

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	---	--

**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>PINE CASTLE RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</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>PINE CASTLE, INC.</u></p> <p><u>4911 SPRING PARK RD</u> <u>JACKSONVILLE, FL 32207</u></p>	<p><b>1c</b> Effective date of plan <u>10/01/1995</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>59-0704733</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>904-733-2650</u></p> <p><b>2d</b> Business code (see instructions) <u>624100</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	LORI ANN WHITTINGTON
	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>	190
<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>	100
	<b>6a(2)</b>	120
	<b>6b</b>	0
	<b>6c</b>	116
	<b>6d</b>	236
	<b>6e</b>	1
	<b>6f</b>	237
	<b>6g(1)</b>	190
<b>6g(2)</b>	188	
<b>6h</b>	4	
<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:  
 2A 2F 2G 2L 2M 2T 3D

**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 checked="" type="checkbox"/> Insurance	(1) <input checked="" 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)

- a Pension Schedules**
- (1)  **R** (Retirement Plan Information)
  - (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
  - (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
  - (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
  - (5)  **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached   2
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

---

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

---

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

---

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

---

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	--	--

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

<p><b>A</b> Name of plan <b>PINE CASTLE RETIREMENT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PINE CASTLE, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>59-0704733</b></p>	

**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  
**LINCOLN NATIONAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	891670+008	111	10/01/2023	09/30/2024

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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  
**LINCOLN FINANCIAL ADVISOR COR** **1300 S CLINTON STREET, STE 150**  
**FORT WAYNE, IN 46802-9999**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			4

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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 .....	430437
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	0
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	6b
<b>c</b>	Premiums due but unpaid at the end of the year.....	6c
<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 ▶	6d
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND & CUSTODIAL GUARANTEED INTEREST CONTRACT	
<b>b</b>	Balance at the end of the previous year .....	7b 618357
<b>c</b>	Additions: (1) Contributions deposited during the year .....	7c(1)
	(2) Dividends and credits .....	7c(2)
	(3) Interest credited during the year .....	7c(3) 12574
	(4) Transferred from separate account.....	7c(4) 2638
	(5) Other (specify below) .....	7c(5) 3384
	▶ LOAN REPAYMENTS	
	(6) Total additions .....	7c(6) 18596
<b>d</b>	Total of balance and additions (add lines 7b and 7c(6)) .....	7d 636953
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	7e(1) 203132
	(2) Administration charge made by carrier .....	7e(2) 0
	(3) Transferred to separate account.....	7e(3) 0
	(4) Other (specify below) .....	7e(4) 3384
▶ ADJUSTMENTS		
	(5) Total deductions .....	7e(5) 206516
<b>f</b>	Balance at the end of the current year (subtract line 7e(5) from line 7d) .....	7f 430437

**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)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> 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>
<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>
(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>
(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>
<b>10</b> 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. ▶

**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**

<b>A</b> Name of plan <b>PINE CASTLE RETIREMENT PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PINE CASTLE, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>59-0704733</b>	

**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  
**PRINCIPAL LIFE INSURANCE COMPANY**

<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>42-0127290</b>	<b>61271</b>	<b>613953</b>	<b>147</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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>			
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>	0	
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0	
<b>6</b>	<b>Contracts With Allocated Funds:</b>			
<b>a</b>	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>		
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶			
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>			
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>			
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ <b>CUSTODIAL GUARANTEED INTEREST CONTRACT</b>			
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b>	0	
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	(2) Dividends and credits .....	<b>7c(2)</b>		0
	(3) Interest credited during the year .....	<b>7c(3)</b>		
	(4) Transferred from separate account.....	<b>7c(4)</b>		
	(5) Other (specify below) .....	<b>7c(5)</b>		
	▶			
	(6) Total additions .....	<b>7c(6)</b>	0	
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0	
<b>e</b>	<b>Deductions:</b>			
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>		
	(2) Administration charge made by carrier .....	<b>7e(2)</b>		
	(3) Transferred to separate account.....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
▶				
	(5) Total deductions .....	<b>7e(5)</b>	0	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	0	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<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>
--	--	---

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>PINE CASTLE RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PINE CASTLE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>59-0704733</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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 64 37 50	CONTRACT ADMINISTRATOR	7718	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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	SERVICE PROVIDER	534	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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>
--	--	---

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>PINE CASTLE RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PINE CASTLE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>59-0704733</b>

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

**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>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	94	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<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>	37874	32039
<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>	1856759	1959105
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	583913	399376
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	2478640	2390520
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	2478640	2390520

**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>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	55432	
(B) Participants .....	2a(1)(B)	147259	
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		202691
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)		
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)	173	
(F) Other .....	2b(1)(F)	12574	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		12747
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	26634	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		26634
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<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>		478948
<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>		721020

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	798031	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		798031
<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>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	9134	
(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>	1881	
(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>	94	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		11109
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		809140

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-88120
<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: **HOWARD & COMPANY, CPAS, P.A.**

(2) EIN: **47-0916323**

**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.) .....		X	
<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.).....		X	
<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.) .....		X	
<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.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		500000
<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? .....		X	
<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? .....		X	
<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?.....		X	
<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.).....	X		
<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.).....		X	
<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? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<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. ....			

**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>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	---	--

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>PINE CASTLE RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PINE CASTLE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>59-0704733</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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.....	1	0
---	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-1140070 42-0127290

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	
--	---	--

<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.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<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) .....	6c	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

<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.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500385A.

**PINE CASTLE RETIREMENT PLAN**  
**FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023**

PINE CASTLE RETIREMENT PLAN  
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023

TABLE OF CONTENTS

	PAGE <u>NO.</u>
<b>INDEPENDENT AUDITOR'S REPORT</b> .....	1 - 4
<b>FINANCIAL STATEMENTS</b>	
Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits.....	6
<b>NOTES TO FINANCIAL STATEMENTS</b> .....	7 - 19
<b>SUPPLEMENTAL INFORMATION</b> .....	20
Statements of Assets Held for Investment Purposes .....	21 - 24

## **INDEPENDENT AUDITOR'S REPORT**

TO THE ADMINISTRATIVE COMMITTEE OF  
THE PINE CASTLE RETIREMENT PLAN

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

We have performed an audit of the accompanying financial statements of The Pine Castle Retirement Plan (a 403(b) Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of September 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the September 30, 2024 and 2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended September 30, 2024 and 2023, stating that the certified investment information, as described in Notes 4, 9 and 13 to the financial statements, is complete and accurate.

### **Opinion**

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

*American Institute of  
Certified Public  
Accountants*

*Florida Institute of  
Certified Public Accountants*

**CPA**CONNECT

**4745 Sutton Park Court  
Suite 102  
Jacksonville, FL 32224**

**Phone 904.421.0690  
Fax 904.421.0691**

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

### **Basis for Opinion**

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

### **Responsibilities of Management**

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

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Pine Castle Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Pine Castle Retirement 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

## Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

*Howard & Company, CPAs, P.A.*

Jacksonville, Florida  
July 2, 2025

PINE CASTLE RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	September 30,	
	2024	2023
INVESTMENTS		
Investments at fair market value	\$ 1,959,105	\$ 1,856,759
Investments at contract value	431,415	621,787
	2,390,520	2,478,546
RECEIVABLES		
Employer contribution	94	94
	94	94
<b>TOTAL ASSETS</b>	<b>\$ 2,390,614</b>	<b>\$ 2,478,640</b>

LIABILITIES

NET ASSETS AVAILABLE FOR BENEFITS	\$ 2,390,614	\$ 2,478,640
-----------------------------------	--------------	--------------

PINE CASTLE RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Contributions		
Employees	\$ 147,259	\$ 131,329
Employer	55,432	62,080
Other	-	14,390
Net unrealized gains on investments of participant brokerage accounts	478,948	226,618
Dividends and earnings	39,381	37,706
Total additions	<u>721,020</u>	<u>472,123</u>
DEDUCTIONS		
Benefits paid to participants	798,031	458,975
Deemed distributions	-	8,800
Net unrealized losses on investments of participant brokerage accounts	-	-
Fees	11,015	6,593
NET DECREASE PRIOR TO TRANSFERS	<u>(88,026)</u>	<u>(2,245)</u>
Transfers in	-	34,489
Transfers out	-	(34,489)
	<u>-</u>	<u>-</u>
NET DECREASE	\$ (88,026)	\$ (2,245)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>2,478,640</u>	<u>2,480,885</u>
End of year	<u>\$ 2,390,614</u>	<u>\$ 2,478,640</u>

See Independent Auditor's Report and Accompanying Notes to the Financial Statements.

Page 6

PINE CASTLE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**1. DESCRIPTION OF PLAN**

The following description of the Pine Castle Retirement Plan 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan (403(b)). Lincoln Corporation and The Principal Life Insurance Company (the "Trustee") serves as a trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan maintains an investment contract with Lincoln National Life Insurance Company. The investment product is known as the Group Variable Annuity with Fixed Account. Lincoln maintains the contributions in individual participant accounts. Each account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Lincoln National. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the transfer of all or a portion of their investments at contract value.

Lincoln National Corporation (the Trustee) has been given the authority and power to take any action it believes to be beneficial to the Plan so long as its authority does not exceed or restrict the primary authority of the individual participants/investors. In August 2022, the Plan changed the Trustee to Delaware Charter Guarantee & Trust Company d/b/a The Principal Trust Company (the Trustee). The Plan received certification from both Trustees and each held plan assets as of September 30, 2024 and 2023.

**Contributions**

Each year the participants may contribute Section 403(b) elective contributions up to the federally mandated limits to their individual investment accounts within the Plan. Annual contributions to the Plan are limited by the Internal Revenue Code, which may be changed from time to time. These limits are increased for any participants who are age 50 or older by the end of the respective Plan Year and wish to make a "catch up" contribution. The table below presents the annual limits for September 30, 2024 and 2023 and for the next calendar year.

	<u>2024</u>	<u>2023</u>	<u>2022</u>
Annual contribution limits	\$ 23,000	\$ 22,500	\$ 20,500
Additional allowed for participants over 50	7,500	7,500	6,500

PINE CASTLE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

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

**Contributions** – (Continued)

Participants may designate all or part of their 403(b) elective contributions as Roth elective contributions instead of pre-tax deferral elective contributions. The Plan allows “rollover” contributions from other qualified retirement plans. Participants direct their contributions as directed by the Sponsor’s Board of Directors each year.

**Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of the Company's contributions, and Plan earnings or losses. Additionally, each participant account is charged with benefit payments, transaction fees related to notes receivable from participants and distributions, and allocations of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are also 100% vested in the Company's "safe harbor" contributions and qualified non-elective contributions contributed to the Plan. Vesting in the Company's match and profit-sharing portion of their accounts plus actual earnings thereon is based on years of continuous service. A year of service is based on 1,000 hours of service in a particular Plan year. A participant is 100% vested after six years of credited service. The vesting schedule is as follows:

<u>Years of Service</u>	<u>Vesting %</u>
Less than 1 year	0
1 year	20
2 years	40
3 years	60
4 years	80
Over 5 years	100

**Distributions**

On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount as provided by the Plan. In-service distributions, as provided by the Plan, may be made upon demonstration of financial hardship, disability, or after participants reach the age of 59.5 years.

PINE CASTLE RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

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

**Forfeitures**

Forfeitures occur when an employee leaves the Plan and is not fully (100%) vested in the Plan Sponsor's contribution. The balance of the exiting participant's account is thereby forfeited. These forfeitures can be used to reduce future Plan Sponsor contributions, pay Plan expenditures, or be allocated to the remaining participants based upon the value of each remaining participant's vested account balance. The choice of these three options is at the discretion of the Plan management.

**Investment Options**

Upon enrollment in the Plan, a participant may direct employer contributions into separate investments which include stock and mutual fund accounts or in fixed accounts (considered an investment contract). These accounts are held by the Trustee. Contributions are directed by each individual participant and may be changed at his or her discretion daily. Participants assume risks associated with the respective investments which they hold in their individual investment accounts.

**Participant Loans Not Included in the Plan**

The Plan allows participants to borrow against the value of their accounts. Lincoln National Corporation will loan a qualified participant funds based upon the value of the participant's individual account. Lincoln National Corporation bills the participant directly for principal and interest payments. Payroll withdrawals for loan payments are not allowed. These loans are between the individual participants and Lincoln National Corporation and are not part of the Plan assets. Lincoln National Corporation, as Trustee of the Plan assets, will liquidate any mutual fund investment of the loan participant for the amount required as collateral under the terms of the note and place it in a reserve account for the individual. As a loan is paid, the reserve is reinvested back into mutual funds at the participant's direction. Thus, the reserve accounts are part of the Plan assets and are included in the financial statements.

PINE CASTLE RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**Valuation**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 10 for discussion of fair value measurements.

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

**Risks and Uncertainties**

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate fluctuations, market changes, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

**Payment of Benefits**

Benefits are recorded upon distribution.

PINE CASTLE RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** – (Continued)

**Administrative Expenses**

The Plan's administrative expenses are paid by the Sponsor, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions (notes receivable from participants and distributions) are charged directly to the participant's account. Fees associated with the audit for the Plan were paid by the Plan Sponsor and are not included in expenses in these financial statements.

3. **PLAN TERMINATION**

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

4. **INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN**

The Plan has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the individual investment balances, the balances of participant loans, the balances of total assets, and the balances of net assets available for plan benefits that are included on the statements of net assets available for plan benefits as of September 30, 2024 and 2023 along with the balances of net appreciation in market value, dividend earnings, interest earnings, participant contributions, rollover contributions, net decline in market value of funds, benefits paid to participants, and administrative expense that are included on the statements of changes in net assets available for plan benefits for the years ended September 30, 2024 and 2023 have been derived from information certified as complete and accurate by Lincoln National Corporation and Delaware Charter Guarantee & Trust Company d/b/a The Principal Trust Company (the Trustee) in accordance with ERISA requirements.

PINE CASTLE RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

**5. TAX STATUS**

The Plan is intended to comply with the applicable requirements of Section 403(b) of the Internal Revenue Code. The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-21. The Plan is required to operate in conformity with the Internal Revenue Code to maintain its tax exemption. A Tax Determination Letter is not available for Section 403(b) plans through the Internal Revenue Service; however, Plan management believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and, as such, is exempt from federal income taxes. Therefore, no provision for income tax has been included in the Plan's financial statements. The Plan is required to file a Federal Form 5500 Annual Return/Report of Employee Benefit Plan.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax provisions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The tax years 2020, 2021, 2022, and 2023 are subject to examination.

**6. DEFERRED PAYMENTS**

The chart below presents the number of former Plan participants and the total of the vested balances in their plan accounts. The Plan will pay out these amounts at the direction of the former participants.

<u>Number of Former Participants</u>	<u>Account Value</u>
35	\$ 69,340

**7. CONCENTRATION OF CREDIT RISK**

Contributions receivable from Plan participants as of September 30, 2024 and 2023 were \$0. Contributions receivable from the Plan Sponsor as of September 30, 2024 and 2023 were \$94.

PINE CASTLE RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

**8. PARTY-IN-INTEREST TRANSACTIONS**

For the years ended September 30, 2024 and 2023, the Plan Sponsor provided certain accounting and administrative services to the Plan for which no fees were charged. The Plan Sponsor also paid \$750 in fees for September 30, 2024 and 2023, respectively, to the trustee on behalf of the Plan. The Plan Sponsor also paid the cost of the annual audits.

During the years ended September 30, 2024 and 2023, certain Plan investment funds utilized by the Plan were managed by Lincoln National Corporation. As Lincoln National Corporation and Delaware Charter Guarantee & Trust Company d/b/a The Principal Trust Company are the Trustees of the Plan, transactions involving the aforementioned funds, by definition, were party-in-interest transactions.

Certain employees of the Plan Sponsor are participants in the Plan and are also members of Plan management. This arrangement is typical of employee benefit plans.

**9. FAIR VALUE MEASUREMENTS**

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value.

These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date.
- Level 2: Inputs other than quoted prices within Level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted prices for similar assets or liabilities in active or non-active markets. Level 2 may also include insignificant adjustments to market observable inputs.
- Level 3: Unobservable inputs used for valuing the asset or liability. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

PINE CASTLE RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

**9. FAIR VALUE MEASUREMENTS** – (Continued)

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.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective investment trusts: Valued at fair value based upon net asset value.

Pooled separate accounts: Invests in mutual funds. The fair values of the underlying mutual funds are publicly quoted prices used in determining net asset value.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of September 30, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

<u>Fair Value as of September 30, 2024</u>				
<u>Investment Descriptions</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual Funds	\$ 1,959,105	\$ 1,959,105	\$ -	\$ -

  

<u>Fair Value as of September 30, 2023</u>				
<u>Investment Descriptions</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual Funds	\$ 1,856,759	\$ 1,856,759	\$ -	\$ -

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

## PINE CASTLE RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

#### 10. **CONTRACT WITH LINCOLN NATIONAL LIFE INSURANCE COMPANY FOR LINCOLN FIXED ACCOUNT**

The Plan maintains an investment contract with Lincoln National Life Insurance Company for a Fixed Account included in the investment choices. The Fixed Account does not have specific underlying assets assigned to it. Rather, it is supported by the general assets of the Lincoln National Corporation. Lincoln maintains the contributions in individual participant accounts. Each account is credited with earnings at a fixed rate. The contract is included in the financial statements at contract value as reported to the Plan by Lincoln National. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the transfer of all or a portion of their investments at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There are no reserves against the contract value associated with credit risk of the contract issuer or otherwise. The reported fair value of the investment contract at September 30, 2024 was \$399,376 and at September 30, 2023 was \$583,913. The crediting interest rate is based on a formula agreed upon with the issuer and is approximately 3%. Such interest rates are reviewed periodically for resetting but have remained at the approximate 3% level for the past few years.

Certain events limit the Plan's ability to transact at contract value with Lincoln National. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures, or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or, (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

#### 11. **RESERVE FOR PARTICIPANT LOANS**

As described in Note 1, loans are between the participants and Lincoln National Corporation and are not an asset of the Plan. The resulting Loan Reserve is similar to the Fixed Account in that it does not have specific underlying assets assigned to it. Rather it is supported by the general assets of the Lincoln National Corporation. The account is included in the financial statements at contract value as reported to the Plan by Lincoln National.

PINE CASTLE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**12. SUBSEQUENT EVENTS**

The date to which events occurring after September 30, 2024, the date of the most recent balance sheet, have been evaluated for possible adjustment to the financial statements or disclosure is July 2, 2025, which is the date on which the financial statements were available to be issued.

**13. CERTIFIED INVESTMENTS**

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at September 30, 2024 and 2023, including investment information related to the 401(k) account (see Note 4), that is disclosed in the accompanying financial statements and supplemental schedules, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee of the Plan.

The following is a summary of information certified:

	September 30, 2024	September 30, 2023
Investments		
Fixed account, at contract value	\$ 431,415	\$ 621,787
Mutual funds, at fair value	1,959,105	1,856,759
Total investments	<u>\$ 2,390,520</u>	<u>\$ 2,478,546</u>
Investment income	<u>\$ 518,329</u>	<u>\$ 264,324</u>

PINE CASTLE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**14. RECONCILEMENT OF FINANCIAL STATEMENTS TO FORM 5500 SCHEDULE H**

The following tables reconcile the additions in net assets as presented in the statement of changes in net assets available for plan benefits for the years ended September 30, 2024 and 2023 to Part II – Income of the Schedule H for the IRS Form 5500 for the same year. It also reconciles the deductions in net assets as presented in the statement of changes in net assets available for plan benefits for that same year to Part II – Expenses of the Schedule H for the IRS Form 5500 for the same year ended:

September 30, 2024

	Net Appreciation	Dividends and Earnings	Contributions		
			Employees	Employer	Other
Per Statement Present	\$ 478,948	\$ 39,381	\$ 147,259	\$ 55,432	\$ -
Fees	-	-	-	-	-
Contributions due	-	-	-	-	-
<b>Total per IRS Form 5500</b>	<b>\$ 478,948</b>	<b>\$ 39,381</b>	<b>\$ 147,259</b>	<b>\$ 55,432</b>	<b>\$ -</b>
Schedule H					
			Deemed Distributions	Benefits Paid	Expenses
Per Statement Present			\$ -	\$ 798,031	\$ -
Fees			-	-	-
Rollover Contributions			-	-	-
Deemed Distributions			-	-	-
<b>Total per IRS Form 5500 Schedule H</b>			<b>\$ -</b>	<b>\$ 798,031</b>	<b>\$ -</b>

PINE CASTLE RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

**14. RECONCILEMENT OF FINANCIAL STATEMENTS TO FORM 5500 SCHEDULE H** –

(Continued)

September 30, 2023

	Net Appreciation	Dividends and Earnings	Contributions		
			Employees	Employer	Other
Per Statement Present	\$ 226,618	\$ 37,706	\$ 131,329	\$ 62,080	\$ 14,390
Fees	-	-	-	-	-
Contributions due	-	-	-	-	-
Total per IRS Form 5500 Schedule H	<u>\$ 226,618</u>	<u>\$ 37,706</u>	<u>\$ 131,329</u>	<u>\$ 62,080</u>	<u>\$ -</u>
			Deemed Distributions	Benefits Paid	Expenses
Per Statement Present			\$ 8,800	\$ 458,975	\$ -
Fees			-	-	-
Rollover Contributions			-	-	-
Deemed Distributions			-	-	-
Total per IRS Form 5500 Schedule H			<u>\$ 8,800</u>	<u>\$ 458,975</u>	<u>\$ -</u>

PINE CASTLE RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

**15. FORFEITURES**

The chart below presents the forfeited non-vested accounts along with the amount allocated for employer contributions, Plan expenses, or allocated to participants' individual accounts for September 30, 2024 and 2023.

	September 30,	
	2024	2023
Beginning Balance	\$ 14,504	\$ 13,225
Forfeitures	6,008	871
Account earnings	486	408
Applied to employer's contribution	(4,782)	-
Applied to plan expenses	(638)	-
Applied to participant's accounts	-	-
Ending Balance	\$ 15,578	\$ 14,504

**SUPPLEMENTAL INFORMATION**

PINE CASTLE RETIREMENT PLAN  
 EIN: 59-0704733 PLAN NUMBER: 007

SCHEDULE H, Line 4i - STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES  
 FOR THE YEAR ENDED SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<b>Mutual Funds</b>				
* Lincoln National Life - Multifund	AB VPS Global Thematic	\$ -	\$ 4,440	
* Lincoln National Life - Multifund	AB VPS Large Cap Growth	-	14,005	
* Lincoln National Life - Multifund	American Funds Global Grow	-	51,273	
* Lincoln National Life - Multifund	American Funds Growth Fund	-	119,222	
* Lincoln National Life - Multifund	American Funds Growth-Inco	-	11,225	
* Lincoln National Life - Multifund	American Funds Internation	-	1,628	
* Lincoln National Life - Multifund	LVIP Macquarie US REIT Fund	-	54,728	
* Lincoln National Life - Multifund	LVIP Mondrian International Value	-	350	
* Lincoln National Life - Multifund	LVIP SSGA International MGDVLT	-	400	
* Lincoln National Life - Multifund	DWS Alternate Asset Alloca	-	404	
* Lincoln National Life - Multifund	Fidelity Asset Manager	-	7,887	
* Lincoln National Life - Multifund	Fidelity Contrafund Portfö	-	64,390	
* Lincoln National Life - Multifund	Fidelity Growth Portfolio	-	6,083	
* Lincoln National Life - Multifund	LVIP Macquarie Diversified Income	-	263	
* Lincoln National Life - Multifund	LVIP Macquarie Bond Fund	-	483	
* Lincoln National Life - Multifund	LVIP Macquarie Hi Yield Fund	-	36,237	
* Lincoln National Life - Multifund	LVIP Macquarie Small Mid Cap	-	4,823	
* Lincoln National Life - Multifund	JANUS Henderson Global Research	-	4,512	
* Lincoln National Life - Multifund	LVIP American Century Balanced	-	58,464	
* Lincoln National Life - Multifund	LVIP Dimensional US Core Equity	-	15,962	
* Lincoln National Life - Multifund	LVIP Social Awareness Bond Fund	-	7,080	
* Lincoln National Life - Multifund	LVIP BaronGrowth Opp	-	3,239	
* Lincoln National Life - Multifund	LVIP Blackrock Real Estate	-	927	
* Lincoln National Life - Multifund	LVIP Blackrock Global Allocation	-	230	
* Lincoln National Life - Multifund	LVIP Blended LC Growth Mngd	-	108	
* Lincoln National Life - Multifund	LVIP Blended Mid Cap Mngd	-	397	
* Lincoln National Life - Multifund	LVIP Ft Emerging Market Fund	-	2,764	
* Lincoln National Life - Multifund	LVIP Mondrian Global Income	-	138	
* Lincoln National Life - Multifund	LVIP BR Inflation Protected	-	270	
* Lincoln National Life - Multifund	LVIP JP Morgan Mid Cap Value	-	277	
* Lincoln National Life - Multifund	LVIP T Rowe Price 2020	-	734	
* Lincoln National Life - Multifund	LVIP T Rowe Price 2030	-	15,896	
* Lincoln National Life - Multifund	LVIP T Rowe Price 2040	-	12,491	
* Lincoln National Life - Multifund	LVIP T Rowe Price 2050	-	35,827	
* Lincoln National Life - Multifund	LVIP Conservative Allocation	-	107	
* Lincoln National Life - Multifund	LVIP Global Growth Allocation	-	79	
* Lincoln National Life - Multifund	LVIP Global Moderate Allocation	-	67	
* Lincoln National Life - Multifund	LVIP SSGA Bond Index	-	6	
* Lincoln National Life - Multifund	LVIP SSGA Gbl Tc All	-	11	
* Lincoln National Life - Multifund	LVIP SSGA S&P 500 Ind	-	86,914	
* Lincoln National Life - Multifund	LVIP SSGA Small Cap I	-	2,985	
* Lincoln National Life - Multifund	LVIP T Rowe Price Str	-	24,439	
* Lincoln National Life - Multifund	Macquarie VIP Small Cap Value	-	9,685	
* Lincoln National Life - Multifund	NB Amt Sustainable Eq Portfölio	-	3,343	
* Lincoln National Life - Multifund	T Rowe Price Internationa	-	6,457	
* Lincoln National Life - Multifund	LVIP JP Morgan Retirement Income	-	1,708	

See Independent Auditor's Report and Accompanying Notes to the  
 Financial Statements.

PINE CASTLE RETIREMENT PLAN  
EIN: 59-0704733 PLAN NUMBER: 007

SCHEDULE H, Line 4i - STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES  
FOR THE YEAR ENDED SEPTEMBER 30, 2024 (Continued)

American Funds	Target Date Retirement 2010	-	25,723
American Funds	Target Date Retirement 2015	-	67,012
American Funds	Target Date Retirement 2020	-	227,631
American Funds	Target Date Retirement 2025	-	144,969
American Funds	Target Date Retirement 2030	-	129,024
American Funds	Target Date Retirement 2035	-	137,466
American Funds	Target Date Retirement 2040	-	80,687
American Funds	Target Date Retirement 2045	-	317,814
American Funds	Target Date Retirement 2050	-	22,774
American Funds	Target Date Retirement 2055	-	27,790
American Funds	Target Date Retirement 2060	-	28,142
American Funds	Target Date Retirement 2065	-	249
Fidelity Investments	Fidelity 500 Index Fund	-	39,031
The Hartford	Hartford Dividend and Growth Fund	-	10,986
JP Morgan	JP Morgan Large Cap Growth	-	12,312
Legg Mason	Clearbridge Mid Cap Growth Fund	-	7,323
American Funds	New World R6	-	7,214
		\$ -	\$1,959,105
 <b><u>Investment Contracts</u></b>			
*	Fixed Account Investment Contracts	Fixed interest rate of 3%	\$ - \$ 399,376
*	Reserves against loans	nominal <2%	\$ - \$ 32,039
	<b>TOTAL ASSETS HELD FOR INVESTMENT AT YEAR END</b>	\$ -	\$2,390,520

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) identifies, by asterisk, those known to be a party in interest. Column (d) is left blank as permitted by ERISA regulations in the case of participant-directed plans.

PINE CASTLE RETIREMENT PLAN  
 EIN: 59-0704733 PLAN NUMBER: 007

SCHEDULE H, Line 4i - STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES  
 FOR THE YEAR ENDED SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<b>Mutual Funds</b>				
* Lincoln National Life - Multifund	AB VPS Global Thematic	\$ -	\$ 4,440	
* Lincoln National Life - Multifund	AB VPS Large Cap Growth	-	14,005	
* Lincoln National Life - Multifund	American Funds Global Grow	-	51,273	
* Lincoln National Life - Multifund	American Funds Growth Fund	-	119,222	
* Lincoln National Life - Multifund	American Funds Growth-Inco	-	11,225	
* Lincoln National Life - Multifund	American Funds Internation	-	1,628	
* Lincoln National Life - Multifund	LVIP Macquarie US REIT Fund	-	54,728	
* Lincoln National Life - Multifund	LVIP Mondrian International Value	-	350	
* Lincoln National Life - Multifund	LVIP SSGA International MGDVLT	-	400	
* Lincoln National Life - Multifund	DWS Alternate Asset Alloca	-	404	
* Lincoln National Life - Multifund	Fidelity Asset Manager	-	7,887	
* Lincoln National Life - Multifund	Fidelity Contrafund Portfö	-	64,390	
* Lincoln National Life - Multifund	Fidelity Growth Portfolio	-	6,083	
* Lincoln National Life - Multifund	LVIP Macquarie Diversified Income	-	263	
* Lincoln National Life - Multifund	LVIP Macquarie Bond Fund	-	483	
* Lincoln National Life - Multifund	LVIP Macquarie Hi Yield Fund	-	36,237	
* Lincoln National Life - Multifund	LVIP Macquarie Small Mid Cap	-	4,823	
* Lincoln National Life - Multifund	JANUS Henderson Global Research	-	4,512	
* Lincoln National Life - Multifund	LVIP American Century Balanced	-	58,464	
* Lincoln National Life - Multifund	LVIP Dimensional US Core Equity	-	15,962	
* Lincoln National Life - Multifund	LVIP Social Awareness Bond Fund	-	7,080	
* Lincoln National Life - Multifund	LVIP BaronGrowth Opp	-	3,239	
* Lincoln National Life - Multifund	LVIP Blackrock Real Estate	-	927	
* Lincoln National Life - Multifund	LVIP Blackrock Global Allocation	-	230	
* Lincoln National Life - Multifund	LVIP Blended LC Growth Mngd	-	108	
* Lincoln National Life - Multifund	LVIP Blended Mid Cap Mngd	-	397	
* Lincoln National Life - Multifund	LVIP Ft Emerging Market Fund	-	2,764	
* Lincoln National Life - Multifund	LVIP Mondrian Global Income	-	138	
* Lincoln National Life - Multifund	LVIP BR Inflation Protected	-	270	
* Lincoln National Life - Multifund	LVIP JP Morgan Mid Cap Value	-	277	
* Lincoln National Life - Multifund	LVIP T Rowe Price 2020	-	734	
* Lincoln National Life - Multifund	LVIP T Rowe Price 2030	-	15,896	
* Lincoln National Life - Multifund	LVIP T Rowe Price 2040	-	12,491	
* Lincoln National Life - Multifund	LVIP T Rowe Price 2050	-	35,827	
* Lincoln National Life - Multifund	LVIP Conservative Allocation	-	107	
* Lincoln National Life - Multifund	LVIP Global Growth Allocation	-	79	
* Lincoln National Life - Multifund	LVIP Global Moderate Allocation	-	67	
* Lincoln National Life - Multifund	LVIP SSGA Bond Index	-	6	
* Lincoln National Life - Multifund	LVIP SSGA Gbl Tc All	-	11	
* Lincoln National Life - Multifund	LVIP SSGA S&P 500 Ind	-	86,914	
* Lincoln National Life - Multifund	LVIP SSGA Small Cap I	-	2,985	
* Lincoln National Life - Multifund	LVIP T Rowe Price Str	-	24,439	
* Lincoln National Life - Multifund	Macquarie VIP Small Cap Value	-	9,685	
* Lincoln National Life - Multifund	NB Amt Sustainable Eq Portfölio	-	3,343	
* Lincoln National Life - Multifund	T Rowe Price Internationa	-	6,457	
* Lincoln National Life - Multifund	LVIP JP Morgan Retirement Income	-	1,708	

See Independent Auditor's Report and Accompanying Notes to the  
 Financial Statements.

PINE CASTLE RETIREMENT PLAN  
EIN: 59-0704733 PLAN NUMBER: 007

SCHEDULE H, Line 4i - STATEMENTS OF ASSETS HELD FOR INVESTMENT PURPOSES  
FOR THE YEAR ENDED SEPTEMBER 30, 2024 (Continued)

American Funds	Target Date Retirement 2010	-	25,723
American Funds	Target Date Retirement 2015	-	67,012
American Funds	Target Date Retirement 2020	-	227,631
American Funds	Target Date Retirement 2025	-	144,969
American Funds	Target Date Retirement 2030	-	129,024
American Funds	Target Date Retirement 2035	-	137,466
American Funds	Target Date Retirement 2040	-	80,687
American Funds	Target Date Retirement 2045	-	317,814
American Funds	Target Date Retirement 2050	-	22,774
American Funds	Target Date Retirement 2055	-	27,790
American Funds	Target Date Retirement 2060	-	28,142
American Funds	Target Date Retirement 2065	-	249
Fidelity Investments	Fidelity 500 Index Fund	-	39,031
The Hartford	Hartford Dividend and Growth Fund	-	10,986
JP Morgan	JP Morgan Large Cap Growth	-	12,312
Legg Mason	Clearbridge Mid Cap Growth Fund	-	7,323
American Funds	New World R6	-	7,214
		\$ -	\$1,959,105
 <b><u>Investment Contracts</u></b>			
*	Fixed Account Investment Contracts	Fixed interest rate of 3%	\$ - \$ 399,376
*	Reserves against loans	nominal <2%	\$ - \$ 32,039
	<b>TOTAL ASSETS HELD FOR INVESTMENT AT YEAR END</b>	\$ -	\$2,390,520

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) identifies, by asterisk, those known to be a party in interest. Column (d) is left blank as permitted by ERISA regulations in the case of participant-directed plans.