

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 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

1a Name of plan <u>MEB GENERAL CONTRACTORS, 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>MEB GENERAL CONTRACTORS, INC.</u> <u>4016 HOLLAND BOULEVARD</u> <u>P.O. BOX 6748</u> <u>CHESAPEAKE, VA 23323</u>	1c Effective date of plan <u>01/01/1988</u> 2b Employer Identification Number (EIN) <u>54-1194996</u> 2c Plan Sponsor's telephone number <u>757-487-5858</u> 2d Business code (see instructions) <u>237990</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.	08/19/2025	GEORGE B.CLARK, IV
	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	307
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)	303
	6a(2)	327
	6b	2
	6c	76
	6d	405
	6e	0
	6f	405
	6g(1)	223
	6g(2)	318
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 2T 3D 2S

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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 MEB GENERAL CONTRACTORS, 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 MEB GENERAL CONTRACTORS, INC.</p>	<p>D Employer Identification Number (EIN) 54-1194996</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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP=LW6I	318	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	

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	560329
5	Current value of plan's interest under this contract in separate accounts at year end.....	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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 990436
c	(1) Contributions deposited during the year	7c(1) 67005
	(2) Dividends and credits.....	7c(2) 549
	(3) Interest credited during the year.....	7c(3) 16036
	(4) Transferred from separate account	7c(4) 0
	(5) Other (specify below)..... ▶ GIO	7c(5) 7353
	(6) Total additions	7c(6) 90943
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1081379
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 10659
	(2) Administration charge made by carrier.....	7e(2) 753
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶ GIO	7e(4) 509638
(5) Total deductions	7e(5) 521050	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 560329

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.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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 MEB GENERAL CONTRACTORS, 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 MEB GENERAL CONTRACTORS, INC.	D Employer Identification Number (EIN) 54-1194996	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 37 36	TRUST RECORDKEEPER	41064	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

(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)
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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.	<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 MEB GENERAL CONTRACTORS, 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 MEB GENERAL CONTRACTORS, INC.	D Employer Identification Number (EIN) 54-1194996

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	61825
(2) Participant contributions	1b(2)	26220
(3) Other	1b(3)	5306
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	506299
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29885677
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	990436
(15) Other.....	1c(15)	500509

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	31475763	37472866
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	31475763	37472866

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)	719147	
(B) Participants.....	2a(1)(B)	1999583	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2718730
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	38167	
(F) Other.....	2b(1)(F)	16586	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		54753
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	26397	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		26397
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4197037
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6996917

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	958750	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		958750
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	41064	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		41064
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		999814

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5997103
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: **CREEDLE JONES & ASSOCIATES**

(2) EIN: **54-1464038**

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		1500000
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.	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 <u>MEB GENERAL CONTRACTORS, 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>MEB GENERAL CONTRACTORS, INC.</u>	D Employer Identification Number (EIN) <u>54-1194996</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): 31-1592130

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702763A.

***MEB General Contractors, Inc.
401(k) Profit Sharing Plan***

***Report on Audit of Financial Statements
and Supplemental Schedule***

Years Ended December 31, 2024 and 2023



***Creedle, Jones
& Associates, P.C.
Certified Public Accountants***

**MEB General Contractors, Inc.
401(k) Profit Sharing Plan**

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**Creedle
Jones
& Associates**

A Professional Corporation

*Robin B. Jones, CPA, CFP
Kimberly W. Jackson, CPA*

Sherwood H. Creedle, Founder

*Members of
American Institute of Certified Public Accountants
Virginia Society of Certified Public Accountants*

INDEPENDENT AUDITOR'S REPORT

To the Trustee and Plan Administrator
of the MEB General Contractors, 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 MEB General Contractors, Inc. 401(k) Profit Sharing Plan ("Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of MEB General Contractors, Inc. 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 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 the modified cash basis of accounting.
- 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 MEB General Contractors, 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 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 MEB General Contractors, 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 MEB General Contractors, 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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 Matters - Supplemental Schedule Required by ERISA

The supplemental schedule (modified cash basis) of Schedule H, line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule 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 schedule (modified cash basis), we evaluated whether the supplemental schedule (modified cash basis), other than the information agreed to or derived from the certified investment information, including their form and content, is 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 schedule (modified cash basis), other than the information in the supplemental schedule (modified cash basis) that agreed to or is derived from the certified investment information, is 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 schedule (modified cash basis) 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).

Credle, Jones & Associates, P.C.

Credle, Jones & Associates, P.C.
Certified Public Accountants

**MEB General Contractors, Inc.
401(k) Profit Sharing Plan**

Statements of Net Assets Available for Benefits
(Modified Cash Basis)

As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash and Investments		
<i>At Fair Value</i>		
Mutual funds	\$ 36,412,028	\$ 29,885,677
<i>At Contract Value</i>		
Fixed select contract	<u>560,329</u>	<u>990,436</u>
Total Cash and Investments	<u>36,972,357</u>	30,876,113
Receivables		
Notes receivable from participants	<u>500,509</u>	<u>506,286</u>
Total Receivables	<u>500,509</u>	506,286
Total Assets	<u>37,472,866</u>	<u>31,382,399</u>
Net Assets Available for Benefits	<u>\$ 37,472,866</u>	<u>\$ 31,382,399</u>

See independent auditor's report and accompanying notes to the financial statements.

MEB General Contractors, Inc.
401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
(Modified Cash Basis)

For the Year Ended December 31, 2024

Additions

Additions (Deductions) to Net Assets Attributed to

Net appreciation (depreciation) in fair value of investments	\$ 4,195,428	
Dividends and capital gains	26,397	<u> </u>
Total Additions (Deductions) to Net Assets After Investment Expenses		4,221,825
Interest income on notes receivable from participants		38,167
Other interest income		16,586
<i>Contributions</i>		
Participants'		2,019,803
Employer's		793,900
		<u> </u>
Total Contributions		2,813,703
Total Additions (Deductions)		7,090,281

Deductions

Deductions from Net Assets Attributed to

Benefits paid to participants	958,750	
Fees	41,064	<u> </u>
Total Deductions		999,814
Net Increase (Decrease)		6,090,467
Net Assets Available for Benefits		
Beginning of Year		<u>31,382,399</u>
End of Year		<u>\$ 37,472,866</u>

See independent auditor's report and accompanying notes to the financial statements.

**MEB General Contractors, Inc.
401(k) Profit Sharing Plan**

Notes to the Financial Statements

Years Ended December 31, 2024 and 2023

1 Description of Plan

The following description of the MEB General Contractors, Inc. 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, more specifically, a salary reduction plan often referred to as a 401(k) plan, covering all full-time employees of the Company who have six months of service and are age twenty-one or older. Employees may enter the Plan on January 1, April 1, July 1, or October 1 which follows when they met the eligibility requirement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Company, and the Company has appointed one member of management as Trustee.

Contributions

Each year, participants may contribute up to the maximum required by law, as defined by the Plan (\$23,000 for 2024). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions (\$7,500 for 2024). Participants may also contribute amounts representing distributions from other qualified plans and certain individual retirement accounts. Participants direct the investment of their contributions into various investment options offered by the Plan. Participant contributions, net of excess contributions, totaled \$2,019,803 during the year ended December 31, 2024. The Company contributes or matches 50% of the employees' salary reduction election up to an election of 6%. Additional discretionary contributions can be made by the Company at the option of the Company's Board of Directors. Total employer matching contributions, net of forfeitures, were \$793,900 during the year ended December 31, 2024. Participants direct all contributions into various investment options offered by the Plan. Rollover contributions were \$-0- for 2024.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participant's nonvested accounts and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
-------------------------	---------------------------

<2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by the excess, if any, of the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date of the new loan over the current outstanding balance of loans as of the date of the new loan or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the Investment Fund from (to) the Participant Loans Fund. Loan terms range from 1-5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Principal and interest are paid ratably through weekly or bi-weekly payroll deductions, depending on whether the employee is hourly or salaried.

Excess Contributions Payable

Amounts payable to participants totaling \$5,000 for contributions in excess of amounts allowed by the IRS are recorded as accounts payable, with a corresponding reduction to contributions. There were no excess contributions payable in 2024.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant will be entitled to receive a lump-sum amount or installments equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or installments. If the participant's account balance does not exceed \$1,000, a distribution will be paid regardless of whether the participant has consented to receipt of amount.

Withdrawals

Withdrawals for financial hardships are permitted provided they are for a severe and immediate financial need and the distribution is necessary to satisfy that need.

In-service withdrawals are also permitted, allowing participants who have reached age 59 ½ or older to obtain withdrawals of pre-tax and rollover accounts.

Forfeited Accounts

At December 31, 2024, forfeited nonvested accounts totaled \$6,951. These accounts are first used to pay any administrative expenses and any remaining forfeitures are used to reduce employer contributions. In 2024, administrative expenses of \$-0- were paid with forfeited nonvested accounts. In addition, employer contributions were reduced by \$19,698 in 2024 from forfeited nonvested accounts.

2 Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Contributions and distributions are recorded when received and paid, respectively. As such, the related receivables and payables are not reflected in the financial statements. Loans to participants are reported at their unpaid principal balances excluding any unpaid interest as described below in *Notes Receivable from Participants*. Furthermore, investments are stated at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan. See further discussion below in *Investment Valuation and Income Recognition*.

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's committee determines the Plan's valuation policies utilizing information provided by the investment adviser and insurance company/custodian. See Note 6 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances excluding any unpaid interest. Interest income is recorded on the cash basis. Related fees are recorded as administrative expenses and are expensed when they are paid. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan sponsor and are excluded from these financial statements. Investment related expenses of \$41,064 paid during the year ended December 31, 2024 are included in the net appreciation of fair value of investments on the Form 5500, but reported separately in the financial statements.

Date of Management's Review of Subsequent Events

Subsequent events were evaluated through July 28, 2025, which is the date the financial statements were available to be issued.

3 Plan Termination

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

4 Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 30, 2020 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 prototype sponsor, 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.

The Plan believes that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

5 Information Prepared and Certified by Custodian

The Plan Administrator has elected the alternative method of compliance as permitted by 29 CFR 2520.103.8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, the investment information certified by Nationwide Trust Company, FSB, a division of Nationwide Bank was not audited by the independent auditors except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule. The Plan's financial information, including cash and investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, dividends, and capital gains, as well as interest income, for the years ended December 31, 2024 and 2023 was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Nationwide Trust Company, FSB, a division of Nationwide Bank, Custodian.

Certification recap chart:

	<u>2024</u>	<u>2023</u>
Investments, at Fair Value		
Mutual funds	\$ 36,412,028	\$ 29,885,677
Fixed select contract	560,329	990,436
Notes Receivable	500,509	506,286
Investment Income (Loss) - Net of Investment Expense	4,221,825	4,514,925
Interest Income on Notes Receivable	38,167	37,321

6 Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits, except for fully benefit-responsive investment contracts, which are reported at contract value. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. The Employer Plan Sponsor determines the Plan's valuation policies. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

The mutual funds are reported at fair market value, which is determined based on the net asset value per share.

Money market funds are treated as cash, but consist of short-term obligations issued by governments, corporations, or financial institutions with a primary concentration in U.S. government securities and repurchase agreements. The fund seeks to maintain a stable price of \$1.00 per share.

Level 2 Fair Value Measurements

The fair value of corporate bonds and U.S. government securities are valued using a market approach based on yields currently available on comparable securities of issuers with similar credit ratings. Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less an appropriate discount. The fair value of the certificates of deposit is based on amortized cost or original cost plus accrued interest.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	Fair Value Measurements at the End of the Reporting Period Using			Total
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	
December 31, 2024				
Mutual funds	\$ 36,412,028	\$ 36,412,028	\$ -	\$ 36,412,028
Fixed select contract	<u>560,329</u>	<u>560,329</u>	-	<u>560,329</u>
Total Assets at Fair Value	<u>\$ 36,972,357</u>	<u>\$ 36,972,357</u>	<u>\$ -</u>	<u>\$ 36,972,357</u>
December 31, 2023				
Mutual funds	\$ 29,885,677	\$ 29,885,677	\$ -	\$ 29,885,677
Fixed select contract	<u>990,436</u>	<u>990,436</u>	-	<u>990,436</u>
Total Assets at Fair Value	<u>\$ 30,876,113</u>	<u>\$ 30,876,113</u>	<u>\$ -</u>	<u>\$ 30,876,113</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2024 and 2023 are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers of investments into or out of Level 3. For the years ended December 31, 2024 and 2023, there were no significant transfers of investments into or out of Level 3.

7 **Guaranteed Investment Contract with Insurance Company**

The Plan entered into a group annuity contract with Nationwide Life Insurance Company totaling \$560,329 in 2024. Nationwide Life Insurance Company maintains the contributions in a general account. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The interest rate will be reviewed, and changed, if applicable, each calendar quarter based upon an interest rate calculated by Nationwide Life Insurance Company and credited to the Guaranteed Fund. Any change in the interest rate will be effective at the beginning of each calendar quarter. For proposals generated less than 30 days prior to the end of the calendar quarter noted above, the rate noted above will be credited to the contract, unless the subsequent calendar quarter rate is higher, in which case the higher rate will apply. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Nationwide Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would also limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

8 Excess Contributions and Earnings Paid

Excess contributions and earnings paid during 2024 of \$-0- represent amounts withheld from participants in excess of IRC limitations that are required to be refunded. Excess contributions and earnings are netted against contributions and net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

9 Related-Party Transactions

Nationwide Trust Company, FSB, a division of Nationwide Bank, provides full service administration and investing for the Plan. Given that Plan investments are managed by Nationwide Trust Company, FSB, a division of Nationwide Bank, these transactions qualify as party-in-interest transactions. The Plan investments have internal expenses that compensate each party.

During the year ended December 31, 2024, the Plan paid fees of \$41,064. Custodial fees of \$500 were paid by the Plan sponsor in 2024.

10 Risks and Uncertainties

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

11 Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits, additions, and deductions per the financial statements at December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 37,472,866	\$ 31,382,399
Employee contribution receivable	-	26,220
Employer contribution receivable	-	61,825
Timing on participant loan activity	-	13
Other receivable - interest on notes receivable from participants	-	572
Notes receivable from participants - principal portion receivable	-	4,734
	<hr/>	<hr/>
Net Assets Available for Benefits per Form 5500	<u>\$ 37,472,866</u>	<u>\$ 31,475,763</u>
Total additions (deductions) per the financial statements	\$ 7,090,281	\$ 7,149,852
Difference in contributions due to accruals	(94,973)	27,460
Net investment income (loss) differences due to accruals	1,609	6,114
Forfeiture withdrawal applied to contributions	-	15,179
	<hr/>	<hr/>
Total Income (Loss) per the Form 5500	<u>\$ 6,996,917</u>	<u>\$ 7,198,605</u>
Total deductions per the financial statements	\$ 999,814	\$ 2,739,631
Fees	-	(139,918)
Benefit payments	-	90,290
Miscellaneous deductions	-	35,816
	<hr/>	<hr/>
Total Deductions per the Form 5500	<u>\$ 999,814</u>	<u>\$ 2,725,819</u>
Net Income (Loss) per the Form 5500	<u>\$ 5,997,103</u>	<u>\$ 4,472,786</u>

MEB General Contractors, Inc.
401(k) Profit Sharing Plan

EIN: 54-1194996 Plan: 001

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

For the Year Ended December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	# Units of Investment	Name of Investment	Current Value 2024
Mutual Funds			
Nationwide Life Insurance Company*	819.1899	Ab Gbl Bd I	\$ 934
Nationwide Life Insurance Company*	13,719.4058	Ab Gbl BI Bd Z	13,644
Nationwide Life Insurance Company*	58,642.1509	Amfids New Wld R6	139,926
Nationwide Life Insurance Company*	74,161.3772	Amfids Wshngtn Mut Inv R6	213,690
Nationwide Life Insurance Company*	1,668,232.8333	Artisan Intl Val Inst	2,864,297
Nationwide Life Insurance Company*	131,364.6609	Awts Emrg Mkt Eq Inst	133,226
Nationwide Life Insurance Company*	112,015.5338	Awts US LgCap Val Inst	148,467
Nationwide Life Insurance Company*	31,299.8222	Awts US Smcap Val Inst	43,348
Nationwide Life Insurance Company*	506,716.3582	Baird Cor Pls Bd Inst	567,226
Nationwide Life Insurance Company*	2,681,107.8673	Blkrk 80/20 TrgtAlloc Inst	5,588,766
Nationwide Life Insurance Company*	24,386.9348	Blackrock High Yield Portfolio - C	46,012
Nationwide Life Insurance Company*	4,528.5874	Blkrk Mdcap Gr Eq Inst	13,394
Nationwide Life Insurance Company*	1,576.5593	Blkrk Ttl Rtn K	1,672
Nationwide Life Insurance Company*	121,763.3717	Brwnadv Sustnbl Gr Inst	179,961
Nationwide Life Insurance Company*	18,540.1243	Cohenstrs Realest Sec Inst	29,044
Nationwide Life Insurance Company*	759.4790	Col Conv Sec Inst2	1,672
Nationwide Life Insurance Company*	3,994.5546	Dfa Emrg Mkts Core Eq 2 Portfolio	6,493
Nationwide Life Insurance Company*	144,412.3693	Dfa Intl LgCap Gr	139,086
Nationwide Life Insurance Company*	44,502.0627	Diamond Hill Mdcap I	82,529
Nationwide Life Insurance Company*	91,806.5008	Dodgecox Intl Stk Class I	178,850
Nationwide Life Insurance Company*	23,908.0707	Fed Hrms Gov Oblgtns Pmr	27,160
Nationwide Life Insurance Company*	83,438.2216	Fed Hrms Inst Hiyldbd Inst	145,664
Nationwide Life Insurance Company*	35.8934	Fed Hrms Shintdlrbd Inst	41
Nationwide Life Insurance Company*	748,413.2335	Fid 500 Indx	1,739,731
Nationwide Life Insurance Company*	34.6860	Fid Intl Prtcl Bd Indx	40
Nationwide Life Insurance Company*	127,906.7298	Fid Intl Indx	176,069
Nationwide Life Insurance Company*	199,134.4278	Fid Us Bd Indx	204,767
Nationwide Life Insurance Company*	148,567.4179	Gdmnscs Gqgptnrntloppr R6	175,979
Nationwide Life Insurance Company*	72,049.2429	Jpm Eq Inc R5	137,745
Nationwide Life Insurance Company*	106,044.4846	Jpm Lgcap Gr R6	487,482
Nationwide Life Insurance Company*	66,187.5647	Legal & General Commodity Strat FD	66,564
Nationwide Life Insurance Company*	29,274.1618	Leggm Clrbtdg Lgcap Gr I	104,541
Nationwide Life Insurance Company*	44,623.8652	Mfs Mdcap Gr R6	83,566
Nationwide Life Insurance Company*	899,433.3910	Nw Geneva Smcapgr Inst Svc	2,111,297
Nationwide Life Insurance Company*	57,504.1993	Nw Loomis Allcap Gr R6	164,672
Nationwide Life Insurance Company*	76,490.7347	Pgim Ttl Rtn Bd R6	83,063
Nationwide Life Insurance Company*	23,170.6261	Pimco Real Rtn Inst	39,639
Nationwide Life Insurance Company*	4,752.8675	Pimcocomdyrealtrstratinst	3,838
Nationwide Life Insurance Company*	28.2685	Pimco Intl Bdustrlrdginst	42
Nationwide Life Insurance Company*	95,657.5559	Pmncpl Gbl Realest R6	80,432
Nationwide Life Insurance Company*	146,494.2028	Pmncpl Mdcap R6	192,151
Nationwide Life Insurance Company*	994,189.5379	Putnam Large Cap Growth Fund - CLA	3,468,250
Nationwide Life Insurance Company*	354,715.9549	Nuveen Lifecycle Index 2015 Fund	524,645
Nationwide Life Insurance Company*	66,712.3620	Nuveen Lifecycle Index 2020 Fund	102,024
Nationwide Life Insurance Company*	381,804.7128	Nuveen Lifecycle Index 2025 Fund	612,166
Nationwide Life Insurance Company*	488,208.7786	Nuveen Lifecycle Index 2030 Fund	824,551
Nationwide Life Insurance Company*	971,122.9682	Nuveen Lifecycle Index 2035 Fund - C	1,733,440
Nationwide Life Insurance Company*	970,750.1981	Nuveen Lifecycle Index 2040 Fund	1,841,226
Nationwide Life Insurance Company*	321,603.3409	Nuveen Lifecycle Index 2045 Fund	636,871
Nationwide Life Insurance Company*	316,807.2774	Nuveen Lifecycle Index 2050 Fund	635,957
Nationwide Life Insurance Company*	112,945.5537	Nuveen Lifecycle Index 2055 Fund	228,527
Nationwide Life Insurance Company*	289,445.1740	Nuveen Lifecycle Index 2060 Fund	590,763
Nationwide Life Insurance Company*	129,079.9397	Nuveen Lifecycle Index 2065 Fund	168,983
Nationwide Life Insurance Company*	1,226,732.3578	State Street Balanced Index Fund K	1,236,530
Nationwide Life Insurance Company*	40,580.8947	Trowepr Blue Chip Gr	161,482
Nationwide Life Insurance Company*	670,391.3443	Vic Syc Estblshd Val I	2,221,317
Nationwide Life Insurance Company*	7,174.3580	Vngrd 500 Index Fd As	24,568
Nationwide Life Insurance Company*	16,853.3560	Vngrd Explr Adml	43,885
Nationwide Life Insurance Company*	323,730.8211	Vngrd Gnma Adml	330,532
Nationwide Life Insurance Company*	2,836.8682	Vngrd Trgt Rtrmt 2025 Inv	6,496
Nationwide Life Insurance Company*	31,683.6009	Vngrd Trgt Rtrmt 2060 Inv	95,963
Nationwide Life Insurance Company*	107,713.4464	Vngrd Ttl Intl Bd Idx Adml	124,049
Nationwide Life Insurance Company*	169,086.5593	Vngrd Ttl Intlstkindx Adml	264,380
Nationwide Life Insurance Company*	278,192.1455	Vngrd Ttl Stmkt Indx Fd As	912,466
Nationwide Life Insurance Company*	1,316,398.3923	Vngrd Wndsr Adml	2,471,842
Nationwide Life Insurance Company*	479,857.7581	Vngrd Wlsly Inc Adml	764,426
Total Mutual Funds			36,412,028
	Unallocated Insurance Contracts	NW Fixed Select Option	560,329
Participant Loans*		Notes receivable from participants - interest rates range from 4.25% to 10.50%	500,509
		Total	\$ 37,472,866

*Indicates party-in-interest transaction as defined by ERISA, not a prohibited transaction

Note: All of the Plan's investment choices are participant-directed; therefore, cost information has not been presented.

See accompanying independent auditor's report.

MEB General Contractors, Inc.
401(k) Profit Sharing Plan

EIN: 54-1194996 Plan: 001

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

For the Year Ended December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	# Units of Investment	Name of Investment	Current Value 2024
Mutual Funds			
Nationwide Life Insurance Company*	819.1899	Ab Gbl Bd I	\$ 934
Nationwide Life Insurance Company*	13,719.4058	Ab Gbl BI Bd Z	13,644
Nationwide Life Insurance Company*	58,642.1509	Amfids New Wld R6	139,926
Nationwide Life Insurance Company*	74,161.3772	Amfids Wshngtn Mut Inv R6	213,690
Nationwide Life Insurance Company*	1,668,232.8333	Artisan Intl Val Inst	2,864,297
Nationwide Life Insurance Company*	131,364.6609	Awts Emrg Mkt Eq Inst	133,226
Nationwide Life Insurance Company*	112,015.5338	Awts US LgCap Val Inst	148,467
Nationwide Life Insurance Company*	31,299.8222	Awts US Smcap Val Inst	43,348
Nationwide Life Insurance Company*	506,716.3582	Baird Cor Pls Bd Inst	567,226
Nationwide Life Insurance Company*	2,681,107.8673	Blkrk 80/20 TrgtAlloc Inst	5,588,766
Nationwide Life Insurance Company*	24,386.9348	Blackrock High Yield Portfolio - C	46,012
Nationwide Life Insurance Company*	4,528.5874	Blkrk Mdcap Gr Eq Inst	13,394
Nationwide Life Insurance Company*	1,576.5593	Blkrk Ttl Rtn K	1,672
Nationwide Life Insurance Company*	121,763.3717	Brwnadv Sustnbl Gr Inst	179,961
Nationwide Life Insurance Company*	18,540.1243	Cohenstrs Realest Sec Inst	29,044
Nationwide Life Insurance Company*	759.4790	Col Conv Sec Inst2	1,672
Nationwide Life Insurance Company*	3,994.5546	Dfa Emrg Mkts Core Eq 2 Portfolio	6,493
Nationwide Life Insurance Company*	144,412.3693	Dfa Intl LgCap Gr	139,086
Nationwide Life Insurance Company*	44,502.0627	Diamond Hill Mdcap I	82,529
Nationwide Life Insurance Company*	91,806.5008	Dodgecox Intl Stk Class I	178,850
Nationwide Life Insurance Company*	23,908.0707	Fed Hrms Gov Oblgtns Pmr	27,160
Nationwide Life Insurance Company*	83,438.2216	Fed Hrms Inst Hiyldbd Inst	145,664
Nationwide Life Insurance Company*	35.8934	Fed Hrms Shintdlrbd Inst	41
Nationwide Life Insurance Company*	748,413.2335	Fid 500 Indx	1,739,731
Nationwide Life Insurance Company*	34.6860	Fid Intl Prtcl Bd Indx	40
Nationwide Life Insurance Company*	127,906.7298	Fid Intl Indx	176,069
Nationwide Life Insurance Company*	199,134.4278	Fid Us Bd Indx	204,767
Nationwide Life Insurance Company*	148,567.4179	Gdmnscs Gqgptnrntloppr R6	175,979
Nationwide Life Insurance Company*	72,049.2429	Jpm Eq Inc R5	137,745
Nationwide Life Insurance Company*	106,044.4846	Jpm Lgcap Gr R6	487,482
Nationwide Life Insurance Company*	66,187.5647	Legal & General Commodity Strat FD	66,564
Nationwide Life Insurance Company*	29,274.1618	Leggm Clrbtdg Lgcap Gr I	104,541
Nationwide Life Insurance Company*	44,623.8652	Mfs Mdcap Gr R6	83,566
Nationwide Life Insurance Company*	899,433.3910	Nw Geneva Smcapgr Inst Svc	2,111,297
Nationwide Life Insurance Company*	57,504.1993	Nw Loomis Allcap Gr R6	164,672
Nationwide Life Insurance Company*	76,490.7347	Pgim Ttl Rtn Bd R6	83,063
Nationwide Life Insurance Company*	23,170.6261	Pimco Real Rtn Inst	39,639
Nationwide Life Insurance Company*	4,752.8675	Pimcocomdyrealtrstratinst	3,838
Nationwide Life Insurance Company*	28.2685	Pimco Intl Bdustrlrdginst	42
Nationwide Life Insurance Company*	95,657.5559	Pmncpl Gbl Realest R6	80,432
Nationwide Life Insurance Company*	146,494.2028	Pmncpl Mdcap R6	192,151
Nationwide Life Insurance Company*	994,189.5379	Putnam Large Cap Growth Fund - CLA	3,468,250
Nationwide Life Insurance Company*	354,715.9549	Nuveen Lifecycle Index 2015 Fund	524,645
Nationwide Life Insurance Company*	66,712.3620	Nuveen Lifecycle Index 2020 Fund	102,024
Nationwide Life Insurance Company*	381,804.7128	Nuveen Lifecycle Index 2025 Fund	612,166
Nationwide Life Insurance Company*	488,208.7786	Nuveen Lifecycle Index 2030 Fund	824,551
Nationwide Life Insurance Company*	971,122.9682	Nuveen Lifecycle Index 2035 Fund - C	1,733,440
Nationwide Life Insurance Company*	970,750.1981	Nuveen Lifecycle Index 2040 Fund	1,841,226
Nationwide Life Insurance Company*	321,603.3409	Nuveen Lifecycle Index 2045 Fund	636,871
Nationwide Life Insurance Company*	316,807.2774	Nuveen Lifecycle Index 2050 Fund	635,957
Nationwide Life Insurance Company*	112,945.5537	Nuveen Lifecycle Index 2055 Fund	228,527
Nationwide Life Insurance Company*	289,445.1740	Nuveen Lifecycle Index 2060 Fund	590,763
Nationwide Life Insurance Company*	129,079.9397	Nuveen Lifecycle Index 2065 Fund	168,983
Nationwide Life Insurance Company*	1,226,732.3578	State Street Balanced Index Fund K	1,236,530
Nationwide Life Insurance Company*	40,580.8947	Trowepr Blue Chip Gr	161,482
Nationwide Life Insurance Company*	670,391.3443	Vic Syc Estblshd Val I	2,221,317
Nationwide Life Insurance Company*	7,174.3580	Vngrd 500 Index Fd As	24,568
Nationwide Life Insurance Company*	16,853.3560	Vngrd Explr Adml	43,885
Nationwide Life Insurance Company*	323,730.8211	Vngrd Gnma Adml	330,532
Nationwide Life Insurance Company*	2,836.8682	Vngrd Trgt Rtrmt 2025 Inv	6,496
Nationwide Life Insurance Company*	31,683.6009	Vngrd Trgt Rtrmt 2060 Inv	95,963
Nationwide Life Insurance Company*	107,713.4464	Vngrd Ttl Intl Bd Idx Adml	124,049
Nationwide Life Insurance Company*	169,086.5593	Vngrd Ttl Intlstkindx Adml	264,380
Nationwide Life Insurance Company*	278,192.1455	Vngrd Ttl Stmkt Indx Fd As	912,466
Nationwide Life Insurance Company*	1,316,398.3923	Vngrd Wndsr Adml	2,471,842
Nationwide Life Insurance Company*	479,857.7581	Vngrd Wlsly Inc Adml	764,426
Total Mutual Funds			36,412,028
	Unallocated Insurance Contracts	NW Fixed Select Option	560,329
Participant Loans*		Notes receivable from participants - interest rates range from 4.25% to 10.50%	500,509
		Total	\$ 37,472,866

*Indicates party-in-interest transaction as defined by ERISA, not a prohibited transaction

Note: All of the Plan's investment choices are participant-directed; therefore, cost information has not been presented.

See accompanying independent auditor's report.