

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>J. M. BOZEMAN ENTERPRISES, INC.</u></p> <p><u>166 SELTZER LANE</u> <u>MALVERN, AR 72104</u></p>	<p>1c Effective date of plan <u>01/01/2014</u></p> <p>2b Employer Identification Number (EIN) <u>71-0793001</u></p> <p>2c Plan Sponsor's telephone number <u>501-844-4060</u></p> <p>2d Business code (see instructions) <u>484120</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	ROBERT LASTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	339
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)	296
	6a(2)	255
	6b	5
	6c	36
	6d	296
	6e	0
	6f	296
	6g(1)	137
	6g(2)	130
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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 type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 J. M. BOZEMAN ENTERPRISES, INC.	D Employer Identification Number (EIN) 71-0793001

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	172579	170547
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	85563	50407
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3435480	3941070
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3693622	4162024
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3693622	4162024

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)	155570	
(B) Participants.....	2a(1)(B)	363644	
(C) Others (including rollovers).....	2a(1)(C)	15084	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		534298
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1752	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1752
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	189170	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		189170
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		318758
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1043978

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	529577	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		529577
f Corrective distributions (see instructions)	2f		40624
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5375	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5375
j Total expenses. Add all expense amounts in column (b) and enter total	2j		575576

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		468402
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WELCH, COUCH, & COMPANY, PA**

(2) EIN: **71-0623618**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

A Name of plan <u>J. M. BOZEMAN ENTERPRISES, INC. 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>J. M. BOZEMAN ENTERPRISES, INC.</u>	D Employer Identification Number (EIN) <u>71-0793001</u>	

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

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

1		0
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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): 95-6817943

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	
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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.)
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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
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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.
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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 Q703785A.

**J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN
EIN: 71-0793001 PN: 001**

Financial Statements and Supplemental Schedule

**As of December 31, 2024 and 2023 and
for the Year Ended December 31, 2024
with Independent Auditor's Report**

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN

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Welch, Couch & Company, PA

Certified Public Accountants

Jeff D. Welch, CPA, JD | Rachel M. Pennywitt, CPA
M. Garrett McSpadden, CPA | Allen E. Brinkman, CPA

Members of American Institute of Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrator of
J. M. Bozeman Enterprises, Inc. 401(k) Plan
Malvern, Arkansas

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

We have performed audits of the accompanying financial statements of J. M. Bozeman Enterprises, Inc. 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 statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of J. M. Bozeman Enterprises, Inc. 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 year ended December 31, 2024, stating that the certified investment information, as described in Note 3 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).

Batesville: PO Box 2094 | Batesville, AR 72503 | P: 870.793.5231 | F: 870.793.7788
Salem: PO Box 647 | Salem, AR 72576 | P: 870.895.3212 | F: 870.895.2998
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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 J. M. Bozeman Enterprises, Inc. 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 J. M. Bozeman Enterprises, Inc. 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.

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 J. M. Bozeman Enterprises, Inc. 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 J. M. Bozeman Enterprises, Inc. 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.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i-Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental 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).

Welch, Couch & Company, PA
Welch, Couch & Company, PA
 Certified Public Accountants

West Plains, Missouri
 September 29, 2025

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
Money market	\$ 50,407	\$ 85,563
Investments, at fair value - Notes 2, 3 and 4	3,941,069	3,435,480
Total investments	3,991,476	3,521,043
Receivables:		
Employer contributions	170,548	172,579
Total receivables	170,548	172,579
Total assets	4,162,024	3,693,622
<u>Liabilities</u>		
Excess contributions payable	-	34,218
Net assets available for benefits	\$ 4,162,024	\$ 3,659,404

The notes to the financial statements are an integral part of this statement.

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

	<u>2024</u>
Additions:	
Investment income	
Interest and dividends	\$ 190,578
Net appreciation in fair value of investments	319,102
Total investment income	<u>509,680</u>
Contributions	
Employer	155,570
Participants	363,644
Rollovers	15,084
Total contributions	<u>534,298</u>
Total additions	<u>1,043,978</u>
Deductions:	
Benefits paid to participants	535,983
Administrative and other expenses	5,375
Total deductions	<u>541,358</u>
Net increase in net assets available for benefits	502,620
Net assets available for benefits, beginning of year	<u>3,659,404</u>
Net assets available for benefits, end of year	<u><u>\$ 4,162,024</u></u>

The notes to the financial statements are an integral part of this statement.

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN

Notes to Financial Statements

December 31, 2024

Note 1 – Description of the Plan

The following description of the J. M. Bozeman Enterprises, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the plan's provisions. The Plan was most recently restated January 1, 2022, to allow participation in the plan after 60 days of employment instead of the original 90 days.

General

Effective January 1, 2014, J. M. Bozeman Enterprises, Inc. established the J. M. Bozeman Enterprises, Inc. 401(k) Plan. The Plan is a defined contribution plan covering substantially all employees of J. M. Bozeman Enterprises, Inc. (Employer) with the exception of those noted in the plan documents. Employees who have reached the age of 21 and completed 60 days of service are eligible to participate in the plan on the first day of each calendar month following the satisfaction of the eligibility requirements. The board of directors of J. M. Bozeman Enterprises, Inc. control and manage the operation and administration of the plan. The Board reviews the plan performance and investment options periodically. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, referred to as ERISA.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the plan, subject to certain limitations under the Internal Revenue Code. Bonuses are not subject to deferral elections. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans subject to certain limitations as defined by the plan. Participants direct the investment of their contributions into various investments offered by the Plan. The employer may make matching contributions to the plan annually. To be eligible to receive matching contributions, a participant must complete 1,000 hours of service and be employed on the last day of the plan year. The employer's matching contribution is discretionary and is made in proportion to the participant salary deferrals not to exceed the first 3% of the participant's compensation. The employer may also make profit sharing contributions and qualified non-elective and qualified matching contributions to the plan each year and in such amount, if any, as it may determine. To be eligible to receive an allocation of the discretionary employer profit sharing contributions and or any qualified non-elective and qualified matching contributions a participant must complete 1,000 hours of service during the plan year and be employed the last day of the plan year. There were no discretionary profit sharing contribution or employer qualified non-elective and qualified matching contributions made for plan years ended 2024 or 2023.

Participant Accounts

Each participant's account is credited with the participant's contributions plus an allocation of (a) the employer's matching contribution, discretionary profit sharing contribution and qualified non-elective and qualified matching contribution, and (b) plan earnings less administrative expenses. Allocations of plan earnings are based on each participant's account balance. Allocations of employer contributions are based on each participant's compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN

Notes to Financial Statements

December 31, 2024

Note 1 – Description of the Plan (Cont.)

Vesting

Participants are immediately vested in their salary deferrals and rollover accounts and any qualified non-elective and qualified matching contributions. Vesting in any employer profit sharing or employer matching contributions is based on continuous years of service. A participant is 100% vested upon reaching six years or more of credited service or in the event of death or disability or attainment of normal retirement age of 65.

Forfeited Accounts

Forfeitures are to be applied to reduce administrative expenses of the plan first then any remaining forfeitures shall be applied to reduce any employer contributions. At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$24,801 and \$14,291 respectively. In 2024, \$0 of forfeitures were utilized to pay administrative expenses of the Plan. The employer reduced the December 31, 2024, employer match by \$15,144 from forfeited nonvested accounts subsequent to plan year ended December 31, 2024, which was paid April 2025 and reduced the employer match for December 31, 2023, by \$13,211 which was paid in April 2024.

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump sum distribution without regard to amount. The plan may make mandatory distribution of account balances that are \$1,000 or less excluding any rollover contributions when determining the value of the participant's nonforfeitable account balance. Hardship distributions of a participant's pre-tax salary deferrals and Roth deferrals are permitted.

Investment Options

Plan investments are participant directed. Upon enrollment in the Plan, a participant may direct contributions to any of 28 investment fund options managed by Capital Bank & Trust Company. Participants may change or transfer their investment options at any time via a secure internet website.

Administrative Expenses

Fees paid by the plan for investment management and recordkeeping services amounted to \$5,375 for the year ended December 31, 2024.

Note 2 – Summary of Accounting Policies

Basis of Accounting

The financial statements are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States.

Estimates and Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN

Notes to Financial Statements

December 31, 2024

Note 2 – Summary of Accounting Policies (Cont.)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by third-party administrators. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Expenses for the administration, investments, and processing of transactions related to the ongoing maintenance and operation of the plan may be charged against the assets of the plan, or paid by the Employer at its discretion. The Employer will pay all plan document expenses, base fees and reporting disclosure fees (Form 5500) charged by the contract administrator. Any expenses paid by the Employer are excluded from these financial statements. All other administrative expenses or fees not paid by the Employer will be allocated among the plan's terminated and active participants in accordance with the plan's expense policy.

Subsequent Events

The plan administrator has evaluated events through September 29, 2025, the date which the financial statements were available to be issued. The plan administrator is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

Note 3 – Investments

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and certified that the plan qualifies for a Section 103(a)(3)(C) audit. Accordingly, as permitted under such election, the following investment information was certified by Capital Bank and Trust Company, the custodian, and was not subjected to any audit procedures performed by the independent public accountants:

- a) Total investments and money market funds as shown in the accompanying statements of net assets available for benefits of \$3,991,476 and \$3,521,043 as of December 31, 2024 and 2023, respectively.
- b) Net investment income as shown in the accompanying statement of changes in net assets available for benefits of \$509,680 for the year ended December 31, 2024.
- c) All investment-related information in the accompanying supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024.

Participants direct the custodian regarding the investment of amounts held in their accounts.

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN

Notes to Financial Statements

December 31, 2024

Note 4 – Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs – Quoted prices in active markets for identical assets or liabilities.

Level 2 Inputs – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices for similar assets or liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Inputs – Unobservable inputs that are significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The inputs used for valuing assets are not an indication of the risk associated with investing in those assets.

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 (Registered Investment Companies) – The fair value of mutual funds is based on quoted market prices of identical assets, which is categorized within Level 1 of the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN

Notes to Financial Statements

December 31, 2024

Note 4 – Fair Value Measurements (Cont.)

The following table sets forth the Plan's assets by level within the fair value hierarchy as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies				
Money Market Fund	\$ 50,407	\$ -	\$ -	\$ 50,407
Other Registered Investment Companies	3,941,069	-	-	3,941,069
Total Registered Investment Companies	3,991,476	-	-	3,991,476
Total investments at fair value	\$ 3,991,476	\$ -	\$ -	\$ 3,991,476
Assets at Fair Value as of December 31, 2023				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies				
Money Market Fund	\$ 85,563	\$ -	\$ -	\$ 85,563
Other Registered Investment Companies	3,435,480	-	-	3,435,480
Total Registered Investment Companies	3,521,043	-	-	3,521,043
Total investments at fair value	\$ 3,521,043	\$ -	\$ -	\$ 3,521,043

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN

Notes to Financial Statements

December 31, 2024

Note 5 – Tax Status

The Employer has adopted a non-standardized pre-approved defined contribution plan offered by Wertz & Associates, Inc. The plan was effective January 1, 2014. The plan has received an opinion letter dated June 30, 2020, stating that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the plan has been amended and restated subsequent to the date of the opinion letter, the Employer believes the plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the plans amended and restated is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America requires plan management to evaluate tax positions taken by the plan and recognizes 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 applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that, as of December 31, 2024, there were no uncertain positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The plan is subject to routine audits by relevant taxing authorities for a period of three years from the later of the date the Form 5500 was filed or the return due date, including all approved extensions. At December 31, 2024, the plan had no tax audits in progress.

Note 6 – Plan Termination

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

Note 7 – Party-in-Interest Transactions

Certain plan investments are shares of mutual funds managed by Capital Bank and Trust (CB&T), which is the custodian and recordkeeper as defined by the plan. These transactions qualify as party-in interest transactions. Fees paid by the plan less applicable credits for the custodial and contract administration services amounted to \$5,375 for the year ended December 31, 2024. The plan sponsor, who also serves as the plan administrator and employer, absorbs certain administrative costs of the plan. Plan management believes the plan has no agreements or transactions with parties-in-interest that are prohibited under ERISA Section 3(14).

Note 8 – Risks and Uncertainties

The Plan invests in various mutual funds. Such investments, in general, are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in value 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.

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN

Notes to Financial Statements

December 31, 2024

Note 9 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 4,162,024	\$ 3,659,404
Excess contributions payable	<u>-</u>	<u>34,218</u>
Net assets available for benefits per the Form 5500	<u>\$ 4,162,024</u>	<u>\$ 3,693,622</u>

The following is a reconciliation of total plan additions per the financial statements to total income per the Form 5500:

	<u>2024</u>
Total additions per the financial statements	<u>\$ 1,043,978</u>
Total plan income per the Form 5500	<u>\$ 1,043,978</u>

The following is a reconciliation of the net increase per the financial statements to net income per the Form 5500:

	<u>2024</u>
Net income per financial statements	\$ 502,620
Excess contributions payable reported at December 31, 2023	<u>(34,218)</u>
Total net income per the Form 5500	<u>\$ 468,402</u>

SUPPLEMENTAL SCHEDULE

J. M. BOZEMAN ENTERPRISES, INC. 401(K) PLAN

EIN: 71-0793001 Plan # 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	American Funds-Money Market	Money Market	**	\$ 50,407
*	American Funds-Washington Mutual Investors Fund	Mutual Fund	**	268,445
*	American Funds-American Mutual Fund-R3	Mutual Fund	**	14,951
*	American Funds-The Investment Company Of America	Mutual Fund	**	145,871
*	American Funds-The Growth Fund Of America-R3	Mutual Fund	**	509,079
*	American Funds-The Income Fund Of America-R3	Mutual Fund	**	77,966
*	American Funds-New Perspective Fund-R3	Mutual Fund	**	88,942
*	American Funds-The Bond Fund Of America-R3	Mutual Fund	**	23,987
*	American Funds-Fundamental Investors-R3	Mutual Fund	**	56
*	American Funds-American Balanced Fund-R3	Mutual Fund	**	473
*	American Funds-Capital Income Builder-R3	Mutual Fund	**	62,061
*	American Funds-The New Economy Fund-R3	Mutual Fund	**	16
*	American Funds-US Government Fund-R3	Mutual Fund	**	2,113
*	American Funds-Capital World Growth And Income	Mutual Fund	**	32,452
*	American Funds-Short-Term Bond Fund Of America	Mutual Fund	**	22
*	American Funds-American Funds 2010 Target Date	Mutual Fund	**	6
*	American Funds-American Funds 2015 Target Date	Mutual Fund	**	63,734
*	American Funds-American Funds 2020 Target Date	Mutual Fund	**	78,489
*	American Funds-American Funds 2025 Target Date	Mutual Fund	**	101,657
*	American Funds-American Funds 2030 Target Date	Mutual Fund	**	593,720
*	American Funds-American Funds 2035 Target Date	Mutual Fund	**	737,650
*	American Funds-American Funds 2040 Target Date	Mutual Fund	**	289,870
*	American Funds-American Funds 2045 Target Date	Mutual Fund	**	325,358
*	American Funds-American Funds 2050 Target Date	Mutual Fund	**	257,308
*	American Funds-American Funds 2055 Target Date	Mutual Fund	**	50,355
*	American Funds-American Funds 2060 Target Date	Mutual Fund	**	63,360
*	American Funds-American Funds 2065 Target Date	Mutual Fund	**	18,480
*	American Funds-International Growth And Income	Mutual Fund	**	77,354
*	American Funds-Conservative Growth And Income	Mutual Fund	**	23,924
*	American Funds-Moderate Growth And Income-R3	Mutual Fund	**	279
*	American Funds-Growth And Income Portfolio	Mutual Fund	**	33,091
Total Money Market and Mutual Funds				\$ 3,991,476

* Represents a party-in-interest as defined by ERISA
 ** Column (d) is not applicable for participant directed investments.

The above information has been certified by Capital Bank and Trust Company, the custodian, as complete and accurate.

American Funds	Washington Mutual Investors Fund-R3	268445.21
American Funds	American Mutual Fund-R3	14951.01
American Funds	The Investment Company Of America-R3	145870.54
American Funds	The Growth Fund Of America-R3	509079.31
American Funds	The Income Fund Of America-R3	77965.88
American Funds	New Perspective Fund-R3	88941.54
American Funds	The Bond Fund Of America-R3	23987.28
American Funds	Fundamental Investors-R3	55.75
American Funds	American Balanced Fund-R3	472.77
American Funds	Capital Income Builder-R3	62061.44
American Funds	The New Economy Fund-R3	15.97
American Funds	U.S. Government Securities Fund-R3	2112.56
American Funds	Capital World Growth And Income-R3	32452.28
American Funds	Short-Term Bond Fund Of America-R3	21.85
American Funds	American Funds 2010 Target Date-R3	5.70
American Funds	American Funds 2015 Target Date-R3	63734.43
American Funds	American Funds 2020 Target Date-R3	78488.81
American Funds	American Funds 2025 Target Date-R3	101657.34
American Funds	American Funds 2030 Target Date-R3	593720.36
American Funds	American Funds 2035 Target Date-R3	737650.46
American Funds	American Funds 2040 Target Date-R3	289869.66
American Funds	American Funds 2045 Target Date-R3	325357.94
American Funds	American Funds 2050 Target Date-R3	257308.05
American Funds	American Funds 2055 Target Date-R3	50355.26
American Funds	American Funds 2060 Target Date-R3	63360.42
American Funds	American Funds 2065 Target Date-R3	18479.60
American Funds	International Growth And Income-R3	77354.45
American Funds	Money Market Fund	50406.72
American Funds	Conservative Growth and Income-R3	23924.05
American Funds	Moderate Growth and Income-R3	278.87
American Funds	Growth and Income Portfolio	33090.90