

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: ISLAND OPERATING COMPANY, INC. PROFIT SHARING 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1991
2a Plan sponsor's name (employer, if for a single-employer plan): ISLAND OPERATING COMPANY, INC.
2b Employer Identification Number (EIN): 72-1075336
2c Plan Sponsor's telephone number: 337-233-9594
2d Business code (see instructions): 211120

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	929
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	803
	6a(2)	825
	6b	0
	6c	107
	6d	932
	6e	3
	6f	935
	6g(1)	492
6g(2)	505	
6h	26	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

A Name of plan ISLAND OPERATING COMPANY, INC. PROFIT SHARING 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ISLAND OPERATING COMPANY, INC.	D Employer Identification Number (EIN) 72-1075336	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	20778	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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	13834	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"/>

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
ABF SM CAP VAL R5 - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.04%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AS SPL SM CAP VAL IS - SS&C GIDS, 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
COL SEL MIDCP GR I - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
COL SEL MIDCP GR S - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
GALLIARD STBLE RTN M 800 LASALLE AVENUE SUITE 1400 MINNEAPOLIS, MN 55402	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
J H ENTERPRISE I - JANUS HENDERSON 151 DETROIT STREET DENVER, CO 80206	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>ISLAND OPERATING COMPANY, INC. PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ISLAND OPERATING COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>72-1075336</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GALLIARD STBLE RTN M</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>94-6751924-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1916898</u>
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)

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)

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ISLAND OPERATING COMPANY, INC. PROFIT SHARING 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ISLAND OPERATING COMPANY, INC.	D Employer Identification Number (EIN) 72-1075336

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1165717	1157019
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	830488	1224799
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1069833	1205939
(9) Value of interest in common/collective trusts	1c(9)	1765122	1916898
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32392309	39144507
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	37223469	44649162
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	18559	22676
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	18559	22676
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	37204910	44626486

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	677263	
(B) Participants.....	2a(1)(B)	3109218	
(C) Others (including rollovers).....	2a(1)(C)	821154	
(2) Noncash contributions.....	2a(2)	0	4607635
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	63940	165460
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	101520	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	1157952
(B) Common stock.....	2b(2)(B)	6144	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1151808	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	212443	16492
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	195951	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	257890
(B) Other.....	2b(5)(B)	257890	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	49630
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	4641623
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	10896682

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3440719
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	3440719
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	13609
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	20778
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	34387
j Total expenses. Add all expense amounts in column (b) and enter total	2j	3475106

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	7421576
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

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: **THIBODAUX HEBERT DESHOTEL LEBLANC**

(2) EIN: **20-8102502**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?	X		604
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

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

A Name of plan <u>ISLAND OPERATING COMPANY, INC. PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ISLAND OPERATING COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>72-1075336</u>	

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

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

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

1	
----------	--

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): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

THIBODAUX
HEBERT
DESHOTELS
LEBLANC
L.L.C.

**Certified Public Accountants
& Business Consultants**

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

**AUDITED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

For the Years Ended December 31, 2024 and 2023

*935 Camellia Blvd., Suite 200
Lafayette, Louisiana 70508*

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

TABLE OF CONTENTS

	<u>PAGE NUMBER</u>
INDEPENDENT AUDITOR'S REPORT	2-5
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to the Financial Statements	8-15
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4i of Form 5500 - Schedule of Assets (Held at End of Year)	16-19

THIBODAUX
HEBERT
DESHOTELS
LEBLANC
L.L.C.

*Certified Public Accountants
& Business Consultants*

Phillip P. LeBlanc*
Howard C. Schoeffler, CVA*
Paula P. Prejean**
Toby J. Blanchard**
Ted C. Schoeffler, CVA**
Kelli M. Broussard**
Michael W. Theriot**
Stefan G. Hawkins**

Lindsay F. Delcambre

* A Professional Corporation

** A Limited Liability Company

—
Norbert A. Deshotels (Retired)
Wayne B. Hall (Retired)
Alan D. Hebert (Retired)
Jack B. Thibodaux, Jr. (Retired)

—
Barret J. Broussard
Stephen P. Hogan
Kayla E. Landry
Rebecca J. Latiola
Robin T. LeBlanc
Trent P. LeBlanc
Jansen J. Lormand
Jessica G. Norman
Andrew J. Prejean
Taylor E. Stelly
Bridget M. Theriot

(337) 232-1000
Fax: (337) 265-2543
935 Camellia Blvd., Suite 200
Lafayette, Louisiana 70508
www.thdlcpa.com

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Island Operating Company, Inc. Profit Sharing 401(k) Plan
Lafayette, Louisiana

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

We have performed audits of the accompanying financial statements of Island Operating Company, Inc. Profit Sharing 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Island Operating Company, Inc. Profit Sharing 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

INDEPENDENT AUDITOR'S REPORT *(continued)*

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Island Operating Company, Inc. Profit Sharing 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

INDEPENDENT AUDITOR'S REPORT *(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 Island Operating Company, Inc. Profit Sharing 401(k) 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 Island Operating Company, Inc. Profit Sharing 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

INDEPENDENT AUDITOR'S REPORT *(continued)*

Supplemental Schedules Required by ERISA

The supplemental schedule, Schedule H, Line 4i of Form 5500 – Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

Mikodanuf Nebert Deshotels LeBlanc

CERTIFIED PUBLIC ACCOUNTANTS

August 28, 2025

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value	\$43,443,223	\$36,153,636
Receivables:		
Participant contributions	-	98,376
Employer contributions	-	24,070
Participant notes receivable	1,205,939	1,069,833
Total receivables	1,205,939	1,192,279
Total assets	44,649,162	37,345,915
Liabilities		
Excess contributions payable	22,676	18,559
Net assets available for benefits	\$44,626,486	\$37,327,356

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions		
Additions to net assets attributed to:		
Contributions:		
Employer	\$653,193	\$621,528
Participant	3,010,842	2,666,691
Rollover	821,154	806,457
Investment income:		
Net appreciation in fair value of investments	4,965,635	5,191,372
Interest and dividends	1,221,892	961,216
Interest income on notes receivable from participants	101,520	69,154
Total additions	<u>10,774,236</u>	<u>10,316,418</u>
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants	3,440,719	4,144,057
Administrative expenses	34,387	38,154
Total deductions	<u>3,475,106</u>	<u>4,182,211</u>
Net increase	7,299,130	6,134,207
Net assets available for benefits, beginning of the year	<u>37,327,356</u>	<u>31,193,149</u>
Net assets available for benefits, end of the year	<u>\$44,626,486</u>	<u>\$37,327,356</u>

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

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

- a) General
The Plan is a defined contribution plan covering all employees, except non-resident aliens with no U.S. income and employees covered by collective bargaining agreements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

- b) Contributions – Participants
A participant may make contributions to the Plan of up to 75% of compensation with certain IRS limitations adjusted annually for inflation.

- c) Contributions – Employer
The employer may make a discretionary contribution to the Plan based on each participant's elective deferrals. The employer may choose to limit the amount of elective deferral that is subject to matching. Contributions are subject to certain limitations. Additional amounts may be contributed at the option of the Company's board of directors.

- d) Participant Accounts
Each participant's account is credited with the participant's and employer's contributions and earnings on participant account balances.

- e) Vesting
Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service as shown below:

<u>Years of Service</u>	<u>Vesting %</u>
1	33%
2	66%
3	100%

- f) Payment of Benefits
On termination of services, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account balance, or receive payments through an installment agreement as soon as administratively feasible.

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN *(continued)*

g) *Investment Options*

Upon enrollment in the Plan, a participant may direct employee and employer contributions in various investment options. Participants may change their investment options at any time.

h) *Forfeited Accounts*

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$14,274 and \$15,679, respectively. These amounts will be used to reduce future employer contributions and pay administrative expenses. In 2024 and 2023, the Plan used \$55,115 and \$0, respectively, to reduce the employer matching contributions or pay administrative expenses.

i) *Participant Notes Receivable*

The Plan allows a maximum of two loans outstanding for each participant. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear reasonable rates of interest determined by the Plan sponsor. Principal and interest is paid ratably through bi-weekly payroll deductions.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared using the accrual method of accounting in accordance with generally accepted accounting principles in the United States of America.

Estimates

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

Payment of Benefits

Benefits are recorded when paid.

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

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

Participant Notes Receivable

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are recorded as distributions based upon the terms of the plan document.

Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

Excess Contributions Refundable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. The Plan distributes the excess contributions to the applicable participants before March 15th, annually.

Prior Year Reclassification

Certain amounts in the prior year financial statements have been reclassified to conform with the current year presentation. Such reclassifications had no effect on net assets available for benefits.

Subsequent Events

Subsequent events have been evaluated through August 28, 2025 which is the date the Financial Statements were available to be issued.

NOTE 3: PLAN TERMINATION

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

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan invests in mutual funds and a common collective trust sponsored by Fidelity Investments Institutional Operations Company, the Plan’s custodian, and therefore, these transactions qualify as party-in-interest transactions. Administrative fees related to the custodians’ administration of the Plan are paid by the Plan. Other administrative fees are paid by the Plan sponsor on behalf of the Plan.

NOTE 5: INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

The following information included in the accompanying financial statements and supplementary schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	<u>2024</u>	<u>2023</u>
Investments, at fair market value	\$43,443,223	\$36,153,636
Investment income:		
Net appreciation (depreciation) in fair value of investments	4,965,635	5,191,372
Interest and dividends	1,221,892	961,216
Interest income on notes receivable from participants	101,520	69,154

NOTE 6: TAX STATUS

The non-standardized pre-approved profit-sharing plan document used by the third-party administrator obtained its latest determination letter on June 30, 2020 in which the Internal Revenue Service stated that the document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan’s tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: RISKS AND UNCERTAINTIES

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

NOTE 8: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$44,626,486	\$37,327,356
Contributions receivable		
Participant	-	(98,376)
Employer	-	(24,070)
	<hr/>	<hr/>
Net assets available for benefits per Schedule H of Form 5500	<u><u>\$44,626,486</u></u>	<u><u>\$37,204,910</u></u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the year ended December 31, 2024 to Schedule H of Form 5500:

	<u>2024</u>
Change in net assets available for benefits per financial statements	\$7,299,130
Current year contribution receivable	-
Prior year contribution receivable	122,446
	<hr/>
Change in net assets available for benefits per Schedule H of Form 5500	<u><u>\$7,421,576</u></u>

ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9: FAIR VALUE MEASUREMENTS (UNAUDITED)

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

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3: Inputs that are unobservable for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

Self-directed brokerage accounts. Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9: FAIR VALUE MEASUREMENTS (UNAUDITED) (continued)

Common Collective Trust. Valued at the net asset value, NAV, of units of the collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The following table sets forth by level, within the hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2024			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$39,299,700	\$ -	\$ -	\$39,299,700
Self-directed brokerage account	2,226,625	-	-	2,226,625
Total assets in fair value hierarchy	41,526,325	-	-	41,526,325
Investments measured at net asset value (a)	-	-	-	1,916,898
Total investments at fair value	\$41,526,325	\$ -	\$ -	\$43,443,223
	Assets at Fair Value as of December 31, 2023			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$32,598,753	\$ -	\$ -	\$32,598,753
Self-directed brokerage account	1,789,761	-	-	1,789,761
Total assets in fair value hierarchy	34,388,514	-	-	34,388,514
Investments measured at net asset value (a)	-	-	-	1,765,122
Total investments at fair value	\$34,388,514	\$ -	\$ -	\$36,153,636

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

**ISLAND OPERATING COMPANY, INC.
PROFIT SHARING 401(k) PLAN**

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9: FAIR VALUE MEASUREMENTS (UNAUDITED) *(continued)*

Investments Measured Using Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023, respectively.

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Galliard Stble Rtn M	\$1,916,898	N/A	Daily	None
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Galliard Stble Rtn M	\$1,765,122	N/A	Daily	None

NOTE 10: PLAN AMENDMENTS

During 2022, the SECURE Act 2.0 was passed, which expanded on provisions passed in the SECURE Act of 2019 and included new provisions that made improvements to retirement savings options. During 2023, the Plan implemented the required provisions of the SECURE 2.0 Act, which includes reducing required minimum distribution penalties, increasing the age for required minimum distributions to age 73, and allowing self-certification of hardships.

During 2024, the Plan implemented the required provisions of the SECURE 2.0 Act, which includes allowing long-term part time employees to participate in the plan if the eligibility requirement is met and allowing spousal beneficiaries to elect to have require minimum distribution rules applied as if the participant is deceased. Formal amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable laws and IRS guidance.

Island Operating Company, Inc.
Island Operating Company, Inc. Profit Sharing 401(k) Plan
Employer Identification #72-1075336
Plan #001
Plan Year 01/01/24 to 12/31/24

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

(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	
GALLIARD STBLE RTN M	Common collective trust	\$ -	\$1,916,898	
ABF SM CAP VAL R5	Mutual fund	-	75,646	
AS SPL SM CP VAL IS	Mutual fund	-	467,010	
COL SEL MIDCP GR S	Mutual fund	-	1,007,829	
* FID 500 INDEX	Mutual fund	-	2,885,294	
* FID CONTRAFUND K6	Mutual fund	-	9,229,985	
* FID EMERGING MKTS K	Mutual fund	-	431,985	
* FID EXTD MKT IDX	Mutual fund	-	389,105	
* FID FREEDOM INC K	Mutual fund	-	3,126	
* FID FREEDOM 2010 K	Mutual fund	-	752	
* FID FREEDOM 2015 K	Mutual fund	-	75,782	
* FID FREEDOM 2020 K	Mutual fund	-	21,856	
* FID FREEDOM 2025 K	Mutual fund	-	1,371,067	
* FID FREEDOM 2030 K	Mutual fund	-	1,107,476	
* FID FREEDOM 2035 K	Mutual fund	-	2,872,978	
* FID FREEDOM 2040 K	Mutual fund	-	2,261,894	
* FID FREEDOM 2045 K	Mutual fund	-	2,108,113	
* FID FREEDOM 2050 K	Mutual fund	-	1,651,826	
* FID FREEDOM 2055 K	Mutual fund	-	1,608,992	
* FID FREEDOM 2060 K	Mutual fund	-	657,611	
* FID FREEDOM 2065 K	Mutual fund	-	165,379	
* FID MULTI ASSET IDX	Mutual fund	-	179,072	
* FID GOVT MMRK PRM	Mutual fund	-	1,048,006	
* FID INTL INDEX	Mutual fund	-	630,960	
* FID LOW-PRICED ST K6	Mutual fund	-	1,758,044	
* FID OVERSEAS K	Mutual fund	-	1,537,480	
* FID US BOND IDX	Mutual fund	-	1,182,971	
INVS GLOBAL R6	Mutual fund	-	241,862	
INVS HIGH YIELD R6	Mutual fund	-	142,577	
J H ENTERPRISE I	Mutual fund	-	319,242	
LOOMIS SM CP GRTH N	Mutual fund	-	686,266	
OAKMARK EQ & INC IS	Mutual fund	-	448,782	
PIM REAL RETURN INST	Mutual fund	-	571,764	
PUTN LG CAP VAL R6	Mutual fund	-	1,708,828	
VANG SM CAP IDX ADM	Mutual fund	-	450,140	
ABBVIE INC COM	Self-directed brokerage account	-	16,074	
ADOBE SYS INC COM	Self-directed brokerage account	-	3,113	

Island Operating Company, Inc.
Island Operating Company, Inc. Profit Sharing 401(k) Plan
Employer Identification #72-1075336
Plan #001
Plan Year 01/01/24 to 12/31/24

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

(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
	ALIBABA GROUP HLDG LTD	Self-directed brokerage account	\$ -	\$1,756
	ALPHABET INC CAP STK CL A	Self-directed brokerage account	-	109,996
	AMAZON.COM INC	Self-directed brokerage account	-	70,992
	ANHEUSER-BUSCH INBEV ADR EAH REP 1 ORD	Self-directed brokerage account	-	1,768
	APPLE COMPUTER INC	Self-directed brokerage account	-	176,990
	APPLE RUSH CO INC COM	Self-directed brokerage account	-	33
	ARK ETF TR AUTNMUS TECHN LGY	Self-directed brokerage account	-	4,282
	ARK ETF TR GENOMIC REVOLUTION MULTI	Self-directed brokerage account	-	1,208
	ARTISAN PARTNERS ASSET MGMT INC COM	Self-directed brokerage account	-	3,233
	ASML HOLDING NV	Self-directed brokerage account	-	6,960
	ASTERA ABS INC COM	Self-directed brokerage account	-	13,245
	ATLISSIAN CORP	Self-directed brokerage account	-	4,868
	AT&T INC COM	Self-directed brokerage account	-	3,652
	BAIDU COM INC SPON ADR RESTG ORD SHS CL	Self-directed brokerage account	-	1,686
	BERKSHIRE HATHAWAY INC COM	Self-directed brokerage account	-	22,664
	BLACKBERRY LTD COM	Self-directed brokerage account	-	567
	BLOCK INC CL A	Self-directed brokerage account	-	1,870
	BOEING CO	Self-directed brokerage account	-	20,607
	BROADCOM INC COM	Self-directed brokerage account	-	11,621
	CANOPY GROWTH CORPORATION COM	Self-directed brokerage account	-	11
	CATERPILLAR INC	Self-directed brokerage account	-	4,684
	CHEVRONTEXACO CORP	Self-directed brokerage account	-	1,791
	CLEVELAND CLIFFS INC COM	Self-directed brokerage account	-	381
	CLOUDFARE INC CL A	Self-directed brokerage account	-	10,768
	COCA COLA CO	Self-directed brokerage account	-	1,464
	COTERRA ENERGY INC COM	Self-directed brokerage account	-	7,279
	CROWDSTRIKE HLDGS INC CL A	Self-directed brokerage account	-	10,265
	CVS CORP DEL	Self-directed brokerage account	-	1,735
	CYBERLUX CORP COM	Self-directed brokerage account	-	8
	DISNEY WALT CO DEL (HOLDING COMPANY)	Self-directed brokerage account	-	6,588
	DODGE & COX STOCK	Self-directed brokerage account	-	52,467
	EQUINIX INC COM	Self-directed brokerage account	-	3,789
	EXXON MOBILE CORP	Self-directed brokerage account	-	2,181
	FIDELITY CASH RESERVES COMMON STOCK	Self-directed brokerage account	-	109,013
	FIDELITY GROWTH & INCOME	Self-directed brokerage account	-	39,541
	FIDELITY INT'L GROWTH FUND	Self-directed brokerage account	-	39,948
	FIDELITY LARGE CAP GROWTH IDX	Self-directed brokerage account	-	41,344

Island Operating Company, Inc.
Island Operating Company, Inc. Profit Sharing 401(k) Plan
Employer Identification #72-1075336
Plan #001
Plan Year 01/01/24 to 12/31/24

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

(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	
FIDELITY MID CAP IDX	Self-directed brokerage account	\$ -	\$39,078	
FIDELITY SELECT HEALTH CARE	Self-directed brokerage account	-	6,484	
FIDELITY SELECT TECHNOLOGY	Self-directed brokerage account	-	13,865	
FIVERR INTERNATIONAL LTD COM NPV	Self-directed brokerage account	-	317	
FORTINET INC COM	Self-directed brokerage account	-	9,448	
FORWARDLY INC COM	Self-directed brokerage account	-	2	
GAMESTOP CORPORATION COM	Self-directed brokerage account	-	1,567	
GENERAL ELECTRIC CO COM NEW	Self-directed brokerage account	-	3,551	
GE HEALTHCARE TECHNOLOGIES INC	Self-directed brokerage account	-	549	
GE VERNOVA INC COM	Self-directed brokerage account	-	1,645	
GITILAB INC CLASS A COM	Self-directed brokerage account	-	2,818	
HOME DEPOT INC	Self-directed brokerage account	-	46,453	
HUBSPOT INC COM	Self-directed brokerage account	-	4,181	
IMPERIUM GROUP GLOBAL HOLDINGS LTD	Self-directed brokerage account	-	33	
INMODE LTD COM	Self-directed brokerage account	-	747	
IONQ INC COM	Self-directed brokerage account	-	25,062	
J P MORGAN CHASE & CO	Self-directed brokerage account	-	5,487	
JOHNSON & JOHNSON	Self-directed brokerage account	-	8,994	
KLA CORP COM NEW	Self-directed brokerage account	-	3,790	
KONA GOLD BEVERAGE INC COM	Self-directed brokerage account	-	1	
KRONOS ADVANCED TECHNOLOGIES INC	Self-directed brokerage account	-	15	
LOWES COMPANIES	Self-directed brokerage account	-	39,535	
MARVELL TECHNOLOGY GROUP LTD	Self-directed brokerage account	-	3,041	
MERCADOLIBRE INC	Self-directed brokerage account	-	34,009	
META PLATFORMS INC	Self-directed brokerage account	-	26,445	
MICRON TECHNOLOGY INC	Self-directed brokerage account	-	337	
MICROSOFT CORP	Self-directed brokerage account	-	65,209	
MOGO INC COM	Self-directed brokerage account	-	782	
NETFLIX COM INC COM	Self-directed brokerage account	-	22,283	
NVIDIA CORPORATION COM	Self-directed brokerage account	-	42,170	
PALO ALTO NETWORKS INC COM	Self-directed brokerage account	-	7,278	
PAO GROUP INC COM	Self-directed brokerage account	-	11	
POLESTAR AUTOMOTIVE HLDG UK	Self-directed brokerage account	-	37	
POOL CORP COM	Self-directed brokerage account	-	2,139	
RACKSPACE TECHNOLOGY INC COM	Self-directed brokerage account	-	40	
RAINMAKER WORLDWIDE INC COM	Self-directed brokerage account	-	1	
REDWIRE CORPORATION COM	Self-directed brokerage account	-	1,432	

Island Operating Company, Inc.
Island Operating Company, Inc. Profit Sharing 401(k) Plan
Employer Identification #72-1075336
Plan #001
Plan Year 01/01/24 to 12/31/24

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

(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
	ROCKET LAB USA INC COM	Self-directed brokerage account	\$ -	\$3,011
	ROCKWELL INTL CORP COM	Self-directed brokerage account	-	26
	ROKU INC COM CL A	Self-directed brokerage account	-	966
	RUMBLE INC COM CL A	Self-directed brokerage account	-	10,833
	SEA LIMITED ADS EACH REP ONE CLASS A ORD	Self-directed brokerage account	-	743
	SERVICENOW INC COM	Self-directed brokerage account	-	10,601
	SPDR PORTFOLIO S&P 400 MID CAP ETF	Self-directed brokerage account	-	10,979
	SPDR PORTFOLIO S&P 500 ETF	Self-directed brokerage account	-	45,471
	SPDR PORTFOLIO S&P 600 SMALL CAP ETF	Self-directed brokerage account	-	9,040
	SYNOPSIS INC	Self-directed brokerage account	-	3,883
	TAKE-TWO INTERACTIVE SOFTWARE	Self-directed brokerage account	-	736
	TALOS ENERGY INC COM	Self-directed brokerage account	-	2,622
	TELKOM	Self-directed brokerage account	-	763
	TERADYNE INC	Self-directed brokerage account	-	5,135
	TESLA MOTORS INC COM	Self-directed brokerage account	-	87,470
	THE TRADE DESK INC COM CL A	Self-directed brokerage account	-	189,196
	TRANSOCEAN LTD ZUG NAMEN -AKT	Self-directed brokerage account	-	150
	T ROWE PRICE BLUE CHIP GROWTH INC	Self-directed brokerage account	-	34,516
	VANGUARD BALANCED INDEX ADMIRAL	Self-directed brokerage account	-	68,924
	VANGUARD GLOBAL WELLINGTON INVESTOR	Self-directed brokerage account	-	160,365
	VANGUARD GROWTH INDEX FUND	Self-directed brokerage account	-	10,475
	VANGUARD HEALTH CARE INDEX FUND	Self-directed brokerage account	-	12,103
	VANGUARD MID CAP INDEX FUND	Self-directed brokerage account	-	5,574
	VANGUARD REAL ESTATE INDEX FUND	Self-directed brokerage account	-	6,110
	VANGUARD TOTAL STK MARKET IDX FUND	Self-directed brokerage account	-	9,158
	VANGUARD WELLESLEY INCOME INV	Self-directed brokerage account	-	271,708
	VANGUARD WORLD FDS	Self-directed brokerage account	-	6,384
	WAL-MART STORES INC	Self-directed brokerage account	-	23,180
	ZIMMER HLDGS INC	Self-directed brokerage account	-	9
	ZSCALER INC COM	Self-directed brokerage account	-	7,216
*	PARTICIPANT NOTES RECEIVABLE	Rates are 4.25%-9.25%	-	1,205,939

* Party-in-interest

Island Operating Company, Inc.
Island Operating Company, Inc. Profit Sharing 401(k) Plan
Employer Identification #72-1075336
Plan #001
Plan Year 01/01/24 to 12/31/24

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

(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	
GALLIARD STBLE RTN M	Common collective trust	\$ -	\$1,916,898	
ABF SM CAP VAL R5	Mutual fund	-	75,646	
AS SPL SM CP VAL IS	Mutual fund	-	467,010	
COL SEL MIDCP GR S	Mutual fund	-	1,007,829	
* FID 500 INDEX	Mutual fund	-	2,885,294	
* FID CONTRAFUND K6	Mutual fund	-	9,229,985	
* FID EMERGING MKTS K	Mutual fund	-	431,985	
* FID EXTD MKT IDX	Mutual fund	-	389,105	
* FID FREEDOM INC K	Mutual fund	-	3,126	
* FID FREEDOM 2010 K	Mutual fund	-	752	
* FID FREEDOM 2015 K	Mutual fund	-	75,782	
* FID FREEDOM 2020 K	Mutual fund	-	21,856	
* FID FREEDOM 2025 K	Mutual fund	-	1,371,067	
* FID FREEDOM 2030 K	Mutual fund	-	1,107,476	
* FID FREEDOM 2035 K	Mutual fund	-	2,872,978	
* FID FREEDOM 2040 K	Mutual fund	-	2,261,894	
* FID FREEDOM 2045 K	Mutual fund	-	2,108,113	
* FID FREEDOM 2050 K	Mutual fund	-	1,651,826	
* FID FREEDOM 2055 K	Mutual fund	-	1,608,992	
* FID FREEDOM 2060 K	Mutual fund	-	657,611	
* FID FREEDOM 2065 K	Mutual fund	-	165,379	
* FID MULTI ASSET IDX	Mutual fund	-	179,072	
* FID GOVT MMRK PRM	Mutual fund	-	1,048,006	
* FID INTL INDEX	Mutual fund	-	630,960	
* FID LOW-PRICED ST K6	Mutual fund	-	1,758,044	
* FID OVERSEAS K	Mutual fund	-	1,537,480	
* FID US BOND IDX	Mutual fund	-	1,182,971	
INVS GLOBAL R6	Mutual fund	-	241,862	
INVS HIGH YIELD R6	Mutual fund	-	142,577	
J H ENTERPRISE I	Mutual fund	-	319,242	
LOOMIS SM CP GRTH N	Mutual fund	-	686,266	
OAKMARK EQ & INC IS	Mutual fund	-	448,782	
PIM REAL RETURN INST	Mutual fund	-	571,764	
PUTN LG CAP VAL R6	Mutual fund	-	1,708,828	
VANG SM CAP IDX ADM	Mutual fund	-	450,140	
ABBVIE INC COM	Self-directed brokerage account	-	16,074	
ADOBE SYS INC COM	Self-directed brokerage account	-	3,113	

Island Operating Company, Inc.
Island Operating Company, Inc. Profit Sharing 401(k) Plan
Employer Identification #72-1075336
Plan #001
Plan Year 01/01/24 to 12/31/24

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

(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	
ALIBABA GROUP HLDG LTD	Self-directed brokerage account	\$ -	\$1,756	
ALPHABET INC CAP STK CL A	Self-directed brokerage account	-	109,996	
AMAZON.COM INC	Self-directed brokerage account	-	70,992	
ANHEUSER-BUSCH INBEV ADR EAH REP 1 ORD	Self-directed brokerage account	-	1,768	
APPLE COMPUTER INC	Self-directed brokerage account	-	176,990	
APPLE RUSH CO INC COM	Self-directed brokerage account	-	33	
ARK ETF TR AUTNMUS TECHNLY	Self-directed brokerage account	-	4,282	
ARK ETF TR GENOMIC REVOLUTION MULTI	Self-directed brokerage account	-	1,208	
ARTISAN PARTNERS ASSET MGMT INC COM	Self-directed brokerage account	-	3,233	
ASML HOLDING NV	Self-directed brokerage account	-	6,960	
ASTERA ABS INC COM	Self-directed brokerage account	-	13,245	
ATLISSIAN CORP	Self-directed brokerage account	-	4,868	
AT&T INC COM	Self-directed brokerage account	-	3,652	
BAIDU COM INC SPON ADR RESTG ORD SHS CL	Self-directed brokerage account	-	1,686	
BERKSHIRE HATHAWAY INC COM	Self-directed brokerage account	-	22,664	
BLACKBERRY LTD COM	Self-directed brokerage account	-	567	
BLOCK INC CL A	Self-directed brokerage account	-	1,870	
BOEING CO	Self-directed brokerage account	-	20,607	
BROADCOM INC COM	Self-directed brokerage account	-	11,621	
CANOPY GROWTH CORPORATION COM	Self-directed brokerage account	-	11	
CATERPILLAR INC	Self-directed brokerage account	-	4,684	
CHEVRONTEXACO CORP	Self-directed brokerage account	-	1,791	
CLEVELAND CLIFFS INC COM	Self-directed brokerage account	-	381	
CLOUDFARE INC CL A	Self-directed brokerage account	-	10,768	
COCA COLA CO	Self-directed brokerage account	-	1,464	
COTERRA ENERGY INC COM	Self-directed brokerage account	-	7,279	
CROWDSTRIKE HLDGS INC CL A	Self-directed brokerage account	-	10,265	
CVS CORP DEL	Self-directed brokerage account	-	1,735	
CYBERLUX CORP COM	Self-directed brokerage account	-	8	
DISNEY WALT CO DEL (HOLDING COMPANY)	Self-directed brokerage account	-	6,588	
DODGE & COX STOCK	Self-directed brokerage account	-	52,467	
EQUINIX INC COM	Self-directed brokerage account	-	3,789	
EXXON MOBILE CORP	Self-directed brokerage account	-	2,181	
FIDELITY CASH RESERVES COMMON STOCK	Self-directed brokerage account	-	109,013	
FIDELITY GROWTH & INCOME	Self-directed brokerage account	-	39,541	
FIDELITY INT'L GROWTH FUND	Self-directed brokerage account	-	39,948	
FIDELITY LARGE CAP GROWTH IDX	Self-directed brokerage account	-	41,344	

Island Operating Company, Inc.
Island Operating Company, Inc. Profit Sharing 401(k) Plan
Employer Identification #72-1075336
Plan #001
Plan Year 01/01/24 to 12/31/24

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

(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	
FIDELITY MID CAP IDX	Self-directed brokerage account	\$ -	\$39,078	
FIDELITY SELECT HEALTH CARE	Self-directed brokerage account	-	6,484	
FIDELITY SELECT TECHNOLOGY	Self-directed brokerage account	-	13,865	
FIVERR INTERNATIONAL LTD COM NPV	Self-directed brokerage account	-	317	
FORTINET INC COM	Self-directed brokerage account	-	9,448	
FORWARDLY INC COM	Self-directed brokerage account	-	2	
GAMESTOP CORPORATION COM	Self-directed brokerage account	-	1,567	
GENERAL ELECTRIC CO COM NEW	Self-directed brokerage account	-	3,551	
GE HEALTHCARE TECHNOLOGIES INC	Self-directed brokerage account	-	549	
GE VERNOVA INC COM	Self-directed brokerage account	-	1,645	
GITILAB INC CLASS A COM	Self-directed brokerage account	-	2,818	
HOME DEPOT INC	Self-directed brokerage account	-	46,453	
HUBSPOT INC COM	Self-directed brokerage account	-	4,181	
IMPERIUM GROUP GLOBAL HOLDINGS LTD	Self-directed brokerage account	-	33	
INMODE LTD COM	Self-directed brokerage account	-	747	
IONQ INC COM	Self-directed brokerage account	-	25,062	
J P MORGAN CHASE & CO	Self-directed brokerage account	-	5,487	
JOHNSON & JOHNSON	Self-directed brokerage account	-	8,994	
KLA CORP COM NEW	Self-directed brokerage account	-	3,790	
KONA GOLD BEVERAGE INC COM	Self-directed brokerage account	-	1	
KRONOS ADVANCED TECHNOLOGIES INC	Self-directed brokerage account	-	15	
LOWES COMPANIES	Self-directed brokerage account	-	39,535	
MARVELL TECHNOLOGY GROUP LTD	Self-directed brokerage account	-	3,041	
MERCADOLIBRE INC	Self-directed brokerage account	-	34,009	
META PLATFORMS INC	Self-directed brokerage account	-	26,445	
MICRON TECHNOLOGY INC	Self-directed brokerage account	-	337	
MICROSOFT CORP	Self-directed brokerage account	-	65,209	
MOGO INC COM	Self-directed brokerage account	-	782	
NETFLIX COM INC COM	Self-directed brokerage account	-	22,283	
NVIDIA CORPORATION COM	Self-directed brokerage account	-	42,170	
PALO ALTO NETWORKS INC COM	Self-directed brokerage account	-	7,278	
PAO GROUP INC COM	Self-directed brokerage account	-	11	
POLESTAR AUTOMOTIVE HLDG UK	Self-directed brokerage account	-	37	
POOL CORP COM	Self-directed brokerage account	-	2,139	
RACKSPACE TECHNOLOGY INC COM	Self-directed brokerage account	-	40	
RAINMAKER WORLDWIDE INC COM	Self-directed brokerage account	-	1	
REDWIRE CORPORATION COM	Self-directed brokerage account	-	1,432	

Island Operating Company, Inc.
Island Operating Company, Inc. Profit Sharing 401(k) Plan
Employer Identification #72-1075336
Plan #001
Plan Year 01/01/24 to 12/31/24

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

(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
	ROCKET LAB USA INC COM	Self-directed brokerage account	\$ -	\$3,011
	ROCKWELL INTL CORP COM	Self-directed brokerage account	-	26
	ROKU INC COM CL A	Self-directed brokerage account	-	966
	RUMBLE INC COM CL A	Self-directed brokerage account	-	10,833
	SEA LIMITED ADS EACH REP ONE CLASS A ORD	Self-directed brokerage account	-	743
	SERVICENOW INC COM	Self-directed brokerage account	-	10,601
	SPDR PORTFOLIO S&P 400 MID CAP ETF	Self-directed brokerage account	-	10,979
	SPDR PORTFOLIO S&P 500 ETF	Self-directed brokerage account	-	45,471
	SPDR PORTFOLIO S&P 600 SMALL CAP ETF	Self-directed brokerage account	-	9,040
	SYNOPSIS INC	Self-directed brokerage account	-	3,883
	TAKE-TWO INTERACTIVE SOFTWARE	Self-directed brokerage account	-	736
	TALOS ENERGY INC COM	Self-directed brokerage account	-	2,622
	TELKOM	Self-directed brokerage account	-	763
	TERADYNE INC	Self-directed brokerage account	-	5,135
	TESLA MOTORS INC COM	Self-directed brokerage account	-	87,470
	THE TRADE DESK INC COM CL A	Self-directed brokerage account	-	189,196
	TRANSOCEAN LTD ZUG NAMEN -AKT	Self-directed brokerage account	-	150
	T ROWE PRICE BLUE CHIP GROWTH INC	Self-directed brokerage account	-	34,516
	VANGUARD BALANCED INDEX ADMIRAL	Self-directed brokerage account	-	68,924
	VANGUARD GLOBAL WELLINGTON INVESTOR	Self-directed brokerage account	-	160,365
	VANGUARD GROWTH INDEX FUND	Self-directed brokerage account	-	10,475
	VANGUARD HEALTH CARE INDEX FUND	Self-directed brokerage account	-	12,103
	VANGUARD MID CAP INDEX FUND	Self-directed brokerage account	-	5,574
	VANGUARD REAL ESTATE INDEX FUND	Self-directed brokerage account	-	6,110
	VANGUARD TOTAL STK MARKET IDX FUND	Self-directed brokerage account	-	9,158
	VANGUARD WELLESLEY INCOME INV	Self-directed brokerage account	-	271,708
	VANGUARD WORLD FDS	Self-directed brokerage account	-	6,384
	WAL-MART STORES INC	Self-directed brokerage account	-	23,180
	ZIMMER HLDGS INC	Self-directed brokerage account	-	9
	ZSCALER INC COM	Self-directed brokerage account	-	7,216
*	PARTICIPANT NOTES RECEIVABLE	Rates are 4.25%-9.25%	-	1,205,939

* Party-in-interest