

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1993
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) E.C.C.O. III ENTERPRISES, INC. 201 SAW MILL RIVER ROAD YONKERS, NY 10701	2b Employer Identification Number (EIN) 13-2754124
		2c Plan Sponsor's telephone number 914-963-3600
		2d Business code (see instructions) 237990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2024	SUSAN ERNST
	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	143
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).			
6a(1) Total number of active participants at the beginning of the plan year		6a(1)	90
6a(2) Total number of active participants at the end of the plan year		6a(2)	91
b Retired or separated participants receiving benefits		6b	1
c Other retired or separated participants entitled to future benefits		6c	47
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	140
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	137
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	136
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 2F 2G 2J 2T 3H 3D 2R 2U			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B			
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 (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☒ MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>3</u> (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 E.C.C.O. III ENTERPRISES, INC.	D Employer Identification Number (EIN) 13-2754124	

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
SECURITY MUTUAL LIFE INS OF NY

(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
15-0442730	68772	01002067	0	01/01/2023	12/31/2023

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	0

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

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

(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	

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	(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	957894

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **RATES FILED WITH THE DEPT OF INSURANCE IN THOSE STATES THAT REQ FILING**

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
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 E.C.C.O. III ENTERPRISES, INC.	D Employer Identification Number (EIN) 13-2754124	

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
NATIONWIDE FINANCIAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	VARIOUS	15	01/01/2023	12/31/2023

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	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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	1909226
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	55718
	▶ CHANGE IN VALUE		
	(6) Total additions	7c(6)	55718
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1964944
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	291
	(3) Transferred to separate account	7e(3)	259163
	(4) Other (specify below)	7e(4)	29708
	▶ OTHER DEDUCTIONS		
	(5) Total deductions	7e(5)	289162
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1675782

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 E.C.C.O. III ENTERPRISES, INC.	D Employer Identification Number (EIN) 13-2754124	

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
THE GUARDIAN LIFE INSURANCE COMP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	VARIOUS	0	01/01/2023	12/31/2023

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	0

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

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

(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
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	(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 ▶ NET PREMIUMS FOR THIS CURRENT POLICY ARE BASED ON INT AT 4 AND MORTALITY OF 2001 CSO TABLE		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
	Specify nature of costs ▶		
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 E.C.C.O. III ENTERPRISES, INC.	D Employer Identification Number (EIN) 13-2754124

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

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
FIDELITY INVESTMENTS INSTITUTIONAL	
04-2647786	

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

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

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

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

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

APICELLA, TESTA & COMPANY, P.C.

06-0876812

(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	ACCOUNTANT/AUDITOR	23900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH PIERCE FENNER &

13-5674085

(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?
55	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	20413	Yes ☐ No ☒

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

UBS FINANCIAL SERVICES INC

13-2638166

(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?
55	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	19526	Yes ☐ No ☒

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65	RECORDKEEPER	-29675	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AM CENT ULTRA A - AMERICAN CENTURY 44-0619208	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AS GROWTH A - SS&C GIDS, INC 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.30%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BLK RK EMERGING MKT A - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BLK RK ENERGY OPPS A - BNY MELLON I 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BLK RK EQUITY DIV A - BNY MELLON IN 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BLK RK NAT RESOURCE A - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
CALAMOS INTL GRTH A - U.S. BANK GL 615 EAST MICHIGAN STREET MILWAUKEE, WI 53202	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COL LARGE CAP IDX A - COLUMBIA MGT PO BOX 219104 KANSAS CITY, MO 64121-9104	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COL MID CAP IDX A - COLUMBIA MGT I PO BOX 219104 KANSAS CITY, MO 64121-9104	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COL SM CAP IDX A - COLUMBIA MGT IN PO BOX 219104 KANSAS CITY, MO 64121-9104	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COL US TREAS IDX A - COLUMBIA MGT PO BOX 219104 KANSAS CITY, MO 64121-9104	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
EV ATL CAP SMID-CP A - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
FKLN HIGH INCOME A1 - FRANKLIN TEM 94-3167260	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
FKLN UTILITIES A1 - FRANKLIN TEMPL 94-3167260	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
GALLIARD STBLE RTN M 800 LASALLE AVENUE SUITE 1400 MINNEAPOLIS, MN 55402	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
GS SM CP GR INS A - GOLDMAN SACHS 13-5108880	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
HEARTLAND VAL PLS IV - ALPS FUND S 20-3247785	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
HTFD HEALTHCARE R4 - HARTFORD ADMI 41-0679409	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS DEVELOP MKT A - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS EQL WT S&P500 A - INVESCO INV 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS GLOBAL A - INVESCO INVESTMENT 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
IS MSCI EAFE INTL A - BNY MELLON I 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
IS S&P 500 IDX A - BNY MELLON INVE 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H FORTY S - JANUS HENDERSON SERV 151 DETROIT STREET DENVER, CO 80206	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H GAF GROWTH S - JANUS HENDERSON 151 DETROIT STREET DENVER, CO 80206	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H GLB TECH INNV S - JANUS HENDER 151 DETROIT STREET DENVER, CO 80206	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H HIGH-YIELD S - JANUS HENDERSON 151 DETROIT STREET DENVER, CO 80206	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
J H TRITON S - JANUS HENDERSON SER 151 DETROIT STREET DENVER, CO 80206	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
JH DSCPL VAL MDCP A - JOHN HANCOCK 01-0233346	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
JH FINL INDUSTRIES A - JOHN HANCOCK 01-0233346	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
JH MM LS AGGR A - JOHN HANCOCK SIG 01-0233346	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
JH MM LS GRTH A - JOHN HANCOCK SIG 01-0233346	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
JH MM LS MOD A - JOHN HANCOCK SIGN 01-0233346	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JHANCOCK REG BANK A - JOHN HANCOCK 01-0233346	0.10%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM GOVT BOND A - DST ASSET MANAGE 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM INCOME BUILDER A - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
LD ABT FNDMNTL EQ A - BNY MELLON I 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
LD ABT MID CAP STK A - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
LOOMIS INV GRD BD AD - SS&C GLOBAL 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.20%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MFS INTL DIVRSN R3 - MFS SERVICE C 04-2865649	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MFS INTL INTR VAL R3 - MFS SERVICE 04-2865649	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PGIM J HEALTH SCI A - PRUDENTIAL M 22-3703799	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIM ALL A ALL AUTH A - SS&C GLOBAL 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIM RE REAL RET A - SS&C GLOBAL IN 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIM REAL RETURN A - SS&C GLOBAL IN 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.20%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TEMPLETON WORLD A - FRANKLIN TEMPL 94-3167260	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TMPL GLOBAL BAL A - FRANKLIN TEMPL 94-3167260	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TMPL GLOBAL BOND A - FRANKLIN TEMP 94-3167260	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
VRTS Z TECHN ADM - VIRTUS FUND SER 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS FINANCIAL SERVICES INC	55	19526
(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.	
NATIONAL FINANCIAL SERVICES LLC 04-3523567		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERRILL LYNCH PIERCE FENNER &	55	20413
(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.	
NATIONAL FINANCIAL SERVICES LLC 04-3523567		

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 E.C.C.O. III ENTERPRISES, INC.		D Employer Identification Number (EIN) 13-2754124
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE FINANCIAL SERVICES		
b Name of sponsor of entity listed in (a): NATIONWIDE FINANCIAL SERVICES		
c EIN-PN 31-4156830-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 957894
a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STBLE RTN M		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 94-6751924-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 490419
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Schedule D (Form 5500) 2023 v. 230707

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 E.C.C.O. III ENTERPRISES, INC.	D Employer Identification Number (EIN) 13-2754124	

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	404078	425433
(2) Participant contributions	1b(2)	16218	17504
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2943257	3827920
(2) U.S. Government securities	1c(2)	108405	9627
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	503744	490419
(10) Value of interest in pooled separate accounts	1c(10)	762656	957894
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22271158	27026169
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1909226	1675782
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	28918742	34430748
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	28918742	34430748

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)	425433	
(B) Participants	2a(1)(B)	1042863	
(C) Others (including rollovers)	2a(1)(C)	76937	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1545233
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	151355	
(B) U.S. Government securities	2b(1)(B)	1714	
(C) Corporate debt instruments	2b(1)(C)	1133	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	148	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		154350
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	16600	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	812764	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		829364
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	870000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	850819	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		19181
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-8420	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-8420

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		11582
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3916376
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		6467666

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	955145	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		955145
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	0	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	515	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		515
j Total expenses. Add all expense amounts in column (b) and enter total	2j		955660

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5512006
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **APICELLA, TESTA & COMPANY, P.C.**

(2) EIN: **06-0876812**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		750000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) 002	
C Plan sponsor's name as shown on line 2a of Form 5500 E.C.C.O. III ENTERPRISES, INC.	D Employer Identification Number (EIN) 13-2754124	

Part I	Distributions
--------	---------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
----------	------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN	B Three-digit Plan number (PN) ▶	002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF E.C.C.O. III ENTERPRISES, INC.	D Administrator's EIN 13-2754124	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer E.C.C.O. III ENTERPRISES, INC.	2b EIN 13-2754124	2c Percentage of Total Contributions for the Plan Year 93.6	2d Aggregate Account Balances Attributable to Participating Employer 31255902
2a Name of Participating Employer WESTHOOK SAND & GRAVEL, INC.	2b EIN 13-3706511	2c Percentage of Total Contributions for the Plan Year 3.86	2d Aggregate Account Balances Attributable to Participating Employer 2465163

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer ECCO DEVELOPMENT, LLC	2b EIN 90-0100306	2c Percentage of Total Contributions for the Plan Year 2.54	2d Aggregate Account Balances Attributable to Participating Employer 266746
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN

YONKERS, NEW YORK

DECEMBER 31, 2023 AND 2022

**E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
E.C.C.O. III Enterprises, Inc. Profit Sharing Plan
Yonkers, New York

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

We have performed an audit of the accompanying financial statements of E.C.C.O. III Enterprises, Inc. Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of E.C.C.O. III Enterprises, Inc. Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 qualified institutions as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Notes 10 and 11 to the financial statements, is complete and accurate.

Opinion

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

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

To the Plan Administrator of
E.C.C.O. III Enterprises, Inc. Profit Sharing Plan
Yonkers, New York

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

To the Plan Administrator of
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Yonkers, New York

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

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules I and II, as of December 31, 2023 and 2022, 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

To the Plan Administrator of
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reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Apicella, Testa & Company P.C.

APICELLA, TESTA & COMPANY, P.C.
Certified Public Accountants

September 20, 2024

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	<u>2023</u>	<u>2022</u>
ASSETS		
Investments at fair value:		
Guaranteed return contract	\$ 1,675,782	\$ 1,909,226
Pooled separate accounts	957,894	762,656
Interest bearing cash	3,837,547	3,051,662
Common/collective trust	490,419	503,744
Shares of registered investment companies (Mutual Funds)	<u>27,026,169</u>	<u>22,271,158</u>
	33,987,811	28,498,446
Receivables:		
Participants' contributions receivable	17,504	16,218
Employer's contributions receivable	<u>425,433</u>	<u>404,078</u>
	<u>442,937</u>	<u>420,296</u>
TOTAL ASSETS	34,430,748	28,918,742
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 34,430,748</u>	<u>\$ 28,918,742</u>

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

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	<u>2023</u>	<u>2022</u>
ADDITIONS (SUBTRACTIONS)		
Additions (subtractions) to net assets attributed to:		
Net appreciation (depreciation) in fair value of investments	\$ 3,938,719	\$ (7,466,410)
Dividend income	829,364	1,566,641
Interest income - guaranteed return contract	55,718	61,827
Interest income	<u>98,632</u>	<u>19,515</u>
	4,922,433	(5,818,427)
Contributions:		
Employer	425,433	404,078
Participants	1,042,863	1,027,099
Participant rollover	<u>76,937</u>	<u>-</u>
	<u>1,545,233</u>	<u>1,431,177</u>
Total Additions (Subtractions)	6,467,666	(4,387,250)
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	955,145	1,385,713
Management and administrative fees paid	<u>515</u>	<u>540</u>
Total Deductions	<u>955,660</u>	<u>1,386,253</u>
NET INCREASE (DECREASE) IN ASSETS	5,512,006	(5,773,503)
Net assets available for benefits at beginning of year	<u>28,918,742</u>	<u>34,692,245</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 34,430,748</u>	<u>\$ 28,918,742</u>

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

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 - DESCRIPTION OF PLAN

The following description of the E.C.C.O. III Enterprises, Inc. ("Company") Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a multiple-employer defined contribution plan covering substantially all employees of the Company who are age twenty-one or older. The participating employers of the Plan are: E.C.C.O III Enterprises, Inc., Ecco Development, LLC, and Westhook Sand & Gravel, Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established effective January 1, 1993 through the adoption of an Employee Benefit Compliance Services, Inc. Standardized 401(k) Profit Sharing Plan and Trust (a "prototype" plan). Effective November 6, 2018, the Plan was amended for Article 5 of the basic plan document (Employer matching).

In January 2020, Congress passed the Setting Every Community Up for Retirement Enhancement Act of 2020 that contained the largest package of retirement system reform in over a decade. Many of the provisions of the SECURE Act became effective on January 1, 2020 and required significant changes to plan administration and recordkeeping.

The COVID-19 outbreak in the United States caused business disruption through mandated and voluntary closings of businesses in numerous industries. As of March 27, 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") that included numerous employee benefit plan provisions to assist plan sponsors and participants.

The Consolidated Appropriations Act of 2021 was signed into law on December 27, 2020 which includes a temporary rule that prevents partial plan terminations for qualified retirements plans in certain circumstances.

In December 2022, Congress passed the SECURE 2.0 Act to build upon the SECURE ACT of 2020 and to address issues related to retirement and savings, creating new flexibility and accessibility to help individuals plan for a more secure future. Provisions of this law begin to go into effect in 2023.

Contributions. Each year, participants may contribute pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of the employer and employee contributions into various investment options offered under the Plan, in addition to mutual funds and exchange-traded funds available. Contributions are subject to certain limitations.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is also immediate.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Other Income and Administrative Expenses. Substantially all administrative expenses are paid within the Plan utilizing credits earned and paid by the investment advisor and underlying funds. The gross amounts of credits earned and expenses paid are recorded as other income and administrative expenses, respectively.

Payment of Benefits. On termination of service due to death, disability, retirement or other reasons, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Forfeited Accounts. Forfeited amounts will be used to reduce future employer matching contributions. There were no forfeited non-vested accounts or balances as of December 31, 2023 and 2022, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting, in conformity with generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of plan assets, liabilities and related changes. Accordingly, actual results may differ from those estimates.

Uncertain Tax Positions

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2023, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan's income tax returns are subject to examination by the appropriate regulatory authorities. As of December 31, 2023, the Plan's federal tax returns generally remain open for the last three years.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Investment-related expenses are included in net appreciation in fair value of investments. Administrative expenses of the plan are allocated to participant accounts.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (Note 3).

Investments maintained at Fidelity are in mutual funds and a common collective trust and are stated at values certified by the institution that holds the Plan's assets as an investment manager and are under the custody of the Plan trustee. Quoted market prices are used to value investments at fair value. Shares in the common collective trust are valued at the net asset value, referred to as NAV of shares held by the Plan at year end.

The Plan's investment options in Nationwide's pooled separate accounts are in a variable annuity contract. This variable annuity contract provides for participant directed investment through a number of underlying mutual funds with a range of investment objectives. The fair values of the sub-series within the variable annuity contract are determined by the underlying value of the mutual fund shares plus any distributions received from the mutual funds and less any charges assessed by the variable annuity contract and are determined by Nationwide Life Insurance Company.

Nationwide also offers an investment option under the Nationwide fixed account where contributions are allocated to guaranteed interest accounts that guarantee the return of principal plus compound interest, less any applicable contract or participant-level recordkeeping charges. The fund will not suffer a decline in value as long as the contract is in force. The Guaranteed Interest Account does not meet the basic criteria to be considered a fully benefit responsive contract - specifically that all distributions from the contract be made at contract (or "book") value. Therefore for financial statement purposes, the investment is reported at fair value.

All investment transactions, including investment earnings and losses, and purchases and sales of securities, are recorded on a trade-date basis.

The Plan presents in the statement of changes in net assets available for benefits, the appreciation (depreciation) in the fair value of its investments which consists of realized gains and losses and the unrealized appreciation (depreciation) on those investments.

Date of Management's Review of Subsequent Events

Management has evaluated subsequent events through September 20, 2024, the date the financial statements were available to be issued.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

Fair Value Measurement Using:				
	Total Fair Value	Quoted Prices in Active Markets For Similar Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2023</u>				
Money market funds	\$ 3,837,547	\$ 3,837,547	\$ -	\$ -
Mutual Funds:				
Bond funds	159,405	159,405	-	-
High yield bond fund	529,509	529,509	-	-
Inter/LT bond funds	4,671,553	4,671,553	-	-
International equity funds	4,704,053	4,704,053	-	-
Large cap equity funds	97,174	97,174	-	-
Small/mid cap equity funds	1,826,972	1,826,972	-	-
Multi-asset sector funds	620,561	620,561	-	-
Multi-asset balanced funds	14,416,942	14,416,942	-	-
	30,863,716	30,863,716	-	-
Common/collective trust funds	490,419	-	490,419	-
Investment contract with Insurance Company	1,675,782	-	-	1,675,782
Total	<u>\$ 33,029,917</u>	<u>\$ 30,863,716</u>	<u>\$ 490,419</u>	<u>\$ 1,675,782</u>
<u>December 31, 2022</u>				
Money market funds	\$ 3,051,662	\$ 3,051,662	\$ -	\$ -
Mutual Funds:				
Bond funds	140,862	140,862	-	-
High yield bond fund	645,496	645,496	-	-
Inter/LT bond funds	3,647,751	3,647,751	-	-
International equity funds	2,892,098	2,892,098	-	-
Large cap equity funds	68,781	68,781	-	-
Small/mid cap equity funds	1,540,029	1,540,029	-	-
Multi-asset sector funds	549,202	549,202	-	-
Multi-asset balanced funds	12,786,939	12,786,939	-	-
	25,322,820	25,322,820	-	-
Common/collective trust funds	503,744	-	503,744	-
Investment contract with Insurance Company	1,909,226	-	-	1,909,226
Total	<u>\$ 27,735,790</u>	<u>\$ 25,322,820</u>	<u>\$ 503,744</u>	<u>\$ 1,909,226</u>

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

As required by the Fair Value Measurements and Disclosures of FASB ASC 820, the Company is required to establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of 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, and inputs that are derived principally from, or corroborated by, observable market data by correlation or other means, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of investments. When available the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 were not available.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Level 1 Fair Value Measurements

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended 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.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2023 and 2022 are reported in net appreciation (depreciation) in fair value of investments.

Level 2 Fair Value Measurements

Common/collective trust funds: These funds consist of pools of a stable return fund and are valued using the net asset value, referred to as NAV, provided by the administrator of the fund. The NAV is based on the value of underlying assets owned by the fund, less its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in a market that is not active.

The following table summarizes the investments measured at fair value based on NAV or its equivalent (Level 2

	Fair Value (*)	Redemption Frequency/ Notice Period	Round Trip Transfer Restrictions
<u>Common / collective trust</u>			
Wells Fargo Stable Value Fund	\$ 490,419	Daily	N/A

(*) See fair value measurement of investments explained earlier in Note 3.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 and Level 2 inputs because they generally provide the most reliable evidence of fair value. The values of the underlying investments are observable.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

Level 3 Fair Value Measurements

Guaranteed Investment Contract : Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields or similar instruments with comparable durations considering the creditworthiness of the issuer (see Note 3). Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the investment committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) whereas others are substantiated utilizing available market data (for example, swap curve rate).

The following table provides further details of the Level 3 fair value measurements.

	<u>Investment Contract</u>
December 31, 2023	
Beginning balance	\$ 1,909,226
Realized gains	55,718
Unrealized gains (losses) relating to instruments held at the reporting date	-
Purchases	-
Sales	-
Transfers in and/or out of level 3	<u>(289,162)</u>
Ending balance	<u>\$ 1,675,782</u>
December 31, 2022	
Beginning balance	\$ 1,857,609
Realized gains	61,827
Unrealized gains (losses) relating to instruments held at the reporting date	-
Purchases	-
Sales	-
Transfers in and/or out of level 3	<u>(10,210)</u>
Ending balance	<u>\$ 1,909,226</u>

Unrealized gains (losses) from guaranteed investment contract are not included in the statement of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

**Quantitative Information About Significant Unobservable Inputs Used in Level 3
Fair Value Measurements**

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant inputs and the ranges of values for those inputs.

December 31, 2023

<i>Instrument</i>	<i>Fair Value</i>	<i>Principal Valuation Technique</i>	<i>Unobservable Inputs</i>	<i>Range of Significant Input Values</i>	<i>Weighted Average</i>
Guaranteed investment contract	\$ 1,675,782	Contract Value	(1)	(2)	(2)

December 31, 2022

<i>Instrument</i>	<i>Fair Value</i>	<i>Principal Valuation Technique</i>	<i>Unobservable Inputs</i>	<i>Range of Significant Input Values</i>	<i>Weighted Average</i>
Guaranteed investment contract	\$ 1,909,226	Contract Value	(1)	(2)	(2)

(1) Plan asset is the contract not the underlying assets of the Guaranteed Fund. Crediting rate is not based directly on actual performance of the fund's underlying assets. The underlying risks of the Guaranteed Fund are assumed by Nationwide who is obligated to support the interest guarantee.

(2) Information was not available or relevant based upon valuation technique.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 4 - POOLED SEPARATE ACCOUNTS

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 plan uses an accumulation unit value to value investments in funds of the pooled separate account, which is considered the equivalent of a net asset value (NAV) per share. The NAV, as provided by Nationwide, is used as a practical expedient to estimate fair value, as the funds in the pooled separate account are not considered actively traded. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Pooled separate accounts can be redeemed daily and can have up to 31-day redemption notice periods. There are no unfunded commitments.

As of December 31, 2023 and 2022, investments measured at NAV are as follows:

	<u>2023</u>	<u>2022</u>
Investments measured at NAV (a):		
Pooled Separate accounts	\$ 957,894	\$ 762,656
Total investments, at fair value	<u>\$ 957,894</u>	<u>\$ 762,656</u>

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate the fair value if the investment does not file a Form 5500 with the DOL as a direct filing entity ("DFE"). The following table discloses the investment strategies for such investments:

	<u>2023</u>	<u>2022</u>
Pooled separate accounts		
Fixed income funds (a)	\$ 957,894	\$ 762,656
Total	<u>\$ 957,894</u>	<u>\$ 762,656</u>

- (a) The general objective of fixed income funds is to produce current income, while also preserving the shareholders' capital.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into an investment contract with Nationwide Life Insurance Company. The accounts are credited with earnings on the underlying investments and charged for plan withdrawals and administrative expenses charged by the custodian. The contract is included in the financial statements at fair value as determined using the market approach based on market prices of similar contracts. The adjustment from fair value to contract value for the investment contract is based on the contract value as reported to the plan by Nationwide. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The fair value of the investment contract was \$1,675,782 and \$1,909,226 at December 31, 2023 and 2022, respectively. The average yield and crediting interest rate was approximately 3.50% for 2023 and 2022, respectively. At December 31, 2023 and 2022, there are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1.5%. Such interest rates are reviewed on a regular basis for resetting.

Certain events, such as the premature termination of the contract by the Plan, termination of the Plan, the failure to meet the requirements for qualification under the IRC and/or any other applicable state or federal law, or the Trust fails to remain tax-exempt under 501(a) of the IRS would limit the Plan's ability to transact at contract value with Prudential. The Plan administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with Plan participants is not probable.

NOTE 6 - OTHER INCOME AND ADMINISTRATIVE COSTS AND RELATED
PARTY-IN-INTEREST TRANSACTIONS

Substantially all expenses of administration will be paid out of the Plan. Fidelity is the Trustee as defined by the Plan and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services amounted to \$515 and \$540 for the years ended December 31, 2023 and 2022, respectively.

NOTE 7 - PLAN TERMINATION

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

NOTE 8 - TAX STATUS

The Plan adopted a standardized prototype retirement plan designed and maintained by Fidelity Volume Submitter and has obtained an opinion letter dated April 27, 2015, in which the IRS stated that the restated prototype plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). The plan administrator timely adopted the restated prototype plan. The plan administrator believes that the Plan is currently being operated in accordance with the IRC.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan believes it is no longer subject to income tax examinations for years prior to 2020.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 9 - 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 value 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 Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Internal Revenue Service Form 5500 as of December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Net assets available for plan benefits per the financial statements	\$ 34,430,748	\$ 28,918,742
Adjustments	<u>-</u>	<u>-</u>
Net assets available for plan benefits per Form 5500	<u>\$ 34,430,748</u>	<u>\$ 28,918,742</u>

NOTE 11 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

The following information included in the accompanying financial statements and supplemental schedules as of December 31, 2023 and 2022, was obtained from data that has been prepared and certified to as complete and accurate by the custodians.

	<u>2023</u>	<u>2022</u>
a. Investments		
Investments at fair value:		
Investment contract with Fidelity Retirement Services (Note 3)	\$ 31,354,135	\$ 25,826,564
Investment contract with Nationwide Life Insurance Company #01002067 (Note 3 & 4)	<u>2,633,676</u>	<u>2,671,882</u>
	<u>\$ 33,987,811</u>	<u>\$ 28,498,446</u>
b. Income:		
Net appreciation (depreciation) in fair value of investments	\$ 3,938,719	\$ (7,466,410)
Dividend income	829,364	1,566,641
Interest income	<u>154,350</u>	<u>81,342</u>
	<u>\$ 4,922,433</u>	<u>\$ (5,818,427)</u>

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 12 - PLAN INVESTMENTS

At December 31, 2023, the Plan's investments were held by Fidelity Retirement Services ("Fidelity") and Nationwide Life Insurance Company ("Nationwide"). The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by Fidelity and Nationwide as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and was not subjected to any auditing procedures performed by the independent public accountants.

- a. As of December 31, 2023, total investments as shown in the accompanying statement of net assets available for benefits amounted to \$27,026,169 in shares of registered investment companies, \$3,837,547 in money market interest bearing cash, \$490,419 common/collective trusts, \$1,675,782 invested in guaranteed return contract and \$957,894 for pooled separate accounts.
- b. Net investment earnings reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2023 were certified by Fidelity and Nationwide.
- c. The information included in the supplementary Schedule of Assets Held for Investment Purposes, were certified by Fidelity and Nationwide.

For the year ended December 31, 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$3,938,719.

For the year ended December 31, 2022, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$7,466,410.

NOTE 13 - PARTICIPATING EMPLOYER'S PERCENTAGE OF TOTAL CONTRIBUTIONS

	<u>2023</u>	<u>2022</u>
E.C.C.O. III Enterprises, Inc.	93.60%	93.46%
Ecco Development, LLC	2.54%	2.78%
Westhook Sand & Gravel, Inc.	3.86%	3.76%
	100.00%	100.00%

SUPPLEMENTARY INFORMATION

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
SCHEDULE II - SCHEDULE OF ASSETS
AS OF DECEMBER 31, 2023

Schedule H, Line 4i - Schedule of Assets
Employer Identification Number 13-2754124
Plan Number 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description	Cost	Current Value
* Fidelity Retirement Services		PRU/J HEALTH SCI A	** \$	883,215
* Fidelity Retirement Services		WF GROWTH A	**	491,814
* Fidelity Retirement Services		PIM COM REAL RET ADM	**	8,167
* Fidelity Retirement Services		JH DSCPL VAL MDCP A	**	366,633
* Fidelity Retirement Services		PIM RE REAL RET A	**	36,441
* Fidelity Retirement Services		COL LARGE CAP IDX A	**	97,174
* Fidelity Retirement Services		IS MSCI EAFE INTL A	**	244,541
* Fidelity Retirement Services		COL MID CAP IDX A	**	524,773
* Fidelity Retirement Services		COL SM CAP IDX A	**	317,219
* Fidelity Retirement Services		J H GAF GROWTH S	**	198,574
* Fidelity Retirement Services		J H FORTY S	**	1,464,624
* Fidelity Retirement Services		TMPL GLOBAL BOND A	**	82,074
* Fidelity Retirement Services		TEMPLETON WORLD A	**	226,801
* Fidelity Retirement Services		IS S&P 500 IDX A	**	1,643,835
* Fidelity Retirement Services		ALZGI TECHNOLOGY ADM	**	938,951
* Fidelity Retirement Services		JH MM LS AGGR A	**	3,252
* Fidelity Retirement Services		JH MM LS GRTH A	**	2,243
* Fidelity Retirement Services		GS SM CP GR INS A	**	3,231
* Fidelity Retirement Services		BLKRK NAT RESOURCE A	**	141,410
* Fidelity Retirement Services		HTFD HEALTHCARE R4	**	249,381
* Fidelity Retirement Services		BLKRK EQUITY DIV A	**	443,132
* Fidelity Retirement Services		BLKRK EMERGING MKT A	**	209,876
* Fidelity Retirement Services		EV ATL CAP SMID-CP A	**	248,673
* Fidelity Retirement Services		LD ABT FNDMNTL EQ A	**	479,273
* Fidelity Retirement Services		PIM ALL A ALL AUTH A	**	56,696
* Fidelity Retirement Services		JPM GOVT BOND A	**	77,330
* Fidelity Retirement Services		LD ABT MID CAP STK A	**	36,647
* Fidelity Retirement Services		OPPENHEIMER GLOBAL A	**	117,321
* Fidelity Retirement Services		JHANCOCK REG BANK A	**	34,946
* Fidelity Retirement Services		WF STABLE VALUE	**	490,419
* Fidelity Retirement Services		INVS EQL WT S&P500 A	**	57,254
* Fidelity Retirement Services		OPPHMR DEV MKTS A	**	390,685
* Fidelity Retirement Services		HEARTLAND VAL PLS IV	**	229,876
* Fidelity Retirement Services		AM CENT ULTRA A	**	725,090
* Fidelity Retirement Services		FRANKLIN UTILITIES A	**	340,847
* Fidelity Retirement Services		MFS INTL DIVRSN R3	**	41,256
* Fidelity Retirement Services		MFS INTL VALUE R3	**	57,037
		Subtotal		\$ 11,960,711

* Represents a party-in-interest.

** Cost information is not required as investment is participant directed.

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

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
SCHEDULE II - SCHEDULE OF ASSETS - CONTINUED
AS OF DECEMBER 31, 2023

Schedule H, Line 4i - Schedule of Assets
Employer Identification Number 13-2754124
Plan Number 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description	Cost	Current Value
Subtotal previous page				\$ 11,960,711
* Fidelity Retirement Services		PIM REAL RETURN A	**	143,270
* Fidelity Retirement Services		CALAMOS INTL GRTH A	**	51,147
* Fidelity Retirement Services		J H TRITON S	**	560,715
* Fidelity Retirement Services		FKLN HIGH INCOME A	**	164,595
* Fidelity Retirement Services		J H HIGH-YIELD S	**	64,553
* Fidelity Retirement Services		JH FINL INDUSTRIES A	**	92,772
* Fidelity Retirement Services		JPM INCOME BUILDER A	**	287,934
* Fidelity Retirement Services		COL US TREAS IDX A	**	37,723
* Fidelity Retirement Services		LOOMIS INV GRD BD AD	**	112,483
* Fidelity Retirement Services		TMPL GLOBAL BAL A	**	30,132
* Fidelity Retirement Services		J H GLOBAL TECH S	**	2,080,066
* Fidelity Retirement Services		FA EQUITY INCOME A	**	337,488
* Fidelity Retirement Services		FA ENERGY A	**	183,780
* Fidelity Retirement Services		FA STK SEL MID CAP A	**	150,279
* Fidelity Retirement Services		FA FREEDOM 2010 A	**	596
* Fidelity Retirement Services		FA FREEDOM 2020 A	**	333,150
* Fidelity Retirement Services		FA FREEDOM 2030 A	**	1,821,035
* Fidelity Retirement Services		FA FREEDOM 2040 A	**	1,658,523
* Fidelity Retirement Services		FA NEW INSIGHTS A	**	335,414
* Fidelity Retirement Services		FA FREEDOM 2015 A	**	2,196,823
* Fidelity Retirement Services		FA FREEDOM 2025 A	**	1,756,627
* Fidelity Retirement Services		FA FREEDOM 2035 A	**	1,422,870
* Fidelity Retirement Services		FA SMALL CAP GR A	**	179,517
* Fidelity Retirement Services		FA FREEDOM 2045 A	**	299,559
* Fidelity Retirement Services		FA FREEDOM 2050 A	**	408,679
* Fidelity Retirement Services		FA FREEDOM 2055 A	**	208,619
* Fidelity Retirement Services		FA FREEDOM 2060 A	**	351,598
* Fidelity Retirement Services		FA FREEDOM 2065	**	26,823
* Fidelity Retirement Services		BLKRK ENERGY OPPS A	**	63,917
* Fidelity Retirement Services		OKMS JH MM LS MOD A	**	195,190
* Fidelity Retirement Services		BLNK BROKERAGELINK	**	3,146,634
* Fidelity Retirement Services		FID GOVT MMKT DM	**	690,913
* Nationwide Financial Client Services		VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS	**	957,894
* Nationwide Financial Client Services		GUARANTEED INCOME FUND	**	1,675,782
Total				<u>\$ 33,987,811</u>

* Represents a party-in-interest.

** Cost information is not required as investment is participant directed.

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

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
SCHEDULE II - SCHEDULE OF ASSETS
AS OF DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets
Employer Identification Number 13-2754124
Plan Number 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description	Cost	Current Value
* Fidelity Retirement Services		PRU/J HEALTH SCI A	** \$	816,433
* Fidelity Retirement Services		WF GROWTH A	**	367,877
* Fidelity Retirement Services		PIM COM REAL RET ADM	**	8,850
* Fidelity Retirement Services		JH DSCPL VAL MDCP A	**	333,912
* Fidelity Retirement Services		PIM RE REAL RET A	**	31,713
* Fidelity Retirement Services		COL LARGE CAP IDX A	**	68,781
* Fidelity Retirement Services		IS MSCI EAFE INTL A	**	203,045
* Fidelity Retirement Services		COL MID CAP IDX A	**	439,196
* Fidelity Retirement Services		COL SM CAP IDX A	**	261,005
* Fidelity Retirement Services		J H GAF GROWTH S	**	183,125
* Fidelity Retirement Services		J H FORTY S	**	901,586
* Fidelity Retirement Services		TMPL GLOBAL BOND A	**	74,209
* Fidelity Retirement Services		TEMPLETON WORLD A	**	11,901
* Fidelity Retirement Services		IS S&P 500 IDX A	**	835,814
* Fidelity Retirement Services		ALZGI TECHNOLOGY ADM	**	551,474
* Fidelity Retirement Services		JH MM LS AGGR A	**	1,171
* Fidelity Retirement Services		JH MM LS GRTH A	**	914
* Fidelity Retirement Services		GS SM CP GR INS A	**	2,673
* Fidelity Retirement Services		BLKRK NAT RESOURCE A	**	139,074
* Fidelity Retirement Services		HTFD HEALTHCARE R4	**	176,191
* Fidelity Retirement Services		BLKRK EQUITY DIV A	**	526,360
* Fidelity Retirement Services		BLKRK EMERGING MKT A	**	11,967
* Fidelity Retirement Services		EV ATL CAP SMID-CP A	**	203,728
* Fidelity Retirement Services		LD ABT FNDMNTL EQ A	**	412,724
* Fidelity Retirement Services		PIM ALL A ALL AUTH A	**	6,437
* Fidelity Retirement Services		JPM GOVT BOND A	**	66,653
* Fidelity Retirement Services		LD ABT MID CAP STK A	**	28,931
* Fidelity Retirement Services		OPPENHEIMER GLOBAL A	**	79,745
* Fidelity Retirement Services		JHANCOCK REG BANK A	**	34,338
* Fidelity Retirement Services		WF STABLE VALUE	**	503,744
* Fidelity Retirement Services		INVS EQL WT S&P500 A	**	67,947
* Fidelity Retirement Services		OPPHMR DEV MKTS A	**	333,215
* Fidelity Retirement Services		HEARTLAND VAL PLS IV	**	215,988
* Fidelity Retirement Services		AM CENT ULTRA A	**	482,139
* Fidelity Retirement Services		FRANKLIN UTILITIES A	**	398,485
* Fidelity Retirement Services		MFS INTL DIVRSN R3	**	39,484
* Fidelity Retirement Services		MFS INTL VALUE R3	**	41,976
		Subtotal	\$	8,862,805

* Represents a party-in-interest.

** Cost information is not required as investment is participant directed.

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

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
SCHEDULE II - SCHEDULE OF ASSETS - CONTINUED
AS OF DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets
Employer Identification Number 13-2754124
Plan Number 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description	Cost	Current Value
Subtotal previous page			\$	8,862,805
* Fidelity Retirement Services		PIM REAL RETURN A	**	290,214
* Fidelity Retirement Services		CALAMOS INTL GRTH A	**	37,444
* Fidelity Retirement Services		J H TRITON S	**	544,723
* Fidelity Retirement Services		FKLN HIGH INCOME A	**	157,971
* Fidelity Retirement Services		J H HIGH-YIELD S	**	70,972
* Fidelity Retirement Services		JH FINL INDUSTRIES A	**	114,042
* Fidelity Retirement Services		JPM INCOME BUILDER A	**	259,259
* Fidelity Retirement Services		COL US TREAS IDX A	**	34,208
* Fidelity Retirement Services		LOOMIS INV GRD BD AD	**	85,776
* Fidelity Retirement Services		TMPL GLOBAL BAL A	**	25,896
* Fidelity Retirement Services		J H GLOBAL TECH S	**	1,304,223
* Fidelity Retirement Services		FA EQUITY INCOME A	**	255,621
* Fidelity Retirement Services		FA ENERGY A	**	146,078
* Fidelity Retirement Services		FA STK SEL MID CAP A	**	125,597
* Fidelity Retirement Services		FA FREEDOM 2010 A	**	1,873
* Fidelity Retirement Services		FA FREEDOM 2020 A	**	255,949
* Fidelity Retirement Services		FA FREEDOM 2030 A	**	1,544,367
* Fidelity Retirement Services		FA FREEDOM 2040 A	**	1,297,036
* Fidelity Retirement Services		FA NEW INSIGHTS A	**	229,320
* Fidelity Retirement Services		FA FREEDOM 2015 A	**	1,940,981
* Fidelity Retirement Services		FA FREEDOM 2025 A	**	2,699,446
* Fidelity Retirement Services		FA FREEDOM 2035 A	**	1,143,389
* Fidelity Retirement Services		FA SMALL CAP GR A	**	144,988
* Fidelity Retirement Services		FA FREEDOM 2045 A	**	278,711
* Fidelity Retirement Services		FA FREEDOM 2050 A	**	341,533
* Fidelity Retirement Services		FA FREEDOM 2055 A	**	133,743
* Fidelity Retirement Services		FA FREEDOM 2060 A	**	206,402
* Fidelity Retirement Services		FA FREEDOM 2065	**	12,375
* Fidelity Retirement Services		BLKRK ENERGY OPPS A	**	54,294
* Fidelity Retirement Services		OKMS JG MM LS MOD A	**	175,666
* Fidelity Retirement Services		BLNK BROKERAGELINK	**	2,677,036
* Fidelity Retirement Services		FID GOV'T MONEY MARKET DM	**	374,626
* Nationwide Financial Client Services		VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS	**	762,656
* Nationwide Financial Client Services		GUARANTEED INCOME FUND	**	1,909,226
Total			\$	<u>28,498,446</u>

* Represents a party-in-interest.

** Cost information is not required as investment is participant directed.

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

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN

YONKERS, NEW YORK

DECEMBER 31, 2023 AND 2022

**E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
E.C.C.O. III Enterprises, Inc. Profit Sharing Plan
Yonkers, New York

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

We have performed an audit of the accompanying financial statements of E.C.C.O. III Enterprises, Inc. Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of E.C.C.O. III Enterprises, Inc. Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 qualified institutions as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Notes 10 and 11 to the financial statements, is complete and accurate.

Opinion

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

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

To the Plan Administrator of
E.C.C.O. III Enterprises, Inc. Profit Sharing Plan
Yonkers, New York

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

To the Plan Administrator of
E.C.C.O. III Enterprises, Inc. Profit Sharing Plan
Yonkers, New York

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

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules I and II, as of December 31, 2023 and 2022, 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

To the Plan Administrator of
E.C.C.O. III Enterprises, Inc. Profit Sharing Plan
Yonkers, New York

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reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Apicella, Testa & Company P.C.

APICELLA, TESTA & COMPANY, P.C.
Certified Public Accountants

September 20, 2024

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	<u>2023</u>	<u>2022</u>
ASSETS		
Investments at fair value:		
Guaranteed return contract	\$ 1,675,782	\$ 1,909,226
Pooled separate accounts	957,894	762,656
Interest bearing cash	3,837,547	3,051,662
Common/collective trust	490,419	503,744
Shares of registered investment companies (Mutual Funds)	<u>27,026,169</u>	<u>22,271,158</u>
	33,987,811	28,498,446
Receivables:		
Participants' contributions receivable	17,504	16,218
Employer's contributions receivable	<u>425,433</u>	<u>404,078</u>
	<u>442,937</u>	<u>420,296</u>
TOTAL ASSETS	34,430,748	28,918,742
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 34,430,748</u>	<u>\$ 28,918,742</u>

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

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	<u>2023</u>	<u>2022</u>
ADDITIONS (SUBTRACTIONS)		
Additions (subtractions) to net assets attributed to:		
Net appreciation (depreciation) in fair value of investments	\$ 3,938,719	\$ (7,466,410)
Dividend income	829,364	1,566,641
Interest income - guaranteed return contract	55,718	61,827
Interest income	<u>98,632</u>	<u>19,515</u>
	4,922,433	(5,818,427)
Contributions:		
Employer	425,433	404,078
Participants	1,042,863	1,027,099
Participant rollover	<u>76,937</u>	<u>-</u>
	<u>1,545,233</u>	<u>1,431,177</u>
Total Additions (Subtractions)	6,467,666	(4,387,250)
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	955,145	1,385,713
Management and administrative fees paid	<u>515</u>	<u>540</u>
Total Deductions	<u>955,660</u>	<u>1,386,253</u>
NET INCREASE (DECREASE) IN ASSETS	5,512,006	(5,773,503)
Net assets available for benefits at beginning of year	<u>28,918,742</u>	<u>34,692,245</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 34,430,748</u>	<u>\$ 28,918,742</u>

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

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 - DESCRIPTION OF PLAN

The following description of the E.C.C.O. III Enterprises, Inc. ("Company") Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a multiple-employer defined contribution plan covering substantially all employees of the Company who are age twenty-one or older. The participating employers of the Plan are: E.C.C.O III Enterprises, Inc., Ecco Development, LLC, and Westhook Sand & Gravel, Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established effective January 1, 1993 through the adoption of an Employee Benefit Compliance Services, Inc. Standardized 401(k) Profit Sharing Plan and Trust (a "prototype" plan). Effective November 6, 2018, the Plan was amended for Article 5 of the basic plan document (Employer matching).

In January 2020, Congress passed the Setting Every Community Up for Retirement Enhancement Act of 2020 that contained the largest package of retirement system reform in over a decade. Many of the provisions of the SECURE Act became effective on January 1, 2020 and required significant changes to plan administration and recordkeeping.

The COVID-19 outbreak in the United States caused business disruption through mandated and voluntary closings of businesses in numerous industries. As of March 27, 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") that included numerous employee benefit plan provisions to assist plan sponsors and participants.

The Consolidated Appropriations Act of 2021 was signed into law on December 27, 2020 which includes a temporary rule that prevents partial plan terminations for qualified retirements plans in certain circumstances.

In December 2022, Congress passed the SECURE 2.0 Act to build upon the SECURE ACT of 2020 and to address issues related to retirement and savings, creating new flexibility and accessibility to help individuals plan for a more secure future. Provisions of this law begin to go into effect in 2023.

Contributions. Each year, participants may contribute pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of the employer and employee contributions into various investment options offered under the Plan, in addition to mutual funds and exchange-traded funds available. Contributions are subject to certain limitations.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is also immediate.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Other Income and Administrative Expenses. Substantially all administrative expenses are paid within the Plan utilizing credits earned and paid by the investment advisor and underlying funds. The gross amounts of credits earned and expenses paid are recorded as other income and administrative expenses, respectively.

Payment of Benefits. On termination of service due to death, disability, retirement or other reasons, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Forfeited Accounts. Forfeited amounts will be used to reduce future employer matching contributions. There were no forfeited non-vested accounts or balances as of December 31, 2023 and 2022, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting, in conformity with generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of plan assets, liabilities and related changes. Accordingly, actual results may differ from those estimates.

Uncertain Tax Positions

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2023, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan's income tax returns are subject to examination by the appropriate regulatory authorities. As of December 31, 2023, the Plan's federal tax returns generally remain open for the last three years.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Investment-related expenses are included in net appreciation in fair value of investments. Administrative expenses of the plan are allocated to participant accounts.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (Note 3).

Investments maintained at Fidelity are in mutual funds and a common collective trust and are stated at values certified by the institution that holds the Plan's assets as an investment manager and are under the custody of the Plan trustee. Quoted market prices are used to value investments at fair value. Shares in the common collective trust are valued at the net asset value, referred to as NAV of shares held by the Plan at year end.

The Plan's investment options in Nationwide's pooled separate accounts are in a variable annuity contract. This variable annuity contract provides for participant directed investment through a number of underlying mutual funds with a range of investment objectives. The fair values of the sub-series within the variable annuity contract are determined by the underlying value of the mutual fund shares plus any distributions received from the mutual funds and less any charges assessed by the variable annuity contract and are determined by Nationwide Life Insurance Company.

Nationwide also offers an investment option under the Nationwide fixed account where contributions are allocated to guaranteed interest accounts that guarantee the return of principal plus compound interest, less any applicable contract or participant-level recordkeeping charges. The fund will not suffer a decline in value as long as the contract is in force. The Guaranteed Interest Account does not meet the basic criteria to be considered a fully benefit responsive contract - specifically that all distributions from the contract be made at contract (or "book") value. Therefore for financial statement purposes, the investment is reported at fair value.

All investment transactions, including investment earnings and losses, and purchases and sales of securities, are recorded on a trade-date basis.

The Plan presents in the statement of changes in net assets available for benefits, the appreciation (depreciation) in the fair value of its investments which consists of realized gains and losses and the unrealized appreciation (depreciation) on those investments.

Date of Management's Review of Subsequent Events

Management has evaluated subsequent events through September 20, 2024, the date the financial statements were available to be issued.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

Fair Value Measurement Using:				
	Total Fair Value	Quoted Prices in Active Markets For Similar Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2023</u>				
Money market funds	\$ 3,837,547	\$ 3,837,547	\$ -	\$ -
Mutual Funds:				
Bond funds	159,405	159,405	-	-
High yield bond fund	529,509	529,509	-	-
Inter/LT bond funds	4,671,553	4,671,553	-	-
International equity funds	4,704,053	4,704,053	-	-
Large cap equity funds	97,174	97,174	-	-
Small/mid cap equity funds	1,826,972	1,826,972	-	-
Multi-asset sector funds	620,561	620,561	-	-
Multi-asset balanced funds	14,416,942	14,416,942	-	-
	30,863,716	30,863,716	-	-
Common/collective trust funds	490,419	-	490,419	-
Investment contract with Insurance Company	1,675,782	-	-	1,675,782
Total	<u>\$ 33,029,917</u>	<u>\$ 30,863,716</u>	<u>\$ 490,419</u>	<u>\$ 1,675,782</u>
<u>December 31, 2022</u>				
Money market funds	\$ 3,051,662	\$ 3,051,662	\$ -	\$ -
Mutual Funds:				
Bond funds	140,862	140,862	-	-
High yield bond fund	645,496	645,496	-	-
Inter/LT bond funds	3,647,751	3,647,751	-	-
International equity funds	2,892,098	2,892,098	-	-
Large cap equity funds	68,781	68,781	-	-
Small/mid cap equity funds	1,540,029	1,540,029	-	-
Multi-asset sector funds	549,202	549,202	-	-
Multi-asset balanced funds	12,786,939	12,786,939	-	-
	25,322,820	25,322,820	-	-
Common/collective trust funds	503,744	-	503,744	-
Investment contract with Insurance Company	1,909,226	-	-	1,909,226
Total	<u>\$ 27,735,790</u>	<u>\$ 25,322,820</u>	<u>\$ 503,744</u>	<u>\$ 1,909,226</u>

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

As required by the Fair Value Measurements and Disclosures of FASB ASC 820, the Company is required to establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of 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, and inputs that are derived principally from, or corroborated by, observable market data by correlation or other means, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of investments. When available the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 were not available.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Level 1 Fair Value Measurements

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended 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.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2023 and 2022 are reported in net appreciation (depreciation) in fair value of investments.

Level 2 Fair Value Measurements

Common/collective trust funds: These funds consist of pools of a stable return fund and are valued using the net asset value, referred to as NAV, provided by the administrator of the fund. The NAV is based on the value of underlying assets owned by the fund, less its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in a market that is not active.

The following table summarizes the investments measured at fair value based on NAV or its equivalent (Level 2

	Fair Value (*)	Redemption Frequency/ Notice Period	Round Trip Transfer Restrictions
<u>Common / collective trust</u>			
Wells Fargo Stable Value Fund	\$ 490,419	Daily	N/A

(*) See fair value measurement of investments explained earlier in Note 3.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 and Level 2 inputs because they generally provide the most reliable evidence of fair value. The values of the underlying investments are observable.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

Level 3 Fair Value Measurements

Guaranteed Investment Contract : Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields or similar instruments with comparable durations considering the creditworthiness of the issuer (see Note 3). Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the investment committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) whereas others are substantiated utilizing available market data (for example, swap curve rate).

The following table provides further details of the Level 3 fair value measurements.

	<u>Investment Contract</u>
December 31, 2023	
Beginning balance	\$ 1,909,226
Realized gains	55,718
Unrealized gains (losses) relating to instruments held at the reporting date	-
Purchases	-
Sales	-
Transfers in and/or out of level 3	<u>(289,162)</u>
Ending balance	<u>\$ 1,675,782</u>
December 31, 2022	
Beginning balance	\$ 1,857,609
Realized gains	61,827
Unrealized gains (losses) relating to instruments held at the reporting date	-
Purchases	-
Sales	-
Transfers in and/or out of level 3	<u>(10,210)</u>
Ending balance	<u>\$ 1,909,226</u>

Unrealized gains (losses) from guaranteed investment contract are not included in the statement of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

**Quantitative Information About Significant Unobservable Inputs Used in Level 3
Fair Value Measurements**

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant inputs and the ranges of values for those inputs.

December 31, 2023

<i>Instrument</i>	<i>Fair Value</i>	<i>Principal Valuation Technique</i>	<i>Unobservable Inputs</i>	<i>Range of Significant Input Values</i>	<i>Weighted Average</i>
Guaranteed investment contract	\$ 1,675,782	Contract Value	(1)	(2)	(2)

December 31, 2022

<i>Instrument</i>	<i>Fair Value</i>	<i>Principal Valuation Technique</i>	<i>Unobservable Inputs</i>	<i>Range of Significant Input Values</i>	<i>Weighted Average</i>
Guaranteed investment contract	\$ 1,909,226	Contract Value	(1)	(2)	(2)

(1) Plan asset is the contract not the underlying assets of the Guaranteed Fund. Crediting rate is not based directly on actual performance of the fund's underlying assets. The underlying risks of the Guaranteed Fund are assumed by Nationwide who is obligated to support the interest guarantee.

(2) Information was not available or relevant based upon valuation technique.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 4 - POOLED SEPARATE ACCOUNTS

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 plan uses an accumulation unit value to value investments in funds of the pooled separate account, which is considered the equivalent of a net asset value (NAV) per share. The NAV, as provided by Nationwide, is used as a practical expedient to estimate fair value, as the funds in the pooled separate account are not considered actively traded. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Pooled separate accounts can be redeemed daily and can have up to 31-day redemption notice periods. There are no unfunded commitments.

As of December 31, 2023 and 2022, investments measured at NAV are as follows:

	<u>2023</u>	<u>2022</u>
Investments measured at NAV (a):		
Pooled Separate accounts	\$ 957,894	\$ 762,656
Total investments, at fair value	<u>\$ 957,894</u>	<u>\$ 762,656</u>

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate the fair value if the investment does not file a Form 5500 with the DOL as a direct filing entity ("DFE"). The following table discloses the investment strategies for such investments:

	<u>2023</u>	<u>2022</u>
Pooled separate accounts		
Fixed income funds (a)	\$ 957,894	\$ 762,656
Total	<u>\$ 957,894</u>	<u>\$ 762,656</u>

- (a) The general objective of fixed income funds is to produce current income, while also preserving the shareholders' capital.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into an investment contract with Nationwide Life Insurance Company. The accounts are credited with earnings on the underlying investments and charged for plan withdrawals and administrative expenses charged by the custodian. The contract is included in the financial statements at fair value as determined using the market approach based on market prices of similar contracts. The adjustment from fair value to contract value for the investment contract is based on the contract value as reported to the plan by Nationwide. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The fair value of the investment contract was \$1,675,782 and \$1,909,226 at December 31, 2023 and 2022, respectively. The average yield and crediting interest rate was approximately 3.50% for 2023 and 2022, respectively. At December 31, 2023 and 2022, there are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1.5%. Such interest rates are reviewed on a regular basis for resetting.

Certain events, such as the premature termination of the contract by the Plan, termination of the Plan, the failure to meet the requirements for qualification under the IRC and/or any other applicable state or federal law, or the Trust fails to remain tax-exempt under 501(a) of the IRS would limit the Plan's ability to transact at contract value with Prudential. The Plan administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with Plan participants is not probable.

NOTE 6 - OTHER INCOME AND ADMINISTRATIVE COSTS AND RELATED
PARTY-IN-INTEREST TRANSACTIONS

Substantially all expenses of administration will be paid out of the Plan. Fidelity is the Trustee as defined by the Plan and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services amounted to \$515 and \$540 for the years ended December 31, 2023 and 2022, respectively.

NOTE 7 - PLAN TERMINATION

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

NOTE 8 - TAX STATUS

The Plan adopted a standardized prototype retirement plan designed and maintained by Fidelity Volume Submitter and has obtained an opinion letter dated April 27, 2015, in which the IRS stated that the restated prototype plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). The plan administrator timely adopted the restated prototype plan. The plan administrator believes that the Plan is currently being operated in accordance with the IRC.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan believes it is no longer subject to income tax examinations for years prior to 2020.

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 9 - 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 value 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 Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Internal Revenue Service Form 5500 as of December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Net assets available for plan benefits per the financial statements	\$ 34,430,748	\$ 28,918,742
Adjustments	<u>-</u>	<u>-</u>
Net assets available for plan benefits per Form 5500	<u>\$ 34,430,748</u>	<u>\$ 28,918,742</u>

NOTE 11 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

The following information included in the accompanying financial statements and supplemental schedules as of December 31, 2023 and 2022, was obtained from data that has been prepared and certified to as complete and accurate by the custodians.

	<u>2023</u>	<u>2022</u>
a. Investments		
Investments at fair value:		
Investment contract with Fidelity Retirement Services (Note 3)	\$ 31,354,135	\$ 25,826,564
Investment contract with Nationwide Life Insurance Company #01002067 (Note 3 & 4)	<u>2,633,676</u>	<u>2,671,882</u>
	<u>\$ 33,987,811</u>	<u>\$ 28,498,446</u>
b. Income:		
Net appreciation (depreciation) in fair value of investments	\$ 3,938,719	\$ (7,466,410)
Dividend income	829,364	1,566,641
Interest income	<u>154,350</u>	<u>81,342</u>
	<u>\$ 4,922,433</u>	<u>\$ (5,818,427)</u>

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2023 AND 2022

NOTE 12 - PLAN INVESTMENTS

At December 31, 2023, the Plan's investments were held by Fidelity Retirement Services ("Fidelity") and Nationwide Life Insurance Company ("Nationwide"). The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by Fidelity and Nationwide as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and was not subjected to any auditing procedures performed by the independent public accountants.

- a. As of December 31, 2023, total investments as shown in the accompanying statement of net assets available for benefits amounted to \$27,026,169 in shares of registered investment companies, \$3,837,547 in money market interest bearing cash, \$490,419 common/collective trusts, \$1,675,782 invested in guaranteed return contract and \$957,894 for pooled separate accounts.
- b. Net investment earnings reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2023 were certified by Fidelity and Nationwide.
- c. The information included in the supplementary Schedule of Assets Held for Investment Purposes, were certified by Fidelity and Nationwide.

For the year ended December 31, 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$3,938,719.

For the year ended December 31, 2022, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$7,466,410.

NOTE 13 - PARTICIPATING EMPLOYER'S PERCENTAGE OF TOTAL CONTRIBUTIONS

	<u>2023</u>	<u>2022</u>
E.C.C.O. III Enterprises, Inc.	93.60%	93.46%
Ecco Development, LLC	2.54%	2.78%
Westhook Sand & Gravel, Inc.	3.86%	3.76%
	100.00%	100.00%

SUPPLEMENTARY INFORMATION

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
SCHEDULE II - SCHEDULE OF ASSETS
AS OF DECEMBER 31, 2023

Schedule H, Line 4i - Schedule of Assets
Employer Identification Number 13-2754124
Plan Number 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description	Cost	Current Value
* Fidelity Retirement Services		PRU/J HEALTH SCI A	** \$	883,215
* Fidelity Retirement Services		WF GROWTH A	**	491,814
* Fidelity Retirement Services		PIM COM REAL RET ADM	**	8,167
* Fidelity Retirement Services		JH DSCPL VAL MDCP A	**	366,633
* Fidelity Retirement Services		PIM RE REAL RET A	**	36,441
* Fidelity Retirement Services		COL LARGE CAP IDX A	**	97,174
* Fidelity Retirement Services		IS MSCI EAFE INTL A	**	244,541
* Fidelity Retirement Services		COL MID CAP IDX A	**	524,773
* Fidelity Retirement Services		COL SM CAP IDX A	**	317,219
* Fidelity Retirement Services		J H GAF GROWTH S	**	198,574
* Fidelity Retirement Services		J H FORTY S	**	1,464,624
* Fidelity Retirement Services		TMPL GLOBAL BOND A	**	82,074
* Fidelity Retirement Services		TEMPLETON WORLD A	**	226,801
* Fidelity Retirement Services		IS S&P 500 IDX A	**	1,643,835
* Fidelity Retirement Services		ALZGI TECHNOLOGY ADM	**	938,951
* Fidelity Retirement Services		JH MM LS AGGR A	**	3,252
* Fidelity Retirement Services		JH MM LS GRTH A	**	2,243
* Fidelity Retirement Services		GS SM CP GR INS A	**	3,231
* Fidelity Retirement Services		BLKRK NAT RESOURCE A	**	141,410
* Fidelity Retirement Services		HTFD HEALTHCARE R4	**	249,381
* Fidelity Retirement Services		BLKRK EQUITY DIV A	**	443,132
* Fidelity Retirement Services		BLKRK EMERGING MKT A	**	209,876
* Fidelity Retirement Services		EV ATL CAP SMID-CP A	**	248,673
* Fidelity Retirement Services		LD ABT FNDMNTL EQ A	**	479,273
* Fidelity Retirement Services		PIM ALL A ALL AUTH A	**	56,696
* Fidelity Retirement Services		JPM GOVT BOND A	**	77,330
* Fidelity Retirement Services		LD ABT MID CAP STK A	**	36,647
* Fidelity Retirement Services		OPPENHEIMER GLOBAL A	**	117,321
* Fidelity Retirement Services		JHANCOCK REG BANK A	**	34,946
* Fidelity Retirement Services		WF STABLE VALUE	**	490,419
* Fidelity Retirement Services		INVS EQL WT S&P500 A	**	57,254
* Fidelity Retirement Services		OPPHMR DEV MKTS A	**	390,685
* Fidelity Retirement Services		HEARTLAND VAL PLS IV	**	229,876
* Fidelity Retirement Services		AM CENT ULTRA A	**	725,090
* Fidelity Retirement Services		FRANKLIN UTILITIES A	**	340,847
* Fidelity Retirement Services		MFS INTL DIVRSN R3	**	41,256
* Fidelity Retirement Services		MFS INTL VALUE R3	**	57,037
		Subtotal		\$ 11,960,711

* Represents a party-in-interest.

** Cost information is not required as investment is participant directed.

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

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
SCHEDULE II - SCHEDULE OF ASSETS - CONTINUED
AS OF DECEMBER 31, 2023

Schedule H, Line 4i - Schedule of Assets
Employer Identification Number 13-2754124
Plan Number 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description	Cost	Current Value
Subtotal previous page				\$ 11,960,711
* Fidelity Retirement Services		PIM REAL RETURN A	**	143,270
* Fidelity Retirement Services		CALAMOS INTL GRTH A	**	51,147
* Fidelity Retirement Services		J H TRITON S	**	560,715
* Fidelity Retirement Services		FKLN HIGH INCOME A	**	164,595
* Fidelity Retirement Services		J H HIGH-YIELD S	**	64,553
* Fidelity Retirement Services		JH FINL INDUSTRIES A	**	92,772
* Fidelity Retirement Services		JPM INCOME BUILDER A	**	287,934
* Fidelity Retirement Services		COL US TREAS IDX A	**	37,723
* Fidelity Retirement Services		LOOMIS INV GRD BD AD	**	112,483
* Fidelity Retirement Services		TMPL GLOBAL BAL A	**	30,132
* Fidelity Retirement Services		J H GLOBAL TECH S	**	2,080,066
* Fidelity Retirement Services		FA EQUITY INCOME A	**	337,488
* Fidelity Retirement Services		FA ENERGY A	**	183,780
* Fidelity Retirement Services		FA STK SEL MID CAP A	**	150,279
* Fidelity Retirement Services		FA FREEDOM 2010 A	**	596
* Fidelity Retirement Services		FA FREEDOM 2020 A	**	333,150
* Fidelity Retirement Services		FA FREEDOM 2030 A	**	1,821,035
* Fidelity Retirement Services		FA FREEDOM 2040 A	**	1,658,523
* Fidelity Retirement Services		FA NEW INSIGHTS A	**	335,414
* Fidelity Retirement Services		FA FREEDOM 2015 A	**	2,196,823
* Fidelity Retirement Services		FA FREEDOM 2025 A	**	1,756,627
* Fidelity Retirement Services		FA FREEDOM 2035 A	**	1,422,870
* Fidelity Retirement Services		FA SMALL CAP GR A	**	179,517
* Fidelity Retirement Services		FA FREEDOM 2045 A	**	299,559
* Fidelity Retirement Services		FA FREEDOM 2050 A	**	408,679
* Fidelity Retirement Services		FA FREEDOM 2055 A	**	208,619
* Fidelity Retirement Services		FA FREEDOM 2060 A	**	351,598
* Fidelity Retirement Services		FA FREEDOM 2065	**	26,823
* Fidelity Retirement Services		BLKRK ENERGY OPPS A	**	63,917
* Fidelity Retirement Services		OKMS JH MM LS MOD A	**	195,190
* Fidelity Retirement Services		BLNK BROKERAGELINK	**	3,146,634
* Fidelity Retirement Services		FID GOVT MMKT DM	**	690,913
* Nationwide Financial Client Services		VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS	**	957,894
* Nationwide Financial Client Services		GUARANTEED INCOME FUND	**	1,675,782
Total				<u>\$ 33,987,811</u>

* Represents a party-in-interest.

** Cost information is not required as investment is participant directed.

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

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
SCHEDULE II - SCHEDULE OF ASSETS
AS OF DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets
Employer Identification Number 13-2754124
Plan Number 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description	Cost	Current Value
* Fidelity Retirement Services		PRU/J HEALTH SCI A	** \$	816,433
* Fidelity Retirement Services		WF GROWTH A	**	367,877
* Fidelity Retirement Services		PIM COM REAL RET ADM	**	8,850
* Fidelity Retirement Services		JH DSCPL VAL MDCP A	**	333,912
* Fidelity Retirement Services		PIM RE REAL RET A	**	31,713
* Fidelity Retirement Services		COL LARGE CAP IDX A	**	68,781
* Fidelity Retirement Services		IS MSCI EAFE INTL A	**	203,045
* Fidelity Retirement Services		COL MID CAP IDX A	**	439,196
* Fidelity Retirement Services		COL SM CAP IDX A	**	261,005
* Fidelity Retirement Services		J H GAF GROWTH S	**	183,125
* Fidelity Retirement Services		J H FORTY S	**	901,586
* Fidelity Retirement Services		TMPL GLOBAL BOND A	**	74,209
* Fidelity Retirement Services		TEMPLETON WORLD A	**	11,901
* Fidelity Retirement Services		IS S&P 500 IDX A	**	835,814
* Fidelity Retirement Services		ALZGI TECHNOLOGY ADM	**	551,474
* Fidelity Retirement Services		JH MM LS AGGR A	**	1,171
* Fidelity Retirement Services		JH MM LS GRTH A	**	914
* Fidelity Retirement Services		GS SM CP GR INS A	**	2,673
* Fidelity Retirement Services		BLKRK NAT RESOURCE A	**	139,074
* Fidelity Retirement Services		HTFD HEALTHCARE R4	**	176,191
* Fidelity Retirement Services		BLKRK EQUITY DIV A	**	526,360
* Fidelity Retirement Services		BLKRK EMERGING MKT A	**	11,967
* Fidelity Retirement Services		EV ATL CAP SMID-CP A	**	203,728
* Fidelity Retirement Services		LD ABT FNDMNTL EQ A	**	412,724
* Fidelity Retirement Services		PIM ALL A ALL AUTH A	**	6,437
* Fidelity Retirement Services		JPM GOVT BOND A	**	66,653
* Fidelity Retirement Services		LD ABT MID CAP STK A	**	28,931
* Fidelity Retirement Services		OPPENHEIMER GLOBAL A	**	79,745
* Fidelity Retirement Services		JHANCOCK REG BANK A	**	34,338
* Fidelity Retirement Services		WF STABLE VALUE	**	503,744
* Fidelity Retirement Services		INVS EQL WT S&P500 A	**	67,947
* Fidelity Retirement Services		OPPHMR DEV MKTS A	**	333,215
* Fidelity Retirement Services		HEARTLAND VAL PLS IV	**	215,988
* Fidelity Retirement Services		AM CENT ULTRA A	**	482,139
* Fidelity Retirement Services		FRANKLIN UTILITIES A	**	398,485
* Fidelity Retirement Services		MFS INTL DIVRSN R3	**	39,484
* Fidelity Retirement Services		MFS INTL VALUE R3	**	41,976
		Subtotal	\$	8,862,805

* Represents a party-in-interest.

** Cost information is not required as investment is participant directed.

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

E.C.C.O. III ENTERPRISES, INC. PROFIT SHARING PLAN
SCHEDULE II - SCHEDULE OF ASSETS - CONTINUED
AS OF DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets
Employer Identification Number 13-2754124
Plan Number 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party		Description	Cost	Current Value
Subtotal previous page			\$	8,862,805
* Fidelity Retirement Services		PIM REAL RETURN A	**	290,214
* Fidelity Retirement Services		CALAMOS INTL GRTH A	**	37,444
* Fidelity Retirement Services		J H TRITON S	**	544,723
* Fidelity Retirement Services		FKLN HIGH INCOME A	**	157,971
* Fidelity Retirement Services		J H HIGH-YIELD S	**	70,972
* Fidelity Retirement Services		JH FINL INDUSTRIES A	**	114,042
* Fidelity Retirement Services		JPM INCOME BUILDER A	**	259,259
* Fidelity Retirement Services		COL US TREAS IDX A	**	34,208
* Fidelity Retirement Services		LOOMIS INV GRD BD AD	**	85,776
* Fidelity Retirement Services		TMPL GLOBAL BAL A	**	25,896
* Fidelity Retirement Services		J H GLOBAL TECH S	**	1,304,223
* Fidelity Retirement Services		FA EQUITY INCOME A	**	255,621
* Fidelity Retirement Services		FA ENERGY A	**	146,078
* Fidelity Retirement Services		FA STK SEL MID CAP A	**	125,597
* Fidelity Retirement Services		FA FREEDOM 2010 A	**	1,873
* Fidelity Retirement Services		FA FREEDOM 2020 A	**	255,949
* Fidelity Retirement Services		FA FREEDOM 2030 A	**	1,544,367
* Fidelity Retirement Services		FA FREEDOM 2040 A	**	1,297,036
* Fidelity Retirement Services		FA NEW INSIGHTS A	**	229,320
* Fidelity Retirement Services		FA FREEDOM 2015 A	**	1,940,981
* Fidelity Retirement Services		FA FREEDOM 2025 A	**	2,699,446
* Fidelity Retirement Services		FA FREEDOM 2035 A	**	1,143,389
* Fidelity Retirement Services		FA SMALL CAP GR A	**	144,988
* Fidelity Retirement Services		FA FREEDOM 2045 A	**	278,711
* Fidelity Retirement Services		FA FREEDOM 2050 A	**	341,533
* Fidelity Retirement Services		FA FREEDOM 2055 A	**	133,743
* Fidelity Retirement Services		FA FREEDOM 2060 A	**	206,402
* Fidelity Retirement Services		FA FREEDOM 2065	**	12,375
* Fidelity Retirement Services		BLKRK ENERGY OPPTS A	**	54,294
* Fidelity Retirement Services		OKMS JG MM LS MOD A	**	175,666
* Fidelity Retirement Services		BLNK BROKERAGELINK	**	2,677,036
* Fidelity Retirement Services		FID GOV'T MONEY MARKET DM	**	374,626
* Nationwide Financial Client Services		VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS	**	762,656
* Nationwide Financial Client Services		GUARANTEED INCOME FUND	**	1,909,226
Total			\$	28,498,446

* Represents a party-in-interest.

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