4,795 4.000%, Matures 06/01/39	5,072	4,391
	Fannie Mae Pool FN	232 3.500%, Matures 10/01/25	242	227
	Fannie Mae Pool FN	400 3.500%, Matures 02/01/26	421	391
	Fannie Mae Pool FN	8,997 4.500%, Matures 04/01/41	10,006	8,499
	Fannie Mae Pool FN	557 4.500%, Matures 01/01/40	603	525
	Fannie Mae Pool FN	3,410 4.500%, Matures 06/01/40	3,633	3,217
	Fannie Mae Pool FN	1,432 5.000%, Matures 08/01/40	1,590	1,397
	Fannie Mae Pool FN	709 4.000%, Matures 05/01/25	752	687
	Fannie Mae Pool FN	8,609 3.500%, Matures 03/01/41	9,196	7,643
	Fannie Mae Pool FN	5,050 4.500%, Matures 09/01/40	5,370	4,764
	Fannie Mae Pool FN	1,790 3.500%, Matures 09/01/25	1,857	1,753
	Fannie Mae Pool FN	12,496 4.000%, Matures 02/01/41	12,997	11,441
	Fannie Mae Pool FN	2,299 4.000%, Matures 03/01/26	2,413	2,214

(continued)

SCHEDULE I - ASSETS HELD

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

September 30, 2023

EIN # 63-0622649, Plan Number 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fannie Mae Pool FN	3,305 3.500% Matures 09/01/26	\$ 3,482	\$ 3,217
	Fannie Mae Pool FN	7,813 3.000% Matures 12/01/26	8,199	7,546
	Fannie Mae Pool FN	6,124 4.500% Matures 06/01/41	6,514	5,785
	Fannie Mae Pool FN	44,150 3.000% Matures 12/01/31	44,557	41,051
	Fannie Mae Pool FN	12,802 3.500% Matures 11/01/42	12,772	11,353
	Fannie Mae Pool FN	14,675 3.500% Matures 11/01/45	15,361	12,881
	Fannie Mae Pool FN	46,786 4.000% Matures 05/01/47	47,854	42,523
	Fannie Mae Pool FN	10,061 2.500% Matures 04/01/28	10,080	9,545
	Fannie Mae Pool FN	21,579 3.000% Matures 05/01/43	22,227	18,447
	Fannie Mae Pool FN	20,429 3.000% Matures 08/01/43	20,417	17,463
	Fannie Mae Pool FN	28,481 4.000% Matures 10/1/1947	29,455	25,840
	Fannie Mae Pool FN	56,341 4.000% Matures 02/01/48	58,375	51,111
	Fannie Mae Pool FN	58,033 3.500% Matures 12/01/47	57,670	50,997
	Fannie Mae Pool FN	5,127 4.500% Matures 05/01/48	5,593	4,801
	Fannie Mae Pool FN	133,623 2.500% Matures 08/01/50	119,864	107,867
	Fannie Mae Pool FN	70,325 2.500% Matures 04/01/52	66,243	56,786
	Fannie Mae Pool FN	47,983 3.000% Matures 04/01/47	48,613	40,536
	Fannie Mae Pool FN	29,016 2.500% Matures 06/01/32	30,454	26,198
	Fannie Mae Pool FN	6,027 3.500% Matures 11/01/48	6,229	5,277
	Fannie Mae Pool FN	7,900 3.000% Matures 11/01/31	8,119	7,597
	Fannie Mae Pool FN	36,910 2.500% Matures 09/01/28	37,302	35,110
	Fannie Mae Pool FN	13,282 2.500% Matures 02/01/35	13,967	11,990
	Fannie Mae Pool FN	133,274 3.000% Matures 05/01/52	126,610	111,466
	Fannie Mae Pool FN	4,225 3.000% Matures 05/01/27	4,424	4,068
	Fannie Mae Pool FN	22,144 3.000% Matures 04/01/32	23,251	20,477
	Fannie Mae Pool FN	27,534 3.500% Matures 12/01/47	27,926	24,105
	Fannie Mae Pool FN	11,933 3.000% Matures 02/01/33	12,610	11,092
	Fannie Mae Pool FN	5,187 4.500% Matures 08/01/48	5,474	4,832
	Freddie Mac Gold Pool FG	562 4.500% Matures 02/01/40	608	532
	Freddie Mac Gold Pool FG	840 5.000% Matures 05/01/40	927	821
	Freddie Mac Gold Pool FG	999 4.500% Matures 11/01/40	1,079	944
	Freddie Mac Gold Pool FG	6,226 4.000% Matures 11/01/40	6,683	5,695
	Freddie Mac Gold Pool FG	1,153 4.000% Matures 10/01/40	1,229	1,057
	Freddie Mac Gold Pool FG	4,296 5.000% Matures 12/01/36	4,655	4,212
	Freddie Mac Gold Pool FG	3,623 4.500% Matures 08/01/40	3,863	3,428
	Freddie Mac Gold Pool FG	1,306 4.500% Matures 05/01/42	1,420	1,236
	Freddie Mac Gold Pool FG	1,273 4.500% Matures 10/01/39	1,376	1,204
	Freddie Mac Gold Pool FG	22,157 3.500%, Matures 12/01/45	22,999	19,467
	Freddie Mac Gold Pool FG	21,459 2.500%, Matures 01/01/30	22,136	19,992
	Freddie Mac Gold Pool FG	12,772 3.000%, Matures 06/01/30	13,255	11,922
	Freddie Mac Gold Pool FG	36,900 3.000%, Matures 09/01/30	38,878	34,443
	Freddie Mac Gold Pool FG	19,229 3.500%, Matures 06/01/45	20,007	16,941
	Freddie Mac Gold Pool FG	7,599 3.000%, Matures 12/01/26	8,000	7,349
	Freddie Mac Gold Pool FG	22,542 2.500%, Matures 11/01/28	23,616	21,400
	Freddie Mac Gold Pool FG	44,360 2.500%, Matures 12/01/51	44,221	35,576
	Freddie Mac Gold Pool FG	128,588 3.500% Matures 12/01/51	110,425	108,381
	Freddie Mac Gold Pool FG	86,163 3.000%, Matures 02/01/32	90,686	80,187
	Freddie Mac Gold Pool FG	38,110 2.500%, Matures 01/01/35	40,730	33,973

(continued)

SCHEDULE I - ASSETS HELD

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

September 30, 2023

EIN # 63-0622649, Plan Number 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Freddie Mac Gold Pool FG	9,344 3.000%, Matures 01/01/50	\$ 9,942	\$ 7,847
	Freddie Mac Gold Pool FG	122,622 2.500%, Matures 11/01/50	128,409	99,481
	Freddie Mac Gold Pool FG	20,716 4.000%, Matures 05/01/47	22,599	18,799
	Freddie Mac Gold Pool FG	29,313 2.500%, Matures 10/01/32	30,499	26,460
	Freddie Mac Gold Pool FG	16,236 4.000%, Matures 06/01/48	17,745	14,765
	Air Lease Corp	70,000 3.750%, Matures 06/01/26	69,277	65,992
	American Tower Corp	61,000 5.800% Matures 11/15/28	61,017	60,527
	Anheuser-Busch InBev Worldwide Inc	63,000 4.900%, Matures 01/23/31	63,215	61,383
	AT&T Inc	72,000 4.500%, Matures 05/15/35	70,417	61,684
	Bank of America Corp	64,000 6.110%, Matures 01/29/37	61,071	63,156
	Bank of America Corp	67,000 3.559%, Matures 04/23/27	67,000	62,858
	Bank of New York Mellon Corp	71,000 0.750%, Matures 01/28/26	70,256	63,760
	Bank of Nova Scotia	77,000 1.050%, Matures 03/02/26	76,858	68,735
	Bank of Nova Scotia	66,000 2.200%, Matures 02/03/25	65,851	62,808
	Bershire Hathaway Finance Corp	74,000 4.250%, Matures 01/15/49	86,235	60,574
	BlackRock Inc	79,000 1.900%, Matures 01/28/31	78,807	62,428
	BP Capital Markets America Inc	63,000 3.796%, Matures 09/21/25	63,063	61,098
	Capital One Financial Corp	73,000 3.650%, Matures 05/11/27	72,952	66,762
	Charles Schwab Corp	78,000 0.900%, Matures 03/11/26	77,947	69,149
	Citigroup Inc	98,000 0.776%, Matures 10/30/24	98,015	97,542
	Comcast Corp	77,000 3.750%, Matures 04/01/40	85,891	59,647
	Equinor ASA	67,000 3.700%, Matures 03/01/24	67,776	66,438
	Fidelity National Information Services	74,000 1.650%, Matures 03/01/28	72,951	62,627
	Gilead Sciences Inc	65,000 3.650%, Matures 03/01/26	64,879	62,224
	Goldman Sachs Group Inc	81,000 2.650%, Matures 10/21/32	79,725	62,521
	Hormel Foods Corp	66,000 0.650%, Matures 06/03/24	66,011	63,769
	HSBC Holdings PLC Variable	76,000 3.973%, Matures 05/22/30	76,249	66,845
	Intel Corp	78,000 2.000%, Matures 08/12/31	77,967	61,086
	International Business Machines Corp	70,000 3.450%, Matures 02/19/26	69,784	66,741
	International Business Machines Corp	69,000 3.500%, Matures 05/15/29	68,845	62,417
	JPMorgan Chase & Co	138,000 3.782%, Matures 02/01/28	140,289	128,529
	Kroger Co	71,000 2.650%, Matures 10/15/26	70,830	65,137
	Lloyds Banking Group	72,000 4.375%, Matures 03/22/28	72,031	67,079
	Lowe's Cos Inc	67,000 3.650%, Matures 04/05/29	71,592	60,886
	Molson Coors Brewing Co	68,000 5.000%, Matures 05/01/42	68,371	58,624
	Morgan Stanley	68,000 3.700%, Matures 10/23/24	68,186	66,440
	Procter & Gamble Co	72,000 3.000%, Matures 03/25/30	73,482	63,970
	Royal Bank of Canada	142,000 0.875%, Matures 01/20/26	141,961	127,357
	Shell International Finance BV	75,000 2.375%, Matures 11/07/29	73,346	63,863
	Southern Co	75,000 3.700%, Matures 04/30/30	75,110	66,451
	Sysco Corp	97,000 3.300%, Matures 02/15/50	86,908	62,116
	Toyota Motor Credit Corp	71,000 1.125%, Matures 06/18/26	70,975	63,406
	Toyota Motor Credit Corp	70,000 0.800%, Matures 01/09/26	69,938	63,159
	Truist Financial Corp	71,000 1.267%, Matures 03/02/27	71,043	62,909
	Verizon Communications Inc	70,000 0.850%, Matures 11/20/25	69,995	63,337
	Total		<u>\$ 10,312,572</u>	<u>\$ 11,449,182</u>