

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**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) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan  <u>1910 LEGACY ENTERPRISES EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><b>2a</b> 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)  <u>1910 LEGACY ENTERPRISES, INC.</u></p> <p><u>400 INTERSTATE NORTH PARKWAY</u>  <u>SUITE 750</u>  <u>ATLANTA, GA 30339</u></p>	<p><b>1c</b> Effective date of plan  <u>03/30/2000</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>82-2955160</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>678-831-8500</u></p> <p><b>2d</b> Business code (see instructions)  <u>238210</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/15/2025	STEVE SAUSSY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	135
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	68
	<b>6a(2)</b>	65
	<b>6b</b>	27
	<b>6c</b>	27
	<b>6d</b>	119
	<b>6e</b>	1
	<b>6f</b>	120
	<b>6g(1)</b>	130
	<b>6g(2)</b>	119
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**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 2H 2J 2K 2P 2Q 2R 2S 2T 3H 3I

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

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**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 \_\_\_\_\_

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**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**

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

**A** Name of plan  
**1910 LEGACY ENTERPRISES EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN**

**B** Three-digit plan number (PN) ▶ **003**

**C** Plan sponsor's name as shown on line 2a of Form 5500  
**1910 LEGACY ENTERPRISES, INC.**

**D** Employer Identification Number (EIN)  
**82-2955160**

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>84-0467907</b>	<b>68322</b>	<b>522125-01</b>	<b>61</b>	<b>10/01/2023</b>	<b>09/30/2024</b>

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

**(a)** Total amount of commissions paid

**(b)** Total amount of fees paid

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

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

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	52121
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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 ▶ GROUP ANNUITY CONTRACT

**b** Balance at the end of the previous year ..... **7b** 0

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	1825
(2) Dividends and credits .....	<b>7c(2)</b>	0
(3) Interest credited during the year .....	<b>7c(3)</b>	240
(4) Transferred from separate account.....	<b>7c(4)</b>	39721
(5) Other (specify below) .....	<b>7c(5)</b>	14839

▶ FORFEITURES

(6) Total additions..... **7c(6)** 56625

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 56625

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	1645
(2) Administration charge made by carrier .....	<b>7e(2)</b>	32
(3) Transferred to separate account.....	<b>7e(3)</b>	2826
(4) Other (specify below) .....	<b>7e(4)</b>	0

(5) Total deductions..... **7e(5)** 4503

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 52122

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>1910 LEGACY ENTERPRISES EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>1910 LEGACY ENTERPRISES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>82-2955160</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	3621	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

NORTHWESTERN MUTUAL WEALTH MGMT CO

611 E WISCONSIN AVE  
MILWAUKEE, WI 53202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	2628	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLUE RIDGE ESOP ASSOCIATES

154 HANSEN RD STE 102  
CHARLOTTESVILLE, VA 22911

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	1840	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	126	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>1910 LEGACY ENTERPRISES EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>1910 LEGACY ENTERPRISES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>82-2955160</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	116532	2063
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	6690	566
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	11478	293
<b>(3)</b> Other .....	<b>1b(3)</b>	11463	32630
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	22475	14395
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	4617629	3561014
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>	24539261	22628594
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	29325528	26239555
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	57	57
<b>i</b> Acquisition indebtedness .....	<b>1i</b>	5163825	4754287
<b>j</b> Other liabilities .....	<b>1j</b>	477	477
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	5164359	4754821
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	24161169	21484734

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	640128	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	350033	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		990161
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	120905	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>	316	
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		121221
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	828350	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		648895
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2588627

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5194453	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>	14991	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5209444
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		25879
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>	29739	
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		29739
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5265062

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-2676435
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: WINDHAM BRANNON LLC

(2) EIN: 58-1763439

**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
<b>a</b> 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23766
<b>b</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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>1910 LEGACY ENTERPRISES EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>1910 LEGACY ENTERPRISES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>82-2955160</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>2741966</u>
<b>2</b> 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): <u>58-1428634</u> <u>59-1465175</u> <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (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.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <b>If the plan is a defined benefit plan, go to line 8.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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) .....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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. ....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

**1910 Legacy Enterprises  
Employee Stock Ownership  
and 401(k) Plan**

**Financial Statements**

September 30, 2024 and 2023

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Table of Contents September 30, 2024 and 2023

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<b>Independent Auditor’s Report</b>	1
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
<b>Supplemental Schedule</b>	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	18
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	19

## INDEPENDENT AUDITOR'S REPORT

To the Benefits Committee and participants of the  
1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements**

We have performed an audit of the financial statements of the 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan (the 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), which comprise the statement of net assets available for benefits as of September 30, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (the 2024 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from the qualified institutions as of September 30, 2024, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion on the 2024 Financial Statements**

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

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

## **Basis for Opinion on the 2024 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our 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 the financial statements in accordance with GAAP, 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current Plan instrument, including all Plan amendments. Management is also responsible for 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 2024 Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of the 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information except for obtaining and reading the certifications, 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 GAAP.

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 GAAP.

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 – 2024 Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2024, and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended September 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified

investment information, we compared such information to the related certified investment information.

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 its form and content, is presented in conformity with the DOL'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, is presented in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by the qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

#### **Other Matter – 2023 Financial Statements**

We have compiled the accompanying statement of net assets available for benefits as of September 30, 2023 and related notes to the financial statements (2023 financial statements). We have not audited or reviewed the 2023 financial statements and accordingly, do not express an opinion or provide any assurance about whether the 2023 financial statements is in accordance with accounting principles generally accepted in the United States of America. Management is responsible for the preparation and fair presentation of the 2023 financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the 2023 financial statements. Our responsibility is to conduct the 2023 compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of the 2023 financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the 2023 financial statements. During our compilation, we did not become aware of any departure from accounting principles generally accepted in the United States of America.

*Windham Brannon, LLC*

July 15, 2025

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Statements of Net Assets Available for Benefits September 30, 2024 and 2023

	2024 (audited)			2023 (unaudited)		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
<b>Assets</b>						
<b>Non-interest bearing cash</b>	\$ -	\$ -	\$ -	\$ 114,582	\$ -	\$ 114,582
<b>Investments, at fair value</b>						
Mutual funds	3,541,523	-	3,541,523	4,583,882	-	4,583,882
1910 Legacy Enterprises, Inc. common stock	12,915,208	9,713,386	22,628,594	14,228,855	10,310,406	24,539,261
Money market fund	2,063	-	2,063	47,160	-	47,160
<b>Total investments, at fair value</b>	<b>16,458,794</b>	<b>9,713,386</b>	<b>26,172,180</b>	<b>18,859,897</b>	<b>10,310,406</b>	<b>29,170,303</b>
<b>Investments, at contract value</b>						
Fixed account	52,121	-	52,121	-	-	-
<b>Total investments</b>	<b>16,510,915</b>	<b>9,713,386</b>	<b>26,224,301</b>	<b>18,859,897</b>	<b>10,310,406</b>	<b>29,170,303</b>
<b>Receivables</b>						
Notes receivable from participants	14,395	-	14,395	22,475	-	22,475
Participant contributions receivable	566	-	566	11,478	-	11,478
Company contributions receivable	293	-	293	6,690	-	6,690
<b>Total receivables</b>	<b>15,254</b>	<b>-</b>	<b>15,254</b>	<b>40,643</b>	<b>-</b>	<b>40,643</b>
<b>Total assets</b>	<b>16,526,169</b>	<b>9,713,386</b>	<b>26,239,555</b>	<b>19,015,122</b>	<b>10,310,406</b>	<b>29,325,528</b>
<b>Liabilities</b>						
Notes payable	-	4,754,287	4,754,287	-	5,163,825	5,163,825
Distributions payable	534	-	534	-	534	534
<b>Total liabilities</b>	<b>534</b>	<b>4,754,287</b>	<b>4,754,821</b>	<b>-</b>	<b>5,164,359</b>	<b>5,164,359</b>
<b>Net assets available for benefits</b>	<b>\$ 16,525,635</b>	<b>\$ 4,959,099</b>	<b>\$ 21,484,734</b>	<b>\$ 19,015,122</b>	<b>\$ 5,146,047</b>	<b>\$ 24,161,169</b>

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

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Statement of Changes in Net Assets Available for Benefits For the Year Ended September 30, 2024

	Allocated	Unallocated	Total
<b>Additions</b>			
Investment income:			
Net appreciation of Company stock	\$ 438,084	\$ 393,216	\$ 831,300
Net change in fair value of investments	766,278	-	766,278
Net change in contract value of investments	260	-	260
<hr/>			
Total investment income	1,204,622	393,216	1,597,838
Interest on notes receivable from participants	628	-	628
Contributions:			
Participants	350,033	-	350,033
Company	204,178	435,950	640,128
Allocation of 1,217 shares of Company common stock	990,235	-	990,235
<hr/>			
<b>Total additions</b>	<b>2,749,696</b>	<b>829,166</b>	<b>3,578,862</b>
<hr/>			
<b>Deductions</b>			
Benefits paid to participants	5,209,444	-	5,209,444
Interest expense	-	25,879	25,879
Administrative expenses	29,739	-	29,739
Allocation of 1,217 shares of Company common stock	-	990,235	990,235
<hr/>			
<b>Total deductions</b>	<b>5,239,183</b>	<b>1,016,114</b>	<b>6,255,297</b>
<hr/>			
<b>Net decrease</b>	<b>(2,489,487)</b>	<b>(186,948)</b>	<b>(2,676,435)</b>
<hr/>			
<b>Net assets available for benefits</b>			
<b>Beginning of year</b>	<b>19,015,122</b>	<b>5,146,047</b>	<b>24,161,169</b>
<hr/>			
<b>End of year</b>	<b>\$ 16,525,635</b>	<b>\$ 4,959,099</b>	<b>\$ 21,484,734</b>
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# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

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### 1. Description of Plan

The following description of the 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document, copies of which are available from the plan administrator, for a more complete description of the Plan's provisions.

#### General

The Plan is a defined contribution 401(k) plan and an employee stock ownership plan covering eligible employees of 1910 Legacy Enterprises, Inc. (the Company or Plan Sponsor). The Plan is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code (IRC) and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by an Administrative Committee, consisting of persons appointed by the Board of Directors of the Company.

#### Eligibility

All employees who have attained 21 years of age and are not subject to a collective bargaining agreement, a leased employee, an independent contractor, a temporary or a technical employee are eligible to participate in the Plan. Participants may enter on the first day of the quarter following six consecutive months from their hire date and completion of 500 hours. Participants who have at least 500 hours of service during a plan year and are employed on the last working day of a plan year are eligible for discretionary regular contributions for such year.

#### Contributions

Each participant may make pre-tax and/or Roth contributions of up to 100% of their eligible compensation as defined by the Plan, not to exceed the maximum of \$23,000 in 2024, plus an additional \$7,500 of catch-up contributions for participants over 50 years old by the end of the Plan year. Participants may change their deferral rate as of the first day of each quarter. Upon attaining eligibility requirements, participants who do not affirmatively make a compensation deferral election will be automatically enrolled in the Plan at 3% of eligible compensation. This deferral rate will automatically escalate annually by 1% to a maximum deferral of 6% unless otherwise elected by the participant. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

The Plan Sponsor may contribute to the Plan an amount designated as a matching contribution or a regular contribution, determined by the Plan Sponsor in its sole discretion. The Plan Sponsor makes safe harbor matching contributions up to 100% of compensation deferral contributions not exceeding 3% of eligible compensation and 50% of compensation deferral contributions exceeding 3% but not exceeding 6% of total eligible compensation. Any Plan Sponsor

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

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contribution can be in the form of cash or in whole shares of Company stock. In 2024, the safe harbor matching contributions totaled \$204,178. The Plan Sponsor elected not to make an employer discretionary contribution in 2024.

Participants are not permitted to make contributions to the ESOP portion of the Plan. The Plan Sponsor is obligated to make regular contributions to the ESOP portion of the Plan which, when aggregated, equals the amount necessary to enable the Plan to make its regularly scheduled payments of principal and interest due on its notes payable and may contribute discretionary regular contributions designated as ESOP contributions. Contributions related to the Plan's notes with the Company are recorded based on amortized payments of principal and interest on the notes. Contributions are subject to certain limitations.

### **Participant Accounts**

Each participant's ESOP account consists of a "Company Stock Account" and an "Other Investments Account." Each participant's account was credited with the participant's contributions, rollovers, the Plan Sponsor's contribution, and earnings and losses on the investments in their accounts, and may be charged with certain participant transaction fees and an allocation of administrative expenses based on participants' pro-rata account balances.

Participants direct the investments of their contributions into various investment options offered by the Plan. Participants may not direct their contributions into Company stock.

### **Voting Rights**

The ESOP Custodian and Trustee, Argent Trust Company, votes all Company stock held by it as part of the Plan assets at such time and in such manner as directed by the Benefits Committee. In the event of any corporate matter which involves the approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all assets of a trade or business, or such similar transaction, each participant or beneficiary in the Plan is entitled to direct the custodian as to the manner in which voting rights on shares of Company stock allocated to the participant or beneficiary are to be exercised.

### **Put Option**

As required by U.S. federal income tax regulations, the Company stock that is held by the Plan and its participants includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period not extending beyond five years. The purpose of a put option is to ensure that a participant has the ability to ultimately obtain cash for the Company's stock.

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

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### **Diversification**

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least 55 years old with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify will have their ESOP diversification account credited with amounts transferred from the participant's Company Stock Account.

### **Vesting**

A participant's vesting in their accounts, plus earnings thereon, is based on years of service. Participants are 100% vested immediately in their employee deferrals. Participants are 100% vested in their safe harbor matching contributions following two years of service. For Company discretionary matching, vesting occurs on a five-year cliff, with 100% vesting following completion of five years of service. For Company ESOP matching and regular contributions, participants are 100% vested following three years of service. If employment ends due to retirement on or after early retirement or because of death or disability, participants will be fully vested in their accounts.

### **Forfeited Accounts**

Accounts of nonvested participants are forfeited in the year of termination. Accounts of participants with nonvested employer contributions are forfeited as of the earlier of (i) the date of distribution of their vested account or (ii) the September 30 accounting date of the Plan year in which the participant incurs five consecutive one-year breaks in service. Forfeited balances of terminated nonvested participants are allocated to participants in the same manner as discretionary matching or regular Company contributions or used to pay Plan expenses. Nonvested forfeited accounts totaled \$ 14,395 and \$11,463 as of September 30, 2024 and 2023, respectively. Forfeitures from the ESOP portion of the Plan totaling \$87,853 (112 shares) were allocated to eligible participants at September 30, 2024.

### **Administrative Expenses**

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. The Plan Sponsor does not expect reimbursement from the Plan for any payments of administrative expenses paid on behalf of the Plan. Other administrative expenses are allocated proportionately based on the participants' account balances. Certain expenses specifically incurred by a participant, such as taking a withdrawal from the Plan or loan

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

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initiation fees, are paid directly by that participant. These expenses are paid to a service provider of the Plan and therefore qualify as party-in-interest transactions. Investment-related expenses are included in net change in fair value and contract value of investments.

### **Notes Receivable from Participants**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the vested balance of their 401(k) account. The notes are secured by the balance in the participant's account and bear a reasonable rate of interest. At September 30, 2024, notes had fixed rates of 3.25% for the term of the note, not to exceed 5 years, unless used for the purchase of a residence. Principal and interest are paid through payroll deductions. The notes receivable from participants also qualify as party-in-interest transactions.

### **Payment of Benefits**

At the time of death, disability, termination of service, or retirement, the participant or their beneficiary may receive payment of the vested interest in their 401(k) account, as soon as practicable following their date of termination, in the form of a lump-sum distribution.

All vested shares of Company stock in the ESOP account of a participant who terminates employment for any reason can be liquidated by the ESOP Custodian. The shares are liquidated based on their fair market value as of the September 30 accounting date which coincides with or immediately follows the participant's termination. The vested liquidation proceeds are transferred as soon as administratively practicable from the participant's Company Stock Account and are invested in their Other Investments Account.

At the time of death, disability, termination of service, or retirement, if the participant's total vested account balance in their ESOP account is less than \$5,000, the participant or their beneficiary may receive payment of the vested interest, in the form of a lump-sum distribution, no later than the end of the first Plan year following the participant's termination. The amount is based on the fair market value as of the September 30 accounting date which immediately follows the date on which the ESOP account becomes distributable.

At the time of death, disability, termination of service, or retirement, if the participant's total vested account balance in their ESOP account is in excess of \$5,000, the participant or their beneficiary may receive payment of the vested interest, in the form of a lump-sum distribution or installment payments if the participant's balance exceeds \$25,000, as soon as administratively practicable in the Plan year following the participant's one year break in service. The amount is based on the fair market value as of the September 30 accounting date which immediately follows the date on which the ESOP account becomes distributable.

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

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Participants may also receive distributions for certain hardship situations.

### 2. Summary of Significant Accounting Policies

#### Basis of Accounting

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

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

#### Contributions

Participant contributions are considered payable to the Plan upon the withholding of contributions from the participant's paycheck. The safe harbor and discretionary matching contributions are considered payable to the Plan when the related participant's contributions are payable to the Plan and approved by the Company. Any unfunded participant or employer matching contributions receivable are included in the participant or company contributions receivable as of September 30, 2024 and 2023.

#### Allocations

The financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to the accounts of employees with rights in allocated stock (allocated) and stock not yet allocated to employees (unallocated), including shares that are committed to be released. Shares are released from collateral and become allocated generally in the period in which debt service is actually paid.

#### Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value, except for the fixed account, which is stated at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net change in fair value and contract value of investments includes realized and unrealized gains and losses on those investments. Interest income is recorded when received. See Note 5 for a discussion of fair value and contract value measurements.

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

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### **Payment of Benefits**

Benefits are recorded when paid.

### **Notes Receivable from Participants**

Notes receivable from participants are carried at their outstanding balance. Interest income is recognized when received. No allowance for credit losses has been recorded as of September 30, 2024 or 2023. If a participant ceases to make note repayments and the plan administrator deems the note to be in default, the balance is reduced and a benefit payment is recorded.

### **Restricted Net Assets**

The investment in unallocated common stock of the Company is restricted to the extent that it is security for the note payable. Shares of unallocated common stock become allocated to participants based on the ratio of principal and interest paid in the Plan year to the total principal and interest to be paid on the note.

### **Subsequent Events**

The Plan evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through July 15, 2025, which is the date the financial statements were available to be issued.

### **3. Information Certified by the Qualified Institutions**

All information regarding investments disclosed in the accompanying financial statements and supplemental schedules, including investments held as of September 30, 2024 and 2023 and notes receivable as of September 30, 2024, and the net change in fair value and contract value of investments and net appreciation of Company stock for the year ended September 30, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Charles Schwab Trust Bank (Charles Schwab), Empower Annuity Insurance Company of America and Empower Trust Company, LLC (collectively, Empower), and Argent Trust Company.

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

### 4. Investments

Fees incurred by the Plan for investment management services are included in net change in fair value of the investment as they are paid through revenue sharing rather than as a direct payment.

The Plan's investment in 1910 Legacy Enterprises common stock at September 30, 2024 and 2023 is as follows:

	2024		2023	
	Allocated	Unallocated	Allocated	Unallocated
<b>Number of shares</b>	<b>15,868</b>	<b>11,935</b>	18,149	13,151
<b>Cost</b>	<b>\$ 3,414,402</b>	<b>\$ 4,331,836</b>	\$ 3,725,332	\$ 4,773,446
<b>Fair value</b>	<b>\$ 12,915,208</b>	<b>\$ 9,713,386</b>	\$ 14,228,855	\$ 10,310,406

At September 30, 2024 and 2023, the Plan held 27,803 and 31,300 shares of 1910 Legacy Enterprises common stock, respectively. Transactions in the Company's common stock are considered party-in-interest transactions.

Investments are exposed to several risks, such as market, interest rate, currency and credit risks. Market risks include U.S. and global events which could impact the value of Plan investments. Such events would include healthcare crises, such as a pandemic, international conflicts, supply chain disruptions, global monetary policy decisions, significant exogenous economic influences, significant cybersecurity attacks, and other similar events. It is at least reasonably possible that changes in their fair values will occur in the near term and that such changes could materially affect participants' account balances.

### 5. Fair Value Measurements

The Financial Accounting Standards Board established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1 – unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access

Level 2 – other observable data, including quoted prices for identical assets in inactive markets

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

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### Level 3 – unobservable inputs

Observable inputs are those based on market data obtained from sources independent of the Plan, and unobservable inputs reflect the Plan's own assumptions based on the best information available. The input levels are not necessarily an indication of the risk or liquidity associated with financial instruments at that level but rather the degree of judgment used in determining those values.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

Investments in the mutual funds and money market funds are valued at quoted market prices of the identical security in an active market (Level 1).

The Plan invests in an Empower Investments fixed account. The fixed account is considered to be fully-benefit responsive fixed annuity contract issued by Empower. The fixed account is backed by the general account assets of the issuing company, which are general obligations of the insurance companies that issue the contracts. The Plan's investment in the fixed account is stated at contract value. Contract value is the relevant measure for fully-benefit responsive contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the contract. Investment income of the fixed account is presented on a contract value basis. The fixed account has restrictions on withdrawals up to one year in the event the Plan Sponsor eliminates this investment option.

The estimated fair value of common stock of the Company as of September 30, 2024 and 2023 was \$813.90 and \$784.40 per share, respectively. The Company stock is valued at estimated fair value as determined by an annual independent appraisal (Level 3). This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The appraiser took into account historical and projected cash flows and net income, return on assets and equity and market comparables, fair value of the Company assets and liabilities, and applicable discounts.

The valuation process of the Company's stock involves Plan management's annual selection of an independent appraiser. Plan management accumulates the data for the appraiser from the financial statements of the Company. The appraiser prepares a preliminary report which Plan management, along with the ESOP trustee, reviews in detail, discusses, and approves.

The valuation method described involves several estimates and may produce a fair value calculation that may not be indicative of net realizable value or reflect future fair values of the Company's stock. Furthermore, although the Plan believes its valuation method is appropriate and consistent, the use of different methodologies or assumptions to determine the fair value of

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

certain financial instruments could result in a different fair value measurement at the reporting date.

The following table summarizes the Plan's investments based on the inputs used to determine their values as of September 30, 2024 and 2023:

	2024		
	Level 1	Level 3	Total
Mutual funds	\$ 3,541,523	\$ -	\$ 3,541,523
Company stock	-	22,628,594	22,628,594
Money market fund	2,063	-	2,063
<b>Total</b>	<b>\$ 3,543,586</b>	<b>\$ 22,628,594</b>	<b>\$ 26,172,180</b>

  

	2023		
	Level 1	Level 3	Total
Mutual funds	\$ 4,583,882	\$ -	\$ 4,583,882
Company stock	-	24,539,261	24,539,261
Money market fund	47,160	-	47,160
<b>Total</b>	<b>\$ 4,631,042</b>	<b>\$ 24,539,261</b>	<b>\$ 29,170,303</b>

The table below sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended September 30, 2024:

Beginning balance	\$ 24,539,261
Net change in fair value	831,300
Purchases	(2,741,967)
<b>Ending balance</b>	<b>\$ 22,628,594</b>

### 6. Notes Payable

On October 2016, the Plan purchased 4,854 shares of treasury stock from the Company for \$1,140,642 and refinanced three existing loans into one term loan totaling \$1,655,623. The loan is to be repaid in payments of \$114,841 over fifteen years bearing interest of 0.50% through September 30, 2030.

In March 2017, the Plan purchased 4,383 shares of treasury stock from the Company and entered into a term loan agreement for \$1,385,171. The loan is to be repaid in payments of \$72,761 over a twenty-year period ending September 30, 2036, and bears interest at a rate of 0.50%.

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

In March 2018, the Plan purchased 4,583 shares of treasury stock from the Company and entered into a term loan agreement for \$1,879,129 financed through an internal loan. The loan is to be repaid in payments of \$98,725 over a twenty-year period ending September 30, 2037, and bears interest at a rate of 0.50%.

On March 31, 2019, the Plan purchased 4,519 shares of treasury stock from the Company for \$2,837,796 financed through an internal loan. The loan is to be repaid in payments of \$149,091 over a twenty-year period ending September 30, 2038, and bears interest at a rate of 0.50%. The Company and the ESOP Trustee adopted “price protection” for certain ESOP participants whose accounts under the ESOP might be negatively impacted by the March 31, 2019 transaction for a period equal to the earlier of March 30, 2022 or the first reporting year-end the fair value of one share of Company stock is equal to or greater than \$628.

Notes payable as of September 30, 2024 and 2023 consists of the following:

	<b>2024</b>	<b>2023</b>
Term loan payable to 1910 Legacy Enterprises, Inc. due September 2030 in annual installments of \$114,841, including interest charged at 0.50%.	<b>\$ 658,116</b>	\$ 769,111
Term loan payable to 1910 Legacy Enterprises, Inc. due September 2036 in annual installments of \$72,761, including interest charged at 0.50%.	<b>845,577</b>	913,757
Term loan payable to 1910 Legacy Enterprises, Inc. due September 2037 in annual installments of \$98,725, including interest charged at 0.50%.	<b>1,239,581</b>	1,331,630
Term loan payable to 1910 Legacy Enterprises, Inc. due September 2038 in annual installments of \$149,101, including interest charged at 0.50%.	<b>2,011,013</b>	2,149,327
	<b>\$ 4,754,287</b>	\$ 5,163,825

Unallocated shares are collateral for the loans. Shares are released from collateral and allocated to participants as payments of principal and interest are made. The number of shares released in any year is the number of shares held as collateral, times the ratio of the current year payments divided by the total of this year’s payments, plus all future years’ payments. This resulted in 1,217 1910 Legacy Enterprises, Inc. shares being released and allocated for the Plan year September 30, 2024.

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Notes to Financial Statements September 30, 2024 and 2023

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Future scheduled payments of principal on notes payable at September 30, 2024 are as follows:

Year	Amount
2025	\$ 411,635
2026	413,704
2027	415,773
2028	417,817
2029	419,933
Thereafter	2,675,425
<b>Total</b>	<b>\$ 4,754,287</b>

### 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, except the Company cannot discontinue contributions unless and until the notes are repaid. In the event of Plan termination, all expenses and debts of the Plan are to be satisfied out of assets of the Plan, and all remaining assets are to be vested in the participants' accounts and distributed to them. Such distribution shall be made as directed by the Benefits Committee. Plan assets previously segregated due to retirement or other termination shall continue to be held by the custodians and distributed as provided under the terms of the Plan.

### 8. Tax Status

The Plan obtained its latest determination letter on June 29, 2017, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. The Plan's income tax returns for the past three years are subject to examination by taxing authorities and may change upon examination.

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) EIN: 82-2955160 Plan No: 003 September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
* 1910 Legacy Enterprises, Inc.	Employer Common Stock	\$ 7,746,238	\$ 22,628,594	
Mutual Funds:				
Fidelity	Fidelity Freedom Index 2025 Instl Prem	**	680,897	
Fidelity	Fidelity Freedom Index 2040 Instl Prem	**	524,201	
Fidelity	Fidelity Freedom Index 2050 Instl Prem	**	416,872	
Fidelity	Fidelity Freedom Index 2030 Instl Prem	**	230,686	
Fidelity	Fidelity Freedom Index 2055 Instl Prem	**	208,683	
Fidelity	Fidelity 500 Index	**	203,425	
Fidelity	Fidelity Freedom Index 2045 Instl Prem	**	189,172	
Fidelity	Fidelity Freedom Index 2065 Instl Prem	**	130,800	
Victory	Victory Nasdaq-100 Index R6	**	124,122	
American Funds	American Funds New Perspective R6	**	115,865	
Fidelity	Fidelity Freedom Index 2060 Instl Prem	**	109,000	
Fidelity	Fidelity Mid Cap Index	**	97,840	
Fidelity	Fidelity Freedom Index 2020 Instl Prem	**	83,887	
American Funds	American Funds American Mutual R6	**	77,886	
Fidelity	Fidelity Freedom Index 2035 Instl Prem	**	66,746	
DFA	DFA US Targeted Value I	**	53,505	
American Funds	American Funds American Balanced R6	**	48,760	
American Funds	American Funds Bond Fund of Amer R6	**	46,850	
Fidelity	Fidelity Inflation Protected Bond Index	**	24,043	
PGIM	PGIM Jennison Mid Cap Growth R6	**	16,963	
DFA	DFA US Small Cap Growth Instl	**	14,585	
Allspring	Allspring Core Plus Bond R6	**	13,568	
DFA	DFA US Small Cap I	**	12,254	
DFA	DFA Global Equity I	**	12,252	
Fidelity	Fidelity International Index	**	11,184	
American Funds	American Funds New World R6	**	8,867	
DFA	DFA US Vector Equity I	**	7,939	
American Funds	American Funds American Hi Inc TR R6	**	6,849	
DFA	DFA Real Estate Securities I	**	3,822	
			3,541,523	
Money Market Fund:				
Fidelity	Fidelity Treasury Portfolio I	**	2,063	
Fixed Account:				
* Empower	Empower Investments Fixed Account	**	52,121	
* Participant Loans	Interest rate of 3.25%	**	14,395	
			\$ 26,238,696	

\* Indicates a party-in-interest to the Plan.

\*\* Cost information is not required for participant-directed investments.

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Schedule H, Line 4a – Schedule of Delinquent Participant Contributions EIN: 82-2955160 Plan No: 003 For the Year Ended September 30, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
September 28, 2023	\$ -	\$ 11,793 *	\$ -	\$ -
November 23, 2023	-	11,973 *	-	-
	\$ -	\$ 23,766	\$ -	\$ -

\* The contributions include loan repayments and were remitted to the Plan in December 2023 and May 2024; corrections for any lost earnings and interest, was made in May 2024.

# 1910 Legacy Enterprises Employee Stock Ownership and 401(k) Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) EIN: 82-2955160 Plan No: 003 September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
* 1910 Legacy Enterprises, Inc.	Employer Common Stock	\$ 7,746,238	\$ 22,628,594	
Mutual Funds:				
Fidelity	Fidelity Freedom Index 2025 Instl Prem	**	680,897	
Fidelity	Fidelity Freedom Index 2040 Instl Prem	**	524,201	
Fidelity	Fidelity Freedom Index 2050 Instl Prem	**	416,872	
Fidelity	Fidelity Freedom Index 2030 Instl Prem	**	230,686	
Fidelity	Fidelity Freedom Index 2055 Instl Prem	**	208,683	
Fidelity	Fidelity 500 Index	**	203,425	
Fidelity	Fidelity Freedom Index 2045 Instl Prem	**	189,172	
Fidelity	Fidelity Freedom Index 2065 Instl Prem	**	130,800	
Victory	Victory Nasdaq-100 Index R6	**	124,122	
American Funds	American Funds New Perspective R6	**	115,865	
Fidelity	Fidelity Freedom Index 2060 Instl Prem	**	109,000	
Fidelity	Fidelity Mid Cap Index	**	97,840	
Fidelity	Fidelity Freedom Index 2020 Instl Prem	**	83,887	
American Funds	American Funds American Mutual R6	**	77,886	
Fidelity	Fidelity Freedom Index 2035 Instl Prem	**	66,746	
DFA	DFA US Targeted Value I	**	53,505	
American Funds	American Funds American Balanced R6	**	48,760	
American Funds	American Funds Bond Fund of Amer R6	**	46,850	
Fidelity	Fidelity Inflation Protected Bond Index	**	24,043	
PGIM	PGIM Jennison Mid Cap Growth R6	**	16,963	
DFA	DFA US Small Cap Growth Instl	**	14,585	
Allspring	Allspring Core Plus Bond R6	**	13,568	
DFA	DFA US Small Cap I	**	12,254	
DFA	DFA Global Equity I	**	12,252	
Fidelity	Fidelity International Index	**	11,184	
American Funds	American Funds New World R6	**	8,867	
DFA	DFA US Vector Equity I	**	7,939	
American Funds	American Funds American Hi Inc TR R6	**	6,849	
DFA	DFA Real Estate Securities I	**	3,822	
			3,541,523	
Money Market Fund:				
Fidelity	Fidelity Treasury Portfolio I	**	2,063	
Fixed Account:				
* Empower	Empower Investments Fixed Account	**	52,121	
* Participant Loans	Interest rate of 3.25%	**	14,395	
			\$ 26,238,696	

\* Indicates a party-in-interest to the Plan.

\*\* Cost information is not required for participant-directed investments.