

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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
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1a Name of plan <u>FLEMING ELECTRIC, INC. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FLEMING ELECTRIC, INC.</u> <u>320 MCCLANAHAN</u> <u>BRYANT, AR 72022</u>	1c Effective date of plan <u>06/01/1999</u> 2b Employer Identification Number (EIN) <u>71-0507441</u> 2c Plan Sponsor's telephone number <u>501-847-3090</u> 2d Business code (see instructions) <u>238210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/16/2025	ANTHONY M. WARD ESQ.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	205
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	171
	6a(2)	140
	6b	0
	6c	48
	6d	188
	6e	0
	6f	188
	6g(1)	187
	6g(2)	177
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3B 3D 3H

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

9a Plan funding arrangement (check all that apply)	9b 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan FLEMING ELECTRIC, INC. 401(K) PROFIT SHARING PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FLEMING ELECTRIC, INC.</p>	<p>D Employer Identification Number (EIN) 71-0507441</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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	509960-01	21	01/01/2024	12/31/2024

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	229485
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 208833

c Additions: (1) Contributions deposited during the year	7c(1)	11257
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	2889
(4) Transferred from separate account	7c(4)	27081
(5) Other (specify below).....	7c(5)	32613

▶ LOAN PAYMENTS

(6) Total additions **7c(6)** 73840

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 282673

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	32615
(2) Administration charge made by carrier.....	7e(2)	17793
(3) Transferred to separate account	7e(3)	2779
(4) Other (specify below).....	7e(4)	

(5) Total deductions **7e(5)** 53187

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 229486

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan FLEMING ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLEMING ELECTRIC, INC.	D Employer Identification Number (EIN) 71-0507441	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	26212	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

HCJ CPAS & ADVISORS PLLC

11025 ANDERSON DR STE 300
LITTLE ROCK AR
LITTLE ROCK, AR 72212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	16340	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARVEST ASSET MANAGEMENT

PO BOX 1515
LOWELL, AR 72745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	9849	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	2845	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARVEST BANK

800 N OSAGE AVE
BARTLESVILLE, OK 74029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	2084	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERISA FIDUCIARY SERVICES INC

1800 WALT WHITMAN RD STE 110
MELVILLE, NY 11747

(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?
99	OTHER	2000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FLEMING ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLEMING ELECTRIC, INC.	D Employer Identification Number (EIN) 71-0507441

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	141583	289104
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4261050	4788827
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	208833	229485
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	4611466	5307416
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4611466	5307416

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	79154	
(B) Participants.....	2a(1)(B)	570489	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		649643
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	16632	
(F) Other.....	2b(1)(F)	2889	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19521
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	196114	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		196114
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		383663
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1248941

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	450509	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		450509
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		43152
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	26212	
(4) IQPA audit fees	2i(4)	16340	
(5) Investment advisory and investment management fees	2i(5)	14778	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	2000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		59330
j Total expenses. Add all expense amounts in column (b) and enter total	2j		552991

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		695950
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **H CJ CPAS & ADVISORS**

(2) EIN: **71-0650689**

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FLEMING ELECTRIC, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FLEMING ELECTRIC, INC.</u>	D Employer Identification Number (EIN) <u>71-0507441</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
----------	--	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 20-3691708

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

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

3	
----------	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.



**FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

DECEMBER 31, 2024 AND 2023

with

INDEPENDENT AUDITOR'S REPORT



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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Fleming Electric, Inc. 401(k) Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Fleming Electric, Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements 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 audits of Fleming Electric, Inc. 401(k) Profit Sharing Plan's financial statements performed in accordance with the 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 audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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 Fleming Electric, Inc. 401(k) Profit Sharing 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.

Little Rock Office

11025 Anderson Drive, Suite 300 | Little Rock, AR 72212
PHONE: (501) 221-1000 | FAX: (501) 221-9236

hcjcpa.com

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Fleming Electric, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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 Fleming Electric, Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Fleming Electric, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at year end) 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).

HCT CPAs & Advisors, PLLC

Little Rock, Arkansas

July 16, 2025

FINANCIAL STATEMENTS

**FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at Fair Value:		
Mutual Funds	\$ 4,788,827	\$ 4,261,050
Guaranteed Investment Contract	229,485	208,833
Total Investments, at Fair Value	<u>5,018,312</u>	<u>4,469,883</u>
Notes Receivable from Participants	<u>289,104</u>	<u>141,583</u>
Net Assets Available for Benefits	<u>\$ 5,307,416</u>	<u>\$ 4,611,466</u>

See accompanying notes.

**FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Contributions:		
Participants'	\$ 570,489	\$ 543,625
Employer's	79,154	77,357
Rollover	-	71,266
Total Contributions	649,643	692,248
Investment Income:		
Net Change in Fair Value of Investments	383,663	519,368
Interest and Dividends on Investments	199,003	139,790
Total Investment Income	582,666	659,158
Interest on Notes Receivable from Participants	16,632	9,718
Total Additions	1,248,941	1,361,124
Deductions from Net Assets Attributed to:		
Administrative Expenses and Fees	59,330	48,984
Deemed Distributions	43,152	-
Benefit Payments to Participants	450,509	633,351
Total Deductions	552,991	682,335
Net Change in Net Assets	695,950	678,789
Net Assets Available for Benefits:		
Beginning of Year	4,611,466	3,932,677
End of Year	\$ 5,307,416	\$ 4,611,466

See accompanying notes.

FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1: Description of Plan

The following description of the Fleming Electric, Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Fleming Electric, Inc. and related employers (the “Employer”), who have reached 18 years of age and have completed sixty days of service, except collectively bargained employees. Employees will become eligible to participate on the first day of the next month of the Plan Year after they complete all requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2024, The Setting Every Community Up for Retirement Enhancement (SECURE) Act extended eligibility for participation in 401(k) plans to certain long-term part-time (LTPT) employees. LTPT employees must have three consecutive years of eligible service beginning in 2021 in order to make deferral contributions into the Plan. Eligible service is defined as at least 500 hours of service for each 12-month eligibility period. The eligibility service window applies for plan years beginning after December 31, 2020, and excludes service before that. The Plan Sponsor may still require the employee to satisfy any minimum age requirements, and can also decide whether LTPT employees will receive any portion of employer contributions.

Plan Amendment

Effective February 1, 2024, the Plan was amended for the Plan Administrator to allocate the employer matching contribution only to the participants directly employed by the contributing employer, to change the employer nonelective contributions to be allocated based on three participant classifications, and to change the vesting schedule on employer contributions to a six-year graded schedule for all participants with commencement dates after December 31, 2023.

Contributions

Each year, participants may contribute up to 75% of their annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans and a percentage of compensation as a Roth 401(k) deferral. Participants direct the investment of their contributions into various investment options offered by the Plan. The Employer, at its discretion, may match 50% of the amount that a participant contributes to the plan with a maximum annual match of \$500. Additional profit-sharing amounts may be contributed at the option of the Employer’s board of directors and are invested in a portfolio of investments as directed by the participants. Contributions are subject to certain limitations.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and an allocation of a) the Employer’s contribution and b) Plan earnings or losses, and charged with an allocation of any administrative expenses paid by the plan. Allocations are based on participant earnings, contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Vesting

Participants are immediately vested in their elective deferral contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of their account plus earnings thereon is based on years of continuous service. Participants hired prior to January 1, 2024 are 100% vested after three years of service. All other participants are 100% vested after six years of service. A participant's interest also becomes 100% vested upon death, reaching age 62, becoming permanently disabled while employed, or upon termination of the Plan.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to 15 years for the purchase of a primary residence. The loans are secured by 50% of the vested balance in the participant's account and are re-paid through weekly payroll deductions. The loans bear interest at a fixed rate equal to the Wall Street Journal Prime Rate plus 1% at the time of the loan.

Investment Options

Upon enrollment in the Plan, a participant may elect to have any portion of their account allocated to the investment options under the Plan. Participants may change their investment selections at any time and investments may be among thirty-seven various mutual funds and a guaranteed investment contract.

Forfeitures

Forfeited account balances will first be used to restore participants' accounts in accordance with the Plan document. Any remaining balance will be maintained in the Trust Fund and first be used to pay Plan expenses, with any remaining forfeitures to be used to reduce Employer contributions. There were no forfeitures used to reduce employer contributions during 2024. During 2023 there were \$448 of forfeitures used to reduce Employer contributions. During 2024 and 2023, \$16,340 and \$15,165 were used to pay plan audit fees, respectively.

Payment of Benefits

Upon termination of service, death, disability or retirement, a participant may receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount.

In-service distributions are allowed for participants who have reached age 59 ½, who have incurred a financial hardship, who have become disabled, who have attained 60 months of participation, or who request a qualified reservist distribution.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting. Under the accrual basis of accounting, revenues and expenses, other than benefit payments, together with the related assets and liabilities are recorded in the accounting period to which they apply, regardless of when the cash transaction occurred.

FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan administrators to make estimates and assumptions that affect the reported amounts of assets and liabilities and the reported amounts of additions and deductions during the reporting period, and disclosure of contingent assets and liabilities. The Plan administrator's most significant estimate relates to the valuation of investments. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 3 for discussion of fair value measurements.

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

As of December 31, 2024 and 2023, the Plan has a group annuity contract with Empower Annuity Insurance Company of America which consists of an unallocated investment in a guaranteed investment contract. The contract is not considered fully benefit responsive.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses and Fees

Certain expenses of maintaining the Plan are paid by the Plan and allocated to Plan participants on a pro-rata basis, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Administrative expenses paid by the Plan totaled \$59,330 and \$48,984 in 2024 and 2023, respectively.

Risks and Uncertainties

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

FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Subsequent Events

The Plan has evaluated all subsequent events for potential recognition and disclosure through July 16, 2025, the date these financial statements were available to be issued.

Note 3: Fair Value

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The following table presents the Plan's hierarchy for its assets measured at fair value on a recurring basis as of December 31, 2024:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual Funds	\$ 4,788,827	\$ 4,788,827	\$ -	\$ -
Guaranteed Investment Contract	<u>229,485</u>	<u>-</u>	<u>229,485</u>	<u>-</u>
Investments at Fair Value	<u>\$ 5,018,312</u>	<u>\$ 4,788,827</u>	<u>\$ 229,485</u>	<u>\$ -</u>

The following table presents the Plan's hierarchy for its assets measured at fair value on a recurring basis as of December 31, 2023:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual Funds	\$ 4,261,050	\$ 4,261,050	\$ -	\$ -
Guaranteed Investment Contract	<u>208,833</u>	<u>-</u>	<u>208,833</u>	<u>-</u>
Investments at Fair Value	<u>\$ 4,469,883</u>	<u>\$ 4,261,050</u>	<u>\$ 208,833</u>	<u>\$ -</u>

**FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

The following section describes the valuation methodologies the Plan uses to measure financial instruments at fair value:

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 SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Guaranteed Investment Contract: Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (see Note 5).

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

During 2024 and 2023, the Plan's investments (including realized gains and losses on investments bought, sold, and held during the year as well as unrealized appreciation (depreciation) of the investments held at the end of the year) appreciated in value by \$383,663 and \$519,368 in 2024 and 2023, respectively.

Note 4: Plan Termination

Although it has not expressed any intent to do so, the Employer has reserved the right to discontinue its contributions at any time and terminate the plan subject to the provisions of ERISA. In the event of termination, participants will become 100% vested in their accounts. Participants are always fully vested in their employee contributions and related earnings.

Note 5: Guaranteed Investment Contract with Empower Annuity Insurance Company of America

As of December 31, 2024 and 2023, the Plan held a group annuity contract with Empower Annuity Insurance Company of America. The group annuity contract, EI Fixed Account – Series Class I, is a fixed account that is part of the general account of Empower Annuity Insurance Company and is not considered fully benefit responsive. The methodology for calculating the interest credit rate is based on the earnings of the underlying assets in the entire medium long-term new portfolio compared to the minimum interest crediting rate (which will never be less than 0% as stated in the contract), and prevailing market conditions. Interest crediting rate is reset quarterly.

Note 6: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employee association or relatives of such person. Empower Retirement is the third-party administrator, and Empower Annuity Insurance Company of America and Empower Trust Company, LLC is the custodian and trustee of the Plan. They are by definition parties-in-interest and as a result, these investment transactions were with parties-in-interest.

FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Fees incurred by the Plan for investment management, other services paid to the third-party administrator and custodian and fees paid to other third-parties were \$59,330 in 2024 and \$48,984 in 2023, of which \$13,933 and \$11,963 were paid from revenue sharing funds maintained by the Plan. These transactions are exempt from being prohibited transactions under ERISA.

Note 7: Tax Status

The IRS has informed the Employer by an opinion letter dated November 14, 2022, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no open audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Note 8: Information Prepared and Certified by Custodians and Trustee

All assets of the Plan are held by Empower Trust Company, LLC and Empower Annuity Insurance Company of America, the custodian and trustee. Empower Retirement serves as the third-party administrator and record-keeper of the Plan. All investment information and notes receivable from participants that are disclosed in the accompanying financial statements and supplemental information, including investments held at December 31, 2024 and 2023, net change in fair value of investments, and interest and dividends for the years ended December 31, 2024 and 2023, was obtained or derived from information supplied to the Plan's administrator and certified as complete and accurate by the trustee and custodian.

Note 9: Reconciliation with Form 5500

Certain amounts reported in the Plan's annual Form 5500 for changes in net assets available for benefits are different from the amounts reported in the accompanying financial statements. These differences are due to different presentation of investment income but have no effect on the net assets of the Plan.

The following is a reconciliation of the net changes in net assets per the financial statements for the year ended December 31, 2023 to Schedule H of Form 5500:

Net Increase in Net Assets per the Financial Statements	\$ 678,789
Plus (Less): Employer Contribution Receivable At December 31, 2022	<u>449</u>
Net Increase In Net Assets per Schedule H of Form 5500	<u>\$ 679,238</u>

SUPPLEMENTAL SCHEDULES

**FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)

EIN: 71-0507441 PLAN: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Mutual Funds:				
TIAA-CREF Lifecycle Index Ret Inc Inst	Value of Interest in Registered Investment Companies	**	\$	55,309
TIAA-CREF Lifecycle Index 2020 Inst	Value of Interest in Registered Investment Companies	**		537
TIAA-CREF Lifecycle Index 2025 Inst	Value of Interest in Registered Investment Companies	**		141,626
TIAA-CREF Lifecycle Index 2030 Inst	Value of Interest in Registered Investment Companies	**		455,217
TIAA-CREF Lifecycle Index 2035 Inst	Value of Interest in Registered Investment Companies	**		68,425
TIAA-CREF Lifecycle Index 2040 Inst	Value of Interest in Registered Investment Companies	**		843,646
TIAA-CREF Lifecycle Index 2045 Inst	Value of Interest in Registered Investment Companies	**		95,478
TIAA-CREF Lifecycle Index 2050 Inst	Value of Interest in Registered Investment Companies	**		375,417
TIAA-CREF Lifecycle Index 2055 Inst	Value of Interest in Registered Investment Companies	**		116,228
TIAA-CREF Lifecycle Index 2060 Inst	Value of Interest in Registered Investment Companies	**		114,344
TIAA-CREF Lifecycle Index 2065 Inst	Value of Interest in Registered Investment Companies	**		112,313
American Funds EuroPacific Gr R6	Value of Interest in Registered Investment Companies	**		194,758
American Funds New World R6	Value of Interest in Registered Investment Companies	**		36,218
Fidelity Emerging Markets Index	Value of Interest in Registered Investment Companies	**		36,015
Fidelity International Index	Value of Interest in Registered Investment Companies	**		87,764
Cohen & Steers Real Estate Securities A	Value of Interest in Registered Investment Companies	**		22,132
Fidelity Small Cap Index	Value of Interest in Registered Investment Companies	**		29,700
Fidelity Small Cap Growth Index	Value of Interest in Registered Investment Companies	**		2,061
Fidelity Small Cap Value Index	Value of Interest in Registered Investment Companies	**		19,438
JPMorgan Small Cap Growth R6	Value of Interest in Registered Investment Companies	**		2,947
Wells Fargo Special Small Cap Value A	Value of Interest in Registered Investment Companies	**		32,472
Carillon Eagle Mid Cap Growth A	Value of Interest in Registered Investment Companies	**		431,145

**FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)

EIN: 71-0507441 PLAN: 001

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Fidelity Mid Cap Value Index	Value of Interest in Registered Investment Companies	**	1,245	
Fidelity Mid Cap Index	Value of Interest in Registered Investment Companies	**	23,048	
Fidelity Mid Cap Growth Index	Value of Interest in Registered Investment Companies	**	10,570	
Wells Fargo Spec Md Cp Val A	Value of Interest in Registered Investment Companies	**	85,542	
Fidelity Large Cap Growth Index	Value of Interest in Registered Investment Companies	**	23,564	
Fidelity Large Cap Value Index	Value of Interest in Registered Investment Companies	**	34,056	
Fidelity 500 Index	Value of Interest in Registered Investment Companies	**	651,561	
MFS Value R6	Value of Interest in Registered Investment Companies	**	73,195	
APA Global Bond A	Value of Interest in Registered Investment Companies	**	2	
MFS Massachusetts Investors Gr Stk R6	Value of Interest in Registered Investment Companies	**	306,638	
Federated Hermes Instl High Yield Bd R6	Value of Interest in Registered Investment Companies	**	7,934	
Fidelity Inflation Protected Bond Index	Value of Interest in Registered Investment Companies	**	54,835	
Fidelity Intermediate Treasury Bond IDX	Value of Interest in Registered Investment Companies	**	30,370	
Fidelity US Bond Index	Value of Interest in Registered Investment Companies	**	43,501	
JPMorgan Core Bond R6	Value of Interest in Registered Investment Companies	**	169,576	
			<u>4,788,827</u>	
* Guaranteed Investment Contract: EI Fixed Account - Series Class I	Value of Interest in Guaranteed Interest Contract	**	229,485	
* Notes Receivable from Participants	Secured by Vested Benefits with Interest Rates Ranging from 4.25% to 9.50%		<u>289,104</u>	
Total Assets Held at Year-End			<u>\$ 5,307,416</u>	

* Parties in Interest

** Column (d) is not Applicable for Participant-Directed Investments

**FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)

EIN: 71-0507441 PLAN: 001

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Mutual Funds:				
TIAA-CREF Lifecycle Index Ret Inc Inst	Value of Interest in Registered Investment Companies	**	\$	60,429
TIAA-CREF Lifecycle Index 2020 Inst	Value of Interest in Registered Investment Companies	**		498
TIAA-CREF Lifecycle Index 2025 Inst	Value of Interest in Registered Investment Companies	**		164,843
TIAA-CREF Lifecycle Index 2030 Inst	Value of Interest in Registered Investment Companies	**		424,524
TIAA-CREF Lifecycle Index 2035 Inst	Value of Interest in Registered Investment Companies	**		55,925
TIAA-CREF Lifecycle Index 2040 Inst	Value of Interest in Registered Investment Companies	**		766,705
TIAA-CREF Lifecycle Index 2045 Inst	Value of Interest in Registered Investment Companies	**		65,989
TIAA-CREF Lifecycle Index 2050 Inst	Value of Interest in Registered Investment Companies	**		399,361
TIAA-CREF Lifecycle Index 2055 Inst	Value of Interest in Registered Investment Companies	**		119,370
TIAA-CREF Lifecycle Index 2060 Inst	Value of Interest in Registered Investment Companies	**		56,299
TIAA-CREF Lifecycle Index 2065 Inst	Value of Interest in Registered Investment Companies	**		85,972
American Funds EuroPacific Gr R6	Value of Interest in Registered Investment Companies	**		200,761
American Funds New World R6	Value of Interest in Registered Investment Companies	**		52,911
Fidelity International Index	Value of Interest in Registered Investment Companies	**		65,493
Cohen & Steers Real Estate Securities A	Value of Interest in Registered Investment Companies	**		13,756
Fidelity Small Cap Index	Value of Interest in Registered Investment Companies	**		29,887
JPMorgan Small Cap Growth R6	Value of Interest in Registered Investment Companies	**		1,955
Wells Fargo Special Small Cap Value A	Value of Interest in Registered Investment Companies	**		28,911
Carillon Eagle Mid Cap Growth A	Value of Interest in Registered Investment Companies	**		365,110
Fidelity Mid Cap Index	Value of Interest in Registered Investment Companies	**		30,112
Wells Fargo Spec Md Cp Val A	Value of Interest in Registered Investment Companies	**		69,613

**FLEMING ELECTRIC, INC.
401(k) PROFIT SHARING PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)

EIN: 71-0507441 PLAN: 001

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
<u>Identify of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Fidelity 500 Index	Value of Interest in Registered Investment Companies	**	564,273	
MFS Value R6	Value of Interest in Registered Investment Companies	**	70,810	
MFS Massachusetts Investors Gr Stk R6	Value of Interest in Registered Investment Companies	**	330,846	
Federated Hermes Instl High Yield Bd R6	Value of Interest in Registered Investment Companies	**	7,200	
Fidelity Inflation Protected Bond Index	Value of Interest in Registered Investment Companies	**	50,255	
Fidelity Intermediate Treasury Bond IDX	Value of Interest in Registered Investment Companies	**	17,549	
APA Global Bond A	Value of Interest in Registered Investment Companies	**	4,284	
JPMorgan Core Bond R6	Value of Interest in Registered Investment Companies	**	157,409	
			<u>4,261,050</u>	
* Guaranteed Investment Contract:				
EI Fixed Account - Series Class I	Value of Interest in Guaranteed Interest Contract	**	208,833	
* Notes Receivable from Participants	Secured by Vested Benefits with Interest Rates Ranging from 4.25% to 9.50%		<u>141,583</u>	
			<u>\$ 4,611,466</u>	

* Parties in Interest

** Column (d) is not Applicable for Participant-Directed Investments

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Fleming Electric, Inc. 401(k) Profit Sharing Plan

01-JAN-24 to 31-DEC-24

20-JAN-25 22:03:03

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
ITRILX			54,830.49	55,309.23
ITLWIX			512.78	537.19
ITLQIX			133,058.23	141,625.88
ITLHIX			397,277.49	455,216.54
ITLYIX			60,836.21	68,424.75
ITLZIX			683,790.75	843,645.62
ITLXIX			81,351.70	95,478.07
ITLLIX			298,259.33	375,416.50
ITTHIX			100,154.36	116,227.92
ITVHIX			103,096.92	114,343.89
ITFITX			99,972.90	112,313.28
IRREGX			200,789.53	194,757.95
IRNWGX			35,474.15	36,217.65
IFPADX			37,945.76	36,014.73
IFSPSX			86,629.05	87,764.38
ICSEIX			23,064.83	22,131.79
IFSSNX			26,510.31	29,699.82
IFECGX			2,158.14	2,061.01
IFISVX			20,817.76	19,438.07
IJGSMX			3,064.84	2,946.53
IESPAX			29,868.63	32,472.15
IHAGAX			448,041.03	431,144.77
IFIMVX			1,310.90	1,245.13
IFSM DX			20,935.18	23,047.61
IFMDGX			10,945.71	10,569.83
IWFPAX			76,434.72	85,542.29
IFSPGX			23,030.97	23,564.27
IFLCOX			36,146.29	34,055.78
IFXAIX			408,562.25	651,560.80
IMIGNX			261,107.92	306,637.93
IMEIKX			71,090.15	73,195.34
IANAGX			2.35	2.33
IFIHLX			8,037.39	7,934.21
IFIPDX			60,575.34	54,835.35
IFUAMX			30,956.17	30,370.22
IFXNAX			44,032.96	43,501.43
IJBUX			190,941.80	169,576.49
IGWAQ35		1.450	196,836.94	204,081.52
			4,368,452.23	4,992,908.25
PARTICIPANT LOANS	VARIOUS	4.250-9.500	288,944.72	289,103.82
FORFEITURES			24,705.51	25,403.36

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Fleming Electric, Inc. 401(k) Profit Sharing Plan

01-JAN-24 to 31-DEC-24

20-JAN-25 22:03:03

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1TRILX	Nuveen Lifecycle Index Retirement Inc R6	1TLWIX	Nuveen Lifecycle Index 2020 R6
1TLQIX	Nuveen Lifecycle Index 2025 R6	1TLHIX	Nuveen Lifecycle Index 2030 R6
1TLYIX	Nuveen Lifecycle Index 2035 R6	1TLZIX	Nuveen Lifecycle Index 2040 R6
1TLXIX	Nuveen Lifecycle Index 2045 R6	1TLLIX	Nuveen Lifecycle Index 2050 R6
1TTIIX	Nuveen Lifecycle Index 2055 R6	1TVIIX	Nuveen Lifecycle Index 2060 R6
1TFITX	Nuveen Lifecycle Index 2065 R6	1RERGX	American Funds EuroPacific Gr R6
1RNWGX	American Funds New World R6	1FPADX	Fidelity Emerging Markets Index
1FSPSX	Fidelity International Index	1CSEIX	Cohen & Steers Real Estate Securities A
1FSSNX	Fidelity Small Cap Index	1FECGX	Fidelity Small Cap Growth Index
1FISVX	Fidelity Small Cap Value Index	1JGSMX	JPMorgan Small Cap Growth R6
1ESPAX	Allspring Special Small Cap Value A	1HAGAX	Carillon Eagle Mid Cap Growth A
1FIMVX	Fidelity Mid Cap Value Index	1FSMDX	Fidelity Mid Cap Index
1FMDGX	Fidelity Mid Cap Growth Index	1WFPAX	Allspring Special Mid Cap Value A
1FSPGX	Fidelity Large Cap Growth Index	1FLCOX	Fidelity Large Cap Value Index
1FXAIX	Fidelity 500 Index	1MIGNX	MFS Massachusetts Investors Gr Stk R6
1MEIKX	MFS Value R6	1ANAGX	AB Global Bond A
1FIHLX	Federated Hermes Instl High Yield Bd R6	1FIPDX	Fidelity Inflation Protected Bond Index
1FUAMX	Fidelity Intermediate Treasury Bond Idx	1FXNAX	Fidelity US Bond Index
1JCBUX	JPMorgan Core Bond R6	1GWAQ35	EI Fixed Account - Series Class I

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year