

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I</b>	<b>Annual Report Identification Information</b>
---------------	---

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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
----------------	---

<b>1a</b> Name of plan <u>NBC PROFIT SHARING / 401(K) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NBC CORP. OF OKLAHOMA INC.</u>  <u>13401 NORTH PENNSYLVANIA AVENUE</u> <u>OKLAHOMA CITY, OK 73156</u>	<b>1c</b> Effective date of plan <u>01/01/1961</u>  <b>2b</b> Employer Identification Number (EIN) <u>73-1189321</u>  <b>2c</b> Plan Sponsor's telephone number <u>580-481-3158</u>  <b>2d</b> Business code (see instructions) <u>522110</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/05/2025	JERRY KRITTENBRINK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	176
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	133
	<b>6a(2)</b>	137
	<b>6b</b>	0
	<b>6c</b>	40
	<b>6d</b>	177
	<b>6e</b>	0
	<b>6f</b>	177
	<b>6g(1)</b>	174
	<b>6g(2)</b>	173
<b>h</b>	12	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached   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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>NBC PROFIT SHARING / 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NBC CORP. OF OKLAHOMA INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>73-1189321</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**AMERICAN UNITED LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	K00158	6	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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	4 3052713
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	5
<b>6</b>	Contracts With Allocated Funds:	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	6b
<b>c</b>	Premiums due but unpaid at the end of the year .....	6c
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	6d
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
<b>b</b>	Balance at the end of the previous year .....	7b 2283354
<b>c</b>	Additions: (1) Contributions deposited during the year .....	7c(1) 40244
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 25551
	(4) Transferred from separate account .....	7c(4) 3232372
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS	7c(5) 277
	(6) Total additions .....	7c(6) 3298444
<b>d</b>	Total of balance and additions (add lines 7b and 7c(6)) .....	7d 5581798
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	7e(1) 198730
	(2) Administration charge made by carrier.....	7e(2) 4254
	(3) Transferred to separate account .....	7e(3) 2326101
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions .....	7e(5) 2529085	
<b>f</b>	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 3052713

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>NBC PROFIT SHARING / 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NBC CORP. OF OKLAHOMA INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>73-1189321</b>	

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

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

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

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

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

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

**ONEAMERICA RETIREMENT SERVICES, LLC**

**46-5378846**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

ONEAMERICA RETIREMENT SERVICES, LLC

46-5378846

(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 36 37 38 50 64	NONE	52329	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARGENT RETIREMENT PLAN ADVISORS

621 N. ROBINSON SUITE 100  
OKLAHOMA, OH 73102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50	NONE	27735	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HERITAGE INSTITUTIONAL

27-2388726

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50	NONE	27523	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MATRIX TRUST COMPANY

75-3182674

(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?
19 21 25 62	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(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
MATRIX TRUST COMPANY	19 21 25 62	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ONEAMERICA RETIREMENT SERVICES, LLC  46-5378846	ONEAMERICA HAS AN AGREEMENT WITH MATRIX TO PAY \$2500 ANNUAL TRUST & CUSTODY FEE PLUS 17 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY	

(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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	---

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>NBC PROFIT SHARING / 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NBC CORP. OF OKLAHOMA INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>73-1189321</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MIDCAP EQUITY INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>20-3802327-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>143048</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH FUND R1 SHARES</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>38-4126247-549</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILIMING TRUST FLEXPATH LARGE CAP V</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>38-4065329-426</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>278395</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL EQUITY FUND CL R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>38-4139853-631</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>61889</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan NBC PROFIT SHARING / 401(K) PLAN	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 NBC CORP. OF OKLAHOMA INC.	<b>D</b> Employer Identification Number (EIN) 73-1189321

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

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	4341	6379
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	11007	436014
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	391531	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	196292	199114
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	3385469	3905208
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	172876	252288
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	591174	483332
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	20601390	22854588
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	2283354	3052713
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	27637434	31189636
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	17493
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	17493
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	27637434	31172143

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	813665	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	955708	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	87486	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1856859
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	7125	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	13983	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	25551	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		46659
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	51505	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	991282	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1042787
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	502987	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		45667
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1957107
<b>c</b> Other income .....	<b>2c</b>		1576
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5453642

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1811345	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1811345
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	52329	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	55258	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		107588
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1918933

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3534709
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **FINLEY & COOK PLLC**

(2) EIN: **73-0604334**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan NBC PROFIT SHARING / 401(K) PLAN	<b>B</b> Three-digit plan number (PN)	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 NBC CORP. OF OKLAHOMA INC.	<b>D</b> Employer Identification Number (EIN) 73-1189321	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 75-3182674

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704137A.

# **NBC Corp. Profit Sharing/ 401(k) Plan**

## *Financial Statements*

December 31, 2024 and 2023  
(With Independent Auditors' Report Thereon)

NBC CORP. PROFIT SHARING/401(k) PLAN

**FINANCIAL STATEMENTS**

---

*Table of Contents*

---

	<u>Page</u>
<u>Independent Auditors’ Report</u> .....	1
<u>Financial Statements:</u>	
Statements of Net Assets Available for Plan Benefits as of December 31, 2024 and 2023.....	5
Statement of Changes in Net Assets Available for Plan Benefits for the Year Ended December 31, 2024 .....	6
Notes to Financial Statements .....	7
<u>Supplemental Schedule:</u>	
Schedule H, Line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024 .....	16
Note: All other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

## **INDEPENDENT AUDITORS' REPORT**

Plan Trustees and Plan Administrator  
NBC Corp. Profit Sharing/401(k) Plan

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

We have performed an audit of the accompanying financial statements of NBC Corp. Profit Sharing/401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for plan benefits as of December 31, 2024, and the related statement of changes in net assets available for plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

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

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.
- 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).

(Continued)

## **INDEPENDENT AUDITORS' REPORT, CONTINUED**

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

We conducted our audit in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

### **Responsibilities of Management for the 2024 Financial Statements**

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

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

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

### **Auditors' Responsibilities for the Audit of the 2024 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditors' 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.

(Continued)

## **INDEPENDENT AUDITORS' REPORT, CONTINUED**

### **Auditors' Responsibilities for the Audit of the 2024 Financial Statements, Continued**

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

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

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

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

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.

(Continued)

## INDEPENDENT AUDITORS' REPORT, CONTINUED

### Other Matters

#### *2024 Supplemental Schedule Required by ERISA*

The supplemental Schedule H, Line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024, 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its 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, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule 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).

#### *Auditors' Report on the 2023 Financial Statements*

We have audited the 2023 financial statements, and in our report dated October 4, 2024, we expressed an unmodified opinion on those 2023 financial statements.

Shawnee, Oklahoma  
September 2, 2025



**NBC CORP. PROFIT SHARING/401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

<i>December 31,</i>	<i>2024</i>	<i>2023</i>
<b>Assets</b>		
Uninvested cash	\$ 6,379	4,341
Investments, at fair value:		
Corporate bonds	199,114	196,292
Registered investment companies	22,854,588	20,601,389
Common stock	3,905,208	3,385,469
Common/collective trusts	3,536,045	2,874,529
Total investments, at fair value	<u>30,494,955</u>	<u>27,057,679</u>
Receivables:		
Employer's contributions receivable	436,014	11,007
Notes receivable from participants	252,288	172,876
Total receivables	<u>688,302</u>	<u>183,883</u>
Pending investment trades	<u>-</u>	<u>391,531</u>
Total assets	<u>31,189,636</u>	<u>27,637,434</u>
<b>Liabilities</b>		
Due to brokers for securities purchased	<u>17,493</u>	-
Total liabilities	<u>17,493</u>	-
<b>Net assets available for plan benefits</b>	<b><u>\$ 31,172,143</u></b>	<b><u>27,637,434</u></b>

See Independent Auditors' Report.  
See accompanying notes to financial statements.

**NBC CORP. PROFIT SHARING/401(k) PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**

*Year Ended December 31, 2024*

**Additions to net assets attributed to:**

Investment income:

Net appreciation in fair value of investments	\$ 2,507,337
Interest and dividends	<u>1,075,463</u>
Net investment income	<u>3,582,800</u>

Contributions:

Participants'	813,665
Employer's	955,708
Rollovers	<u>87,486</u>
Total contributions	<u>1,856,859</u>

Interest income on notes receivable from participants 13,983

Total additions 5,453,642

**Deductions in net assets attributed to:**

Distributions to participants	1,811,345
Administrative expenses	<u>107,588</u>

Total deductions 1,918,933

**Net increase in net assets available for plan benefits** 3,534,709

**Net assets available for plan benefits:**

Beginning of year 27,637,434

End of year \$ 31,172,143

See Independent Auditors' Report.  
See accompanying notes to financial statements.

## NBC CORP. PROFIT SHARING/401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

---

#### (1) DESCRIPTION OF THE PLAN

The following brief description of the NBC Corp. Profit Sharing/401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

Matrix Trust Company, a division of Broadridge Financial Services, is the trustee of the Plan. OneAmerica Financial Partners, Inc. serves as the recordkeeper of the Plan.

##### General

The Plan is a defined contribution plan covering substantially all employees of NBC Corp. of Oklahoma (the "Company"). The Plan allows participation in the Plan on the date requirements are met. The Plan is a pre-approved plan and is designed to comply with Section 401(a) and the regulations thereunder of the Internal Revenue Code of 1986, as amended (the "Code"), and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by a committee of five individuals appointed by the Company. The Plan provides for participants to self-direct investments in their individual accounts, except for their accounts which represent profit sharing.

##### Contributions

The 401(k) provisions of the Plan allow participants to make voluntary contributions up to the maximum allowed by the Code. Participants are automatically enrolled to defer 3% of eligible compensation, as defined in the amended plan agreement, unless they elect to not defer or elect another amount to defer. The initial automatic deferral contribution will increase 1% annually (at the beginning of the plan year), up to a maximum amount of 8% of eligible compensation, unless another amount to defer is elected. Participants who previously declined to participate will automatically increase the deferral rate to 3% annually (at the beginning of the plan year) unless another deferral amount is elected. Participants who previously elected to defer amounts less than 3% of eligible compensation will automatically increase 1% annually, up to a maximum amount of 8% of eligible compensation, unless another amount to defer is elected. The Company matches (on a discretionary basis) 50% of each participant's contributions, up to 8% of the participant's eligible compensation. Deferrals on bonus compensation can be made at any percentage of the bonus, regardless of the percent deferred on regular compensation, not to exceed the maximum allowed by the Code for all participant salary deferrals.

The Company, at its discretion, may elect to make additional discretionary matching contributions and/or employer non-elective contributions to the profit sharing account of each participant. To receive a profit sharing contribution, eligible participants must be employed on December 31st of the respective plan year and must have completed 1,000 hours of service. In 2024, the Company made profit sharing contributions totaling \$436,014. The Plan also allows "rollover" contributions from other qualified plans.

See Independent Auditors' Report.

**(1) DESCRIPTION OF THE PLAN, CONTINUED****Participant-Directed Accounts/Investment Options**

Separate participant-directed accounts are maintained for each investment option in which the participants elect to invest. Investment options include registered investment companies and common/collective trusts. Participants' accounts are credited with participants' contributions, the Company's contributions, investment earnings, forfeitures of terminated participants' nonvested accounts, and plan expenses.

**Non-Participant-Directed Accounts/Investment Options**

The non-participant-directed funds are managed by third parties and are invested in common stock, corporate bonds, and registered investment companies. Participants' accounts are credited with the Company's profit sharing contributions, investment earnings, forfeitures of terminated participants' nonvested accounts, and plan expenses.

**Vesting**

Participants are 100% vested in their contributions, plus actual earnings thereon. Participants are vested in the Company's contributions, plus actual earnings thereon, based on years of service, as defined, as follows:

<u>Company Matching Contributions</u>		<u>Company Profit Sharing Contributions</u>	
Less than 1 year	0%	Less than 2 years	0%
1 year	25%	2 years	20%
2 years	50%	3 years	40%
3 years	75%	4 years	60%
4 years	100%	5 years	80%
		6 years	100%

In the event of death or disability, the participant becomes 100% vested in Company contributions.

**Notes Receivable from Participants**

Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 100% of their vested account balance. The loans are secured by the balance in the participants' accounts and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through biweekly payroll deductions. Upon termination, retirement, or death, any outstanding loan balance is converted to a distribution.

See Independent Auditors' Report.

(1) **DESCRIPTION OF THE PLAN, CONTINUED**

**Distributions to Participants**

A terminating member of the Plan is paid the current value of his or her contributions to the Plan, but will forfeit all employer contributions to the extent they are nonvested. Distributions from the Plan may be made in lump sums or installments for required minimum distributions. As of December 31, 2024 and 2023, there were no unpaid distributions to participants who had requested distributions.

**Forfeitures**

Company contributions and earnings thereon which become forfeited as a result of any benefit payment or withdrawal provisions of the Plan can be used to reduce the Company's contributions. As of December 31, 2024 and 2023, the Plan had \$20,294 and \$7,492, respectively, of unutilized forfeitures. In 2024, the Company used \$7,494 of forfeitures to offset matching contributions.

**Plan Termination**

As of December 31, 2024, the Company had not expressed any intent to terminate the Plan. 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. All unallocated assets of the Plan will be allocated to participant accounts and distributed in a manner as allowed under the Plan. See Note 8 for a discussion of the Plan's termination.

**Administration of Plan Assets**

Matrix Trust Company invests the contributions received, as well as interest and dividend income, and makes distributions to participants. OneAmerica Financial Partners, Inc. is the Plan's third-party administrator.

**Administrative Expenses**

Certain administrative expenses are paid from plan assets and certain administrative expenses are paid by the Company.

(2) **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Investments**

Investments in registered investment companies, common stock, and corporate bonds are carried at fair value, determined using year-end quoted market prices in active markets. Investments in common/collective trusts are carried at fair value based on net asset value, which is based on the fair value of the underlying investments held by the trust less its liabilities. Purchase and sales of investments are recorded on a trade-date basis.

See Independent Auditors' Report.

(2) **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

**Notes Receivable from Participants**

Notes receivable from participants are reported at their unpaid balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan agreement. No allowance for credit losses had been recorded as of December 31, 2024 or 2023.

**Income Recognition**

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

**Distributions to Participants**

Distributions are recorded when paid.

**Use of Estimates in the Preparation of Financial Statements**

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

**Risks and Uncertainties**

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the risks 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 change could materially affect the participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

**Date of Management's Review of Subsequent Events**

Management has evaluated subsequent events through September 2, 2025, the date which the financial statements were available to be issued. See Note 8 for subsequent event discussion.

See Independent Auditors' Report.

(3) FAIR VALUE MEASUREMENTS

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. In estimating fair value, the Plan utilizes valuation techniques that are consistent with the market approach, the income approach, and/or the cost approach. Such valuation techniques are consistently applied. Inputs to valuation techniques include the assumptions that market participants would use in pricing an asset or liability. Fair values may not represent actual values of assets and liabilities that could have been realized on the measurement date or that will be realized in the future. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

*Accounting Standards Codification (ASC) Topic 820, "Fair Value Measurement,"* establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

Level 1 inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2 inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset and liability, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 inputs consist of unobservable inputs which are used when observable inputs are unavailable and reflect an entity's own assumptions about the assumptions that market participants would use in pricing the assets or liabilities.

The Plan uses appropriate valuation methods based on the available inputs to measure the fair value of its assets and liabilities.

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for plan benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Registered Investment Companies, Corporate Bonds, and Common Stock

The fair values of registered investment companies, corporate bonds, and common stock are based on year-end quoted market prices for investments considered to be in active markets.

Common/Collective Trusts

The fair values of common/collective trusts are based on net asset value, which is based on the fair value of the underlying investments held by the trust less its liabilities.

See Independent Auditors' Report.

## NOTES TO FINANCIAL STATEMENTS, CONTINUED

(3) FAIR VALUE MEASUREMENTS, CONTINUED

The fair values of financial instruments (assets) measured on a recurring basis at December 31 is as follows:

	Measured at Fair Value	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>2024</u>				
Registered investment companies	\$ 22,854,588	22,854,588	-	-
Common stock	3,905,208	3,905,208	-	-
Corporate bonds	199,144	199,144	-	-
		26,958,940	-	-
Investments excluded from fair value hierarchy:*				
Common/collective trusts	3,536,045			
	\$ 30,494,985			
<u>2023</u>				
Registered investment companies	\$ 20,601,389	20,601,389	-	-
Common stock	3,385,469	3,385,469	-	-
Corporate bonds	196,292	196,292	-	-
		24,183,150	-	-
Investments excluded from fair value hierarchy:*				
Common/collective trusts	2,874,529			
	\$ 27,057,679			

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

See Independent Auditors' Report.

## NOTES TO FINANCIAL STATEMENTS, CONTINUED

(3) FAIR VALUE MEASUREMENTS, CONTINUED

The Plan had no assets measured at fair value on a recurring basis that were transferred into or out of Level 3 for the years ended December 31, 2024 or 2023. The Plan had no purchases, sales, or issues of Level 3 assets for the year ended December 31, 2024.

The following table sets forth additional disclosures of the Plan's investments for which the fair value is measured using the net asset value (NAV) per share practical expedient as of December 31:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>2024</u>				
AUL Stable Value Fund A	\$ <u>3,052,713</u>	<u>-</u>	Immediate	None
Blackrock Mid Cap Equity Index	\$ <u>143,048</u>	<u>-</u>	Immediate	None
Fiduciary Investment Trust Balanced Mid-Cap Growth Fund	\$ <u>61,889</u>	<u>-</u>	Immediate	None
Wilmington Trust Flex Path Large Cap Value Fund	\$ <u>278,395</u>	<u>-</u>	Immediate	None
<u>2023</u>				
AUL Stable Value Fund A	\$ <u>2,283,354</u>	<u>-</u>	Immediate	None
Blackrock Mid Cap Equity Index	\$ <u>123,059</u>	<u>-</u>	Immediate	None
Fiduciary Investment Trust Moderate Conservative Fund	\$ <u>246,863</u>	<u>-</u>	Immediate	None
Wilmington Trust Flex Path Large Cap Value Fund	\$ <u>221,253</u>	<u>-</u>	Immediate	None

The AUL Stable Value Fund A is an interest-earning fund backed by American United Life Insurance Company's general account assets. It provides a guarantee of principal and it is invested in corporate bonds, mortgage and asset-backed securities, direct commercial mortgages, and other various investments. The AUL Stable Value Fund A is not considered to be a guaranteed interest contract.

See Independent Auditors' Report.

## NOTES TO FINANCIAL STATEMENTS, CONTINUED

**(4) NON-PARTICIPANT-DIRECTED INVESTMENTS**

Information about the net assets and the significant components of the changes in net assets relating to the non-participant-directed investments is as follows:

	December 31,	
	<u>2024</u>	<u>2023</u>
Net assets:		
Employer's contribution receivable	\$ 436,014	418,690
Corporate bonds	199,114	196,292
Registered investment companies	4,038,649	3,825,329
Common stock	3,905,208	3,385,469
Uninvested cash	4,752	3,600
Interest and dividends receivable	-	6,584
	<u>\$ 8,583,737</u>	<u>7,835,964</u>
	Year Ended December 31, <u>2024</u>	
Net assets, beginning of year	<u>\$ 7,835,964</u>	
Changes in net assets:		
Contributions	436,014	
Investment income, net	809,506	
Administrative expenses	(21,200)	
Distributions to participants	(476,547)	
	<u>747,773</u>	
Net assets, end of year	<u>\$ 8,583,737</u>	

**(5) RELATED-PARTY TRANSACTIONS AND PARTIES-IN-INTEREST TRANSACTIONS**

Fees paid to the Plan's third-party administrator approximated \$52,000 and \$44,000 in 2024 and 2023, respectively. Fees paid to the Plan's investment advisor approximated \$55,000 and \$25,000 in 2024 and 2023, respectively.

See Independent Auditors' Report.

**(6) TAX STATUS**

The Plan is a non-standardized pre-approved plan offered through OneAmerica Financial Partners, Inc., the Plan's third-party administrator. The Internal Revenue Service has determined and informed the Plan's third-party administrator by a letter dated August 19, 2020, that the non-standardized pre-approved plan is designed in accordance with applicable sections of the Code. Although the Plan has been amended from the non-standardized pre-approved plan, the plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**(7) INFORMATION CERTIFIED BY PLAN CUSTODIAN**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following data included in the accompanying financial statements and supplemental schedule is complete and accurate as certified by a qualified institution.

- Investments and notes receivable from participants as shown in the statements of net assets available for plan benefits as of December 31, 2024.
- Investment activity (net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants) as shown in the statement of changes in net assets available for plan benefits for the year ended December 31, 2024.
- Schedule H, Line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024, as shown on the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and the supplemental schedule.

**(8) SUBSEQUENT EVENT**

The Company was sold on July 2, 2025. The Plan was terminated on the date of the sale. All participants' account balances became fully vested upon the Plan's termination. The Plan's administrators will begin transferring participants' accounts based on each participant's specific instructions or to an individual retirement account offered through OneAmerica.

See Independent Auditors' Report.

## NBC CORP. PROFIT SHARING/401(k) PLAN

Form 5500, Schedule H, Line 4i—

## Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d)  Cost	(e)  Current value
<b>Notes receivable from participants</b>				
*	Notes receivable from participants	Notes receivable from participants, secured by the participant's account, interest at 4.25%–9.50%, various maturities.	\$ -	252,288
<b>Subtotal of notes receivable from participants</b>			-	252,288
<b>Participant-directed investments</b>				
*	AUL Stable Value Fund A	Common/collective trust	N/A	3,052,713
	Blackrock Mid Cap Equity Index	Common/collective trust	N/A	143,048
	Fiduciary Investment Trust Balanced Mid-Cap Growth Fund	Common/collective trust	N/A	61,889
	Wilmington Trust Collective Investment Large Cap Value Fund	Common/collective trust	N/A	278,395
	Amer Cent Mid Cap Value-R6	Registered investment company	N/A	220,322
	American Beacon Intl Equity Instl	Registered investment company	N/A	49,819
	American Funds Target 2010 Trgt Date Retire R6	Registered investment company	N/A	1,476,178
	American Funds Target 2020 Trgt Date Retire R6	Registered investment company	N/A	1,241,920
	American Funds Target 2025 Trgt Date Retire R6	Registered investment company	N/A	1,601,313
	American Funds Target 2030 Trgt Date Retire R6	Registered investment company	N/A	1,588,068
	American Funds Target 2035 Trgt Date Retire R6	Registered investment company	N/A	2,395,218
	American Funds Target 2040 Trgt Date Retire R6	Registered investment company	N/A	806,378
	American Funds Target 2045 Trgt Date Retire R6	Registered investment company	N/A	630,357
	American Funds Target 2050 Trgt Date Retire R6	Registered investment company	N/A	1,044,599
	American Funds Target 2055 Trgt Date Retire R6	Registered investment company	N/A	615,139
	American Funds Target 2060 Trgt Date Retire R6	Registered investment company	N/A	435,849
	DFA Real Estate Securities I	Registered investment company	N/A	213,272
	Dodge & Cox Stock	Registered investment company	N/A	1,077,691
	Goldman Sachs Small Cp Val Insights R6	Registered investment company	N/A	575,584
	JPMorgan Mid Cap Growth	Registered investment company	N/A	449,873

(Continued)

See Independent Auditors' Report.

## NBC CORP. PROFIT SHARING/401(k) PLAN

Form 5500, Schedule H, Line 4i—

## Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
<b>Participant-directed investments, Continued</b>				
	iShares MSCI EAFE Intl Idx K	Registered investment company	N/A	71,842
	iShares Russell 2000 small-cap index fund K	Registered investment company	N/A	453,120
	iShares S&P 500 Index K	Registered investment company	N/A	1,453,722
	iShares US Aggregate Bond index K	Registered investment company	N/A	30,627
	JPMorgan Income R6	Registered investment company	N/A	34,510
	JPMorgan Large Cap Growth	Registered investment company	N/A	1,482,575
	JPMorgan Small Cap Growth Fund R6	Registered investment company	N/A	455,553
	JPMorgan Mid Cap Eqty R6	Registered investment company	N/A	244,094
	PGIM Global Total Return CI R6	Registered investment company	N/A	17,884
	PGIM High Yield	Registered investment company	N/A	146,562
	TCW MetWest Total Return	Registered investment company	N/A	3,870
<b>Subtotal of participant-directed investments</b>			N/A	22,351,984
<b>Non-participant-directed investments</b>				
	Baird MidCap Inst	Registered investment company	160,364	170,365
	DoubleLine Total Return Bond I	Registered investment company	183,178	153,516
	PIMCO Income Instl	Registered investment company	135,292	121,906
	Royce International premier Instl	Registered investment company	120,084	100,958
	Vanguard Emerg Mkts Bnd-Adm	Registered investment company	252,424	218,776
	Vanguard High-Yield Corporate Adm	Registered investment company	119,289	110,551
	Vanguard Mid Cap Index Admiral	Registered investment company	324,012	506,842
	Vanguard Short-Term Investment-Grade Adm	Registered investment company	418,762	397,764
	Vanguard Ultra-Short-Term Bond Admiral	Registered investment company	400,000	400,800
	WCM Small Cap Growth Fund- Inst	Registered investment company	293,336	312,026
	Angel Oaks Funds Trust Oak UltraShort	Registered investment company	177,748	178,728
	iShares Core Msci Emerging	Registered investment company	221,197	216,086
	iShares Core S&P Small-Cap ETF	Registered investment company	50,023	72,358
	SPDR S&P 500 ETF Trust	Registered investment company	149,815	195,165
	Vanguard Int Div App Indx Fd	Registered investment company	300,113	333,718
	Vanguard Short-Term Tips	Registered investment company	195,358	183,996
	Vanguard Small-Cap ETF	Registered investment company	99,304	151,376
	First American Government Obligation	Registered investment company	213,718	213,718

(Continued)

See Independent Auditors' Report.

## NBC CORP. PROFIT SHARING/401(k) PLAN

Form 5500, Schedule H, Line 4i—

## Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
<b>Non-participant-directed investments, Continued</b>				
	Autozone Inc. Sr NT 3.25% Due 10/15/2024	Corporate bonds	100,698	99,475
	Bank Amer Corp Sr NT 3.875% Due 8/1/25	Corporate bonds	107,102	99,639
	Abbott Laboratories	Common stock	39,936	50,334
	Abbvie, Inc.	Common stock	19,034	87,073
	Alphabet Inc.	Common stock	53,194	281,851
	Amazon.com Inc Com	Common stock	63,483	100,919
	American Tower Corporation	Common stock	64,610	49,154
	Apple, Inc.	Common stock	50,286	600,006
	Berkshire Hathaway Inc Del Cl D New	Common stock	34,984	70,712
	Capital One Financial Corp.	Common stock	25,810	64,195
	Cheniere Energy Inc	Common stock	14,759	21,487
	Chevron Corp	Common stock	17,463	21,726
	CVS Health Corp.	Common stock	38,382	17,507
	Danaher Corp Del	Common stock	5,084	45,910
	Devon Energy Corp New	Common stock	18,196	22,911
	Disney Walt Co	Common stock	25,254	55,675
	Enphase Energy Inc	Common stock	16,567	6,868
	Exxon-Mobil Corporation	Common stock	20,556	32,271
	General Motors Co	Common stock	50,398	50,074
	Gilead Sciences Inc	Common stock	22,604	50,988
	Home Depot Incorporated	Common stock	7,122	95,303
	Honeywell International	Common stock	9,972	39,757
	Illinois Tool Works Inc.	Common stock	9,275	49,191
	Intel Corporation	Common stock	40,527	16,702
	Intercontinental Exchange Inc	Common stock	8,355	52,154
	Johnson & Johnson	Common stock	17,294	38,758
	JPMorgan Chase & Co	Common stock	25,322	95,884
	Lam Research Corp	Common stock	40,281	96,788
	Merck & Company Inc	Common stock	25,283	40,488
	Meta Platforms Inc	Common stock	25,906	100,708
	Microsoft Corporation	Common stock	39,601	547,950

(Continued)

See Independent Auditors' Report.

## NBC CORP. PROFIT SHARING/401(k) PLAN

Form 5500, Schedule H, Line 4i—  
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
<b>Non-participant-directed investments, Continued</b>				
	Norfolk Southern Co.	Common stock	15,002	18,307
	Paypal Holdings Inc	Common stock	34,294	40,968
	Pepsico Inc	Common stock	19,394	46,530
	Pfizer Incorporated	Common stock	13,641	20,322
	Procter & Gamble Co	Common stock	24,900	67,060
	Qualcomm	Common stock	66,213	176,663
	Regal Rexnord Corp	Common stock	25,314	31,026
	Regeneron Pharma Inc	Common stock	48,728	56,986
	Sherwin Williams	Common stock	21,298	46,570
	Target Corp	Common stock	38,264	64,211
	Trane Technologies PLC Shs	Common stock	11,578	49,862
	Truist Finly Corp Com	Common stock	29,399	34,704
	United Parcel Service	Common stock	15,668	33,795
	United Rentals Inc	Common stock	65,920	140,888
	Unitedhealth Group Inc Com	Common stock	30,575	65,762
	Veralto Corp	Common stock	645	6,722
	Visa Inc Com Cl A	Common stock	39,820	61,944
	Vulcan Matls Co Com	Common stock	17,017	31,125
	Wal-Mart Stores	Common stock	22,750	108,419
<b>Subtotal of non-participant-directed investments</b>			5,391,775	8,142,971

TOTAL \$ 5,391,775 30,747,243

\* Indicates a party-in-interest.

N/A—Not applicable as accounts are participant directed.

See Independent Auditors' Report.

**Assets Held at End of Year**  
**NBC Profit Sharing 401(k) Plan**  
**Schedule H Part IV 4i**  
**Tax Number: 731189321 PN: 001**  
**As of December 31, 2024**

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE	
<b>ASSETS</b>				
<b>Value of Interest in Corporate Bond</b>				
Autozone Inc Sr Nt	Autozone Inc Sr Nt	100,698.00	99,639.00	
Bank Of America Corp	Bank Of America Corp	107,102.00	99,475.00	
<b>Total</b>	<b>Value of Interest in Corporate Bonds</b>	<b>207,800.00</b>	<b>199,114.00</b>	
<b>Value of Interest in Common Stocks</b>				
Abbott Laboratories	Abbott Laboratories	39,936.12	50,333.95	
Abbvie Inc	Abbvie Inc	19,034.09	87,073.00	
Alphabet Inc CL C	Alphabet Inc CL C	53,193.76	281,851.20	
Amazon Com Inc	Amazon Com Inc	63,482.64	100,919.40	
American Tower REIT Inc	American Tower REIT Inc	64,609.93	49,153.88	
Apple Inc	Apple Inc	50,286.40	600,006.32	
Berkshire Hathaway Inc Cl B	Berkshire Hathaway Inc Cl B	34,983.82	70,711.68	
Capital One Financial Corp Com	Capital One Financial Corp Com	25,810.17	64,195.20	
Cheniere Energy Inc	Cheniere Energy Inc	14,759.30	21,487.00	
Chevron Corp	Chevron Corp	17,462.99	21,726.00	
CVS Health Corp	CVS Health Corp	38,381.81	17,507.10	
Danaher Corp Del	Danaher Corp Del	5,084.16	45,910.00	
Devon Energy Corp New	Devon Energy Corp New	18,196.43	22,911.00	
Disney Walt Co	Disney Walt Co	25,253.51	55,675.00	
Enphase Energy Inc	Enphase Energy Inc	16,566.56	6,868.00	
Exxon-Mobil Corporation	Exxon-Mobil Corporation	20,556.10	32,271.00	
General Motors Co	General Motors Co	50,398.10	50,073.80	
Gilead Sciences Inc	Gilead Sciences Inc	22,603.50	50,988.24	
Home Depot Incorporated	Home Depot Incorporated	7,122.15	95,302.55	
Honeywell International	Honeywell International	9,972.41	39,756.64	
Illinois Tool Works Inc.	Illinois Tool Works Inc.	9,275.14	49,190.64	
Intel Corporation	Intel Corporation	40,526.78	16,701.65	
Intercontinental Exchange Inc	Intercontinental Exchange Inc	8,355.17	52,153.50	
Johnson & Johnson	Johnson & Johnson	17,293.66	38,758.16	
JPMorgan Chase & Co	JPMorgan Chase & Co	25,321.96	95,884.00	
Lam Research Corp	Lam Research Corp	40,281.16	96,788.20	
Merck & Company Inc	Merck & Company Inc	25,282.82	40,488.36	
Meta Platforms Inc	Meta Platforms Inc	25,905.76	100,707.72	
Microsoft Corporation	Microsoft Corporation	39,601.27	547,950.00	
Norfolk Southern Co.	Norfolk Southern Co.	15,002.39	18,306.60	
Paypal Holdings Inc	Paypal Holdings Inc	34,293.89	40,968.00	
Pepsico Inc	Pepsico Inc	19,393.68	46,530.36	
Pfizer Incorporated	Pfizer Incorporated	13,640.82	20,321.98	
Procter & Gamble Co	Procter & Gamble Co	24,899.67	67,060.00	
Qualcomm	Qualcomm	66,213.46	176,663.00	
Regal Rexnord Corp	Regal Rexnord Corp	25,314.24	31,026.00	
Regeneron Pharma Inc	Regeneron Pharma Inc	48,728.04	56,986.40	
Sherwin Williams	Sherwin Williams	21,298.00	46,570.41	
Target Corp	Target Corp	38,263.62	64,210.50	
Trane Technologies PLC	Trane Technologies PLC	11,578.10	49,862.25	
Truist Financial Corp	Truist Financial Corp	29,398.99	34,704.00	
United Parcel Service	United Parcel Service	15,668.35	33,794.80	
United Rentals Inc	United Rentals Inc	65,919.60	140,888.00	
Unitedhealth Group Inc	Unitedhealth Group Inc	30,575.03	65,761.80	
Veralto Corp	Veralto Corp	645.12	6,722.13	
Visa Inc Class A Shares	Visa Inc Class A Shares	39,820.30	61,943.84	
Vulcan Matls Co	Vulcan Matls Co	17,016.83	31,124.83	
Walmart Inc	Walmart Inc	22,750.00	108,420.00	
<b>Total</b>	<b>Value of Interest in Common Stocks</b>	<b>1,369,957.80</b>	<b>3,905,208.09</b>	
<b>Participant Loans</b>				
Master Participant Loan	Interest Rates 4.25% - 9.50%	**	252,288.19	
<b>Total</b>	<b>Participant Loans</b>		<b>252,288.19</b>	

**Value of Interest in Common / Collective Trusts**

BlackRock Mid Cap Equity Index Fund CI 6	BlackRock Mid Cap Equity Index Fund C	**	143,048.29
International Equity Fund Fee Class R1	International Equity Fund Fee Class R2	**	61,889.16
Wilmington Trust Flexpath Large Cap Value-R1	Wilmington Trust Flexpath Large Cap V	**	278,395.11
<b>Total</b>	<b>Value of Interest in Common / Collective Trusts</b>		<b>483,332.56</b>

**Value of Interest in Registered Investment Companies**

Amer Cent Mid Cap Value-R6	Amer Cent Mid Cap Value-R6	**	220,322.14
American Beacon Intl Equity Instl	American Beacon Intl Equity Instl	**	49,818.67
American Funds 2010 Trgt Date Retire R6	American Funds 2010 Trgt Date Retire	**	1,476,177.57
American Funds 2020 Trgt Date Retire R6	American Funds 2020 Trgt Date Retire	**	1,241,920.38
American Funds 2025 Trgt Date Retire R6	American Funds 2025 Trgt Date Retire	**	1,601,312.76
American Funds 2030 Trgt Date Retire R6	American Funds 2030 Trgt Date Retire	**	1,588,067.60
American Funds 2035 Trgt Date Retire R6	American Funds 2035 Trgt Date Retire	**	2,395,218.27
American Funds 2040 Trgt Date Retire R6	American Funds 2040 Trgt Date Retire	**	806,377.51
American Funds 2045 Trgt Date Retire R6	American Funds 2045 Trgt Date Retire	**	630,357.15
American Funds 2050 Trgt Date Retire R6	American Funds 2050 Trgt Date Retire	**	1,044,598.87
American Funds 2055 Trgt Date Retire R6	American Funds 2055 Trgt Date Retire	**	615,138.64
American Funds 2060 Trgt Date Retire R6	American Funds 2060 Trgt Date Retire	**	435,849.13
DFA Real Estate Securities I	DFA Real Estate Securities I	**	213,272.18
Dodge & Cox Stock CI I	Dodge & Cox Stock CI I	**	1,077,690.67
First American Institutional Prime Obligations Fund CI Z	First American Institutional Prime Obligations Fund CI Z	**	213,717.96
Goldman Sachs Small Cp Val Insights R6	Goldman Sachs Small Cp Val Insights R6	**	575,583.53
iShares MSCI EAFE Intl Idx K	iShares MSCI EAFE Intl Idx K	**	71,841.58
iShares Russell 2000 Small-Cap Index Fund K	iShares Russell 2000 Small-Cap Index	**	453,119.98
iShares S&P 500 Index K	iShares S&P 500 Index K	**	1,453,721.55
iShares US Aggregate Bond Index K	iShares US Aggregate Bond Index K	**	30,627.02
JPMorgan Income R6	JPMorgan Income R6	**	34,509.97
JPMorgan Large Cap Growth R6	JPMorgan Large Cap Growth R6	**	1,482,575.50
JPMorgan Small Cap Growth Fund R6	JPMorgan Mid Cap Growth Fund R6	**	449,872.97
JPMorgan Small Cap Growth Fund R6	JPMorgan Small Cap Growth Fund R6	**	455,553.57
JPMorgan Mid Cap Eqty R6	JPMorgan Mid Cap Eqty R6	**	244,095.15
PGIM Global Total Return CI R6	PGIM Global Total Return CI R6	**	17,883.68
PIMCO Income Instl	PIMCO High Yield R6	**	146,562.93
TCW MetWest Total Return Bd Plan	TCW MetWest Total Return Bd Plan	**	3,869.74
Angel Oak Funds Trust Oak UltraShort	Angel Oak Funds Trust Oak UltraShort	177,747.50	178,727.50
Baird MidCap Inst	Baird MidCap Inst	160,364.42	170,364.66
First Am Gov Oblig Z	First Am Gov Oblig Z	213,717.96	153,515.57
DoubleLine Total Return Bond I	DoubleLine Total Return Bond I	183,178.23	213,717.96
iShares Core Msci Emerging	iShares Core Msci Emerging	221,196.79	216,086.36
iShares Core S&P Small-Cap ETF	iShares Core S&P Small-Cap ETF	50,023.34	72,358.16
PIMCO Income Instl	PIMCO Income Instl	135,291.99	121,906.32
Royce International Premier Instl	Royce International Premier Instl	120,084.13	100,957.74
SPDR S&P 500 ETF Trust	SPDR S&P 500 ETF Trust	149,815.03	195,164.64
Vanguard Emerg Mkts Bnd-Adm	Vanguard Emerg Mkts Bnd-Adm	252,423.59	218,775.57
Vanguard High-Yield Corporate Adm	Vanguard High-Yield Corporate Adm	119,288.94	110,551.37
Vanguard Int Div App Indx Fd	Vanguard Int Div App Indx Fd	300,112.82	333,718.28
Vanguard Mid Cap Index Admiral	Vanguard Mid Cap Index Admiral	324,012.47	506,842.33
Vanguard Short-Term Investment-Grade Adm	Vanguard Short-Term Investment-Grade Adm	418,762.10	397,764.18
Vanguard Short-Term Tips	Vanguard Short-Term Tips	195,358.00	183,996.00
Vanguard Small- Cap ETF	Vanguard Small- Cap ETF	99,303.75	151,376.40
Vanguard Ultra-Short-Term Bond Admiral	Vanguard Ultra-Short-Term Bond Admiral	400,000.00	400,800.40
WCM Small Cap Growth Fund - Inst	WCM Small Cap Growth Fund - Inst	293,335.51	312,025.56
<b>Total</b>	<b>Value of Interest in Registered Investment Companies</b>	<b>3,814,016.57</b>	<b>23,068,305.67</b>

**Other Securities**

* AUL Stable Value Account Series A	AUL Stable Value Account Series A	**	3,052,712.85
<b>Total</b>	<b>U.S Government Securities</b>		<b>3,052,712.85</b>

\* A party-in-Interest as defined by ERISA

\*\* Cost omitted for participant directed accounts