

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>CORPORATE FLIGHT MANAGEMENT, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>101</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CORPORATE FLIGHT MANAGEMENT, INC.</u> <u>808 BLUE ANGEL WAY</u> <u>SMYRNA, TN 37167</u>	1c Effective date of plan <u>01/01/2012</u> 2b Employer Identification Number (EIN) <u>62-1148507</u> 2c Plan Sponsor's telephone number <u>713-870-9150</u> 2d Business code (see instructions) <u>481000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	KELLY GINN
	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	686
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)	621
	6a(2)	688
	6b	0
	6c	67
	6d	755
	6e	0
	6f	755
	6g(1)	255
	6g(2)	308
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 2J 2K 2F 2G 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 _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan CORPORATE FLIGHT MANAGEMENT, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 CORPORATE FLIGHT MANAGEMENT, INC.	D Employer Identification Number (EIN) 62-1148507	

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

MID-ATLANTIC TRUST COMPANY

27-3169253

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

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

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

RENASANT BANK

209 TROY ST
TUPELO, MS 38802

(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?
21 27	NONE	74524	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

EPIC RETIREMENT PLAN SERVICES, INC.

16-1450952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38	NONE	8829	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 CORPORATE FLIGHT MANAGEMENT, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 101
C Plan sponsor's name as shown on line 2a of Form 5500 CORPORATE FLIGHT MANAGEMENT, INC.	D Employer Identification Number (EIN) 62-1148507

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	65525	134557
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	442315	383070
(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)	51420	76254
(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)	7357553	9150769
(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	7916813	9744650
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		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7916813	9744650

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)	926968	
(B) Participants.....	2a(1)(B)	1364660	
(C) Others (including rollovers).....	2a(1)(C)	77065	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2368693
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	18826	
(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)	5177	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24003
(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)	124515	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		124515
(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)		869486
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3386697

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1475100	
(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)		1475100
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	8829	
(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)	74931	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		83760
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1558860

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1827837
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: **NAIL MCKINNEY, PA**

(2) EIN: **64-0760834**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

A Name of plan <u>CORPORATE FLIGHT MANAGEMENT, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>101</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CORPORATE FLIGHT MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>62-1148507</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): <u>27-3169253</u>		
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Q703383A.

FINANCIAL REPORT
CORPORATE FLIGHT MANAGEMENT, INC.
401(k) PLAN

Smyrna, Tennessee

December 31, 2024

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Corporate Flight Management, Inc. 401(k) Plan
Smyrna, Tennessee

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

We have performed audits of the accompanying financial statements of Corporate Flight Management, 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 Corporate Flight Management, 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 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 Auditors' Responsibilities for the Audit of the Financial Statements section—

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

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Corporate Flight Management, 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 Corporate Flight Management, 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.

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 judgement 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 Corporate Flight Management, 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 Corporate Flight Management, 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.

Supplemental Schedules Required by ERISA

The supplemental schedule of Assets Held for Investment Purposes 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 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).

Naul McKinney Professional Association

Tupelo, Mississippi
October 7, 2025

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
CORPORATE FLIGHT MANAGEMENT, INC. 401(k) PLAN

December 31, 2024 and 2023

	2024	2023
ASSETS		
INVESTMENTS		
Investments at fair value	<u>\$ 9,150,769</u>	<u>\$ 7,357,553</u>
CASH AND CASH EQUIVALENTS	<u>517,627</u>	<u>507,840</u>
RECEIVABLES		
Participant loans	<u>76,254</u>	<u>51,420</u>
Total assets	<u>9,744,650</u>	<u>7,916,813</u>
LIABILITIES		
	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 9,744,650</u>	<u>\$ 7,916,813</u>

The notes to financial statements are an integral part of these statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

CORPORATE FLIGHT MANAGEMENT, INC. 401(k) PLAN

Year ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Interest from participants note receivable	\$ 5,177
Dividends and interest income	81,845
Net appreciation in fair value of investments	<u>930,982</u>
	<u>1,018,004</u>

Contributions

Employee	1,364,660
Employer	926,968
Rollover	<u>77,065</u>
	<u>2,368,693</u>

Total additions	<u>3,386,697</u>
-----------------	------------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	1,475,100
Administrative expenses	<u>83,760</u>

Total deductions	<u>1,558,860</u>
------------------	------------------

Net increase	<u>1,827,837</u>
--------------	------------------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>7,916,813</u>
End of year	<u>\$ 9,744,650</u>

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

NOTES TO FINANCIAL STATEMENTS

CORPORATE FLIGHT MANAGEMENT, INC. 401(k) PLAN

December 31, 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Corporate Flight Management, Inc. 401(k) Plan (the “Plan”) is provided for general information purposes only. 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 401(k) plan established for the employees of Corporate Flight Management, Inc. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.
- B. *Contributions.* Participants may make contributions to the Plan in the form of salary deductions up to the maximum percentage allowable, not to exceed the limits of Code Sections 401(k), 404 and 415 of the Internal Revenue Code. The Company’s matching contributions to the Plan are in an amount equal to 100 percent of the participants’ first 6% of compensation deferred. The plan was amended in 2020 to become a safe harbor plan. In addition to the matching contributions, the Company may make contributions to the Plan at the discretion of the Board of Directors of the Company. No discretionary contributions were made in 2024.

Participants may also transfer to the Plan certain vested account balances from other benefit plans, subject to regulatory requirements.

- C. *Participant Investment Programs.* Contributions to the Plan are invested into any of the investment funds available under the Plan provisions, in such proportions as the participants direct. Participants may change investment options at any time.
- D. *Participant Accounts.* Each participant’s account is credited with the participant’s contributions and allocations of (a) the Company matching contributions and (b) Plan earnings and losses, and is charged with an allocation of administrative expenses to the extent such expenses are paid by the Plan. The Plan provides benefits based solely upon the amount contributed to the participant’s account and any income, expenses, gains and losses on investments, which may be allocated to such participant’s account.
- E. *Vesting.* All participants are immediately vested in their salary deferral contributions and allocated earnings or losses thereon. Participants’ interest in any Company contributions and allocated earnings or losses thereon are immediately fully vested.
- F. *Payment of Benefits.* Benefits are generally payable on termination, retirement, death or disability. The normal retirement age is 65 and participants are allowed to withdraw their vested balance when they reach that age.

NOTES TO FINANCIAL STATEMENTS - (Continued)

NOTE 2. SUMMARY OF ACCOUNTING POLICIES

- A. *Basis of Presentation.* The financial statements of the Plan are prepared under the accrual basis of accounting.
- B. *Use of Estimates.* The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- C. *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.

Purchases and sales of securities are recorded on the trade-date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses in the Plan's investments are included in net depreciation in the fair value of investments at year-end in the statement of changes in net assets available for benefits.

- D. *Participant Loans.* Participants may borrow from their fund accounts up to an amount equal to the lesser of \$ 50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant's loan fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as they are incurred.
- E. *Payment of Benefits.* Upon termination of service with the employer, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account balance, installments, or partial distributions
- F. *Expenses.* Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net depreciation of fair value of investments. Fees related to the administration of participant withdrawals are charged directly to the participant's account and are included in administration expenses.
- G. *Subsequent Events.* In preparing the financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through the date of the Independent Auditors' Report, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS - (Continued)

NOTE 3. FAIR VALUE MEASUREMENTS

Financial Accounting Standard Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, establishes a 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 820-10 are described below:

Level 1. Fair value inputs include unadjusted quoted prices in active markets for identical assets or liabilities and have the highest priority. The fair value of mutual funds and the underlying mutual funds in the separately managed accounts are based on quoted net asset values of the shares held by the Plan at year-end.

Level 2. Fair value inputs include significant other observable inputs other than Level 1 inputs such as quoted prices for similar assets, quoted prices in markets that are not active or other observable inputs that can be corroborated by observable market data. There were no Plan investments valued using Level 2 inputs.

Level 3. Fair value inputs include unobservable inputs that are supported by little or no market activity such as pricing models, discounted cash flow methodologies or similar techniques. Level 3 inputs have the lowest priority. There were no Plan investments valued using Level 3 inputs.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value.

	Quoted market price in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
December 31, 2024			
Mutual Funds	\$ 9,150,769	\$ -	\$ -
December 31, 2023			
Mutual Funds	\$ 7,357,553	\$ -	\$ -

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

NOTE 4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If terminated, the net assets of the Plan are to be set aside for the participants' vested benefits.

NOTES TO FINANCIAL STATEMENTS - (Continued)

NOTE 5. CERTIFIED INFORMATION

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Renasant Bank, the trustee of the Plan, has certified to the completeness and accuracy of all investments and participant loans reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the schedule of assets held for investment purposes as of December 31, 2024, and the related investment activity and interest income on participant loans reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2024.

NOTE 6. RISKS AND UNCERTAINTIES

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

NOTE 7. INCOME TAX STATUS

The Company adopted a prototype non-standardized profit sharing and 401(k) Plan. The Company is relying on the opinion letter dated June 30, 2020, from the Internal Revenue Service obtained by the sponsor and has not applied for an individual determination letter. Plan management is of the opinion that the plan meets the Internal Revenue Service requirements as to both design and operation and, therefore, the plan is qualified under section 401(a) and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the plan's financial statements.

The Plan's Form 5500 information returns are subject to examination by the Department of Labor generally for three years after they are filed. Management has evaluated the tax positions taken, and has not identified any positions that are not more likely than not to be sustained upon examination.

NOTE 8. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Renasant Bank. Renasant Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in the net change in the fair value of the investment, as they are paid through revenue sharing, rather than direct payment. The plan made direct payments to the trustee and third-party administrator of \$ 83,760 which were not covered by revenue sharing.

**SUPPLEMENTAL SCHEDULE
REQUIRED BY ERISA**

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR

CORPORATE FLIGHT MANAGEMENT, INC. 401(k) PLAN

EIN 62-1148507

PLAN 001

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
	AB Large Cap Growth Fund	Mutual Fund		\$ 172,094
	American Century Small Cap Growth Fund	Mutual Fund		\$ 88,772
	Baird Core Plus Bond Fund Class Inst.	Mutual Fund		\$ 52,409
	Buffalo International Fund	Mutual Fund		\$ 27,379
	Cohen & Steers Real Estate Securities Fund	Mutual Fund		\$ 45,440
	Federated Government Obligations Fund	Money Market Fund		\$ 383,070
	Federated Institutional High Yield Bond Fund	Mutual Fund		\$ 69,115
	Federated International Small-Mid Company Fund	Mutual Fund		\$ 45,741
	Federated Total Return Bond Fund	Mutual Fund		\$ 73,384
	The Hartford Dividend & Growth Fund	Mutual Fund		\$ 104,365
	JPMorgan Core Bond Fund	Mutual Fund		\$ 18,949
	JPMorgan Growth Advantage Fund	Mutual Fund		\$ 567,868
	JPMorgan Hedged Equity Fund	Mutual Fund		\$ 41,098
	Matthews Emerging Markets Small Companies Fund	Mutual Fund		\$ 30,517
	MFS Mid Cap Value Fund	Mutual Fund		\$ 58,535
	Mid Atlantic Master Cash Account	Cash		\$ 134,557
	Smead Value Fund	Mutual Fund		\$ 62,288
	T. Rowe Price Retirement 2065 Fund	Mutual Fund		\$ 29,481
	T. Rowe Price Retirement 2060 Fund	Mutual Fund		\$ 5,584
	T. Rowe Price Retirement 2055 Fund	Mutual Fund		\$ 3,522
	T. Rowe Price Retirement 2050 Fund	Mutual Fund		\$ 998
	T. Rowe Price Retirement 2045 Fund	Mutual Fund		\$ 12,983
	T. Rowe Price Retirement 2040 Fund	Mutual Fund		\$ 66,610
	T. Rowe Price Retirement 2035 Fund	Mutual Fund		\$ 225
	T. Rowe Price Retirement 2025 Fund	Mutual Fund		\$ 7,952
	Undiscovered Managers Behavioral Value Fund	Mutual Fund		\$ 33,645
	Value Line Mid Cap Focused Fund	Mutual Fund		\$ 592,484
	Vanguard Developed Markets Index Fund	Mutual Fund		\$ 172,306
	Vanguard Large Cap Index Fund	Mutual Fund		\$ 829,163
	Vanguard Mid-Cap Index Fund	Mutual Fund		\$ 121,130
	Vanguard Small-Cap Index Fund	Mutual Fund		\$ 118,295
	Vanguard Total International Stock Index Fund	Mutual Fund		\$ 64,137
	Vanguard Total Stock Market Index Fund	Mutual Fund		\$ 1,305,612
*	Participant loans	4.25% - 9.50%		\$ 76,254
*	Renasant Aggressive Growth Model Fund	Separately Managed Account		
	Mid Atlantic Master Cash Account	Cash		\$ 18,644
	Federated Government Obligations Fund	Money Market Fund		\$ 31,252
	AB Large Cap Growth Fund	Mutual Fund		\$ 37,991
	American Century Small Cap Growth Fund	Mutual Fund		\$ 39,460
	Cohen & Steers Real Estate Securities Fund	Mutual Fund		\$ 31,395
	The Hartford Dividend & Growth Fund	Mutual Fund		\$ 37,811

**SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR**

CORPORATE FLIGHT MANAGEMENT, INC. 401(k) PLAN

EIN 62-1148507

PLAN 001

December 31, 2024

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*	Renasant Aggressive Growth Model Fund - (Continued)	Separately Managed Account		
	JPMorgan Growth Advantage Fund	Mutual Fund	\$	37,377
	MFS Mid Cap Value Fund	Mutual Fund	\$	47,474
	Smead Value Fund	Mutual Fund	\$	38,078
	Undiscovered Managers Behavioral Value Fund	Mutual Fund	\$	39,431
	Value Line Mid Cap Focused Fund	Mutual Fund	\$	7,808
	Vanguard Large Cap Index Fund	Mutual Fund	\$	37,639
	Buffalo International Fund	Mutual Fund	\$	40,490
	Federated International Small-Mid Company Fund	Mutual Fund	\$	39,283
	Hartford International Value Fund	Mutual Fund	\$	41,559
	Matthews Emerging Markets Small Companies Fund	Mutual Fund	\$	53,948
	Vanguard Developed Markets Index Fund	Mutual Fund	\$	20,678
	Baird Core Plus Bond Fund Class Inst.	Mutual Fund	\$	25,057
	Federated Total Return Bond Fund	Mutual Fund	\$	25,004
	JPMorgan Global Bond Opportunities Fund	Mutual Fund	\$	31,290
	JPMorgan Core Bond Fund	Mutual Fund	\$	25,065
	PIMCO Income Fund	Mutual Fund	\$	18,771
	Schwab Treasury Inflation Protected Securities Index	Mutual Fund	\$	31,348
	First Eagle Global Fund	Mutual Fund	\$	15,885
	JPMorgan Hedged Equity Fund	Mutual Fund	\$	31,430
*	Renasant Conservative Growth Model Fund	Separately Managed Account		
	Mid Atlantic Master Cash Account	Cash	\$	45,071
	Federated Government Obligations Fund	Money Market Fund	\$	112,700
	AB Large Cap Growth Fund	Mutual Fund	\$	36,901
	American Century Small Cap Growth Fund	Mutual Fund	\$	44,958
	Buffalo International Fund	Mutual Fund	\$	44,585
	Cohen & Steers Real Estate Securities Fund	Mutual Fund	\$	44,836
	The Hartford Dividend & Growth Fund	Mutual Fund	\$	44,130
	Smead Value Fund	Mutual Fund	\$	43,346
	JPMorgan Growth Advantage Fund	Mutual Fund	\$	37,056
	MFS Mid Cap Value Fund	Mutual Fund	\$	60,273
	Undiscovered Managers Behavioral Value Fund	Mutual Fund	\$	60,331
	Value Line Mid Cap Focused Fund	Mutual Fund	\$	15,290
	Vanguard Large Cap Index Fund	Mutual Fund	\$	40,723
	Federated International Small-Mid Company Fund	Mutual Fund	\$	31,000
	Hartford International Value Fund	Mutual Fund	\$	54,970
	Matthews Emerging Markets Small Companies Fund	Mutual Fund	\$	46,670
	Vanguard Developed Markets Index Fund	Mutual Fund	\$	24,341
	Baird Core Plus Bond Fund Class Inst.	Mutual Fund	\$	152,471
	Federated Institutional High Yield Bond Fund	Mutual Fund	\$	15,761
	Federated Total Return Bond Fund	Mutual Fund	\$	151,805

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR

CORPORATE FLIGHT MANAGEMENT, INC. 401(k) PLAN

EIN 62-1148507

PLAN 001

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
*	Renasant Conservative Growth Model Fund - (Continued)	Separately Managed Account		
	JPMorgan Global Bond Opportunities Fund	Mutual Fund	\$	127,497
	JPMorgan Core Bond Fund	Mutual Fund	\$	152,384
	PIMCO Income Fund	Mutual Fund	\$	114,400
	Schwab Treasury Inflation Protected Securities Index	Mutual Fund	\$	47,528
	First Eagle Global Fund	Mutual Fund	\$	15,127
	JPMorgan Hedged Equity Fund	Mutual Fund	\$	47,554
*	Renasant Growth Model Fund	Separately Managed Account		
	Mid Atlantic Master Cash Account	Cash	\$	17,147
	Federated Government Obligations Fund	Money Market Fund	\$	25,276
	AB Large Cap Growth Fund	Mutual Fund	\$	27,816
	American Century Small Cap Growth Fund	Mutual Fund	\$	29,863
	Cohen & Steers Real Estate Securities Fund	Mutual Fund	\$	16,987
	The Hartford Dividend & Growth Fund	Mutual Fund	\$	26,319
	JPMorgan Growth Advantage Fund	Mutual Fund	\$	26,855
	MFS Mid Cap Value Fund	Mutual Fund	\$	35,665
	Smead Value Fund	Mutual Fund	\$	25,821
	Undiscovered Managers Behavioral Value Fund	Mutual Fund	\$	30,538
	Value Line Mid Cap Focused Fund	Mutual Fund	\$	5,907
	Vanguard Large Cap Index Fund	Mutual Fund	\$	27,598
	Buffalo International Fund	Mutual Fund	\$	24,247
	Federated International Small-Mid Company Fund	Mutual Fund	\$	24,146
	Hartford International Value Fund	Mutual Fund	\$	24,188
	Matthews Emerging Markets Small Companies Fund	Mutual Fund	\$	30,156
	Vanguard Developed Markets Index Fund	Mutual Fund	\$	11,754
	Baird Core Plus Bond Fund Class Inst.	Mutual Fund	\$	31,456
	Federated Institutional High Yield Bond Fund	Mutual Fund	\$	6,043
	Federated Total Return Bond Fund	Mutual Fund	\$	31,396
	JPMorgan Global Bond Opportunities Fund	Mutual Fund	\$	31,192
	JPMorgan Core Bond Fund	Mutual Fund	\$	31,377
	PIMCO Income Fund	Mutual Fund	\$	23,128
	Schwab Treasury Inflation Protected Securities Index	Mutual Fund	\$	30,975
	First Eagle Global Fund	Mutual Fund	\$	11,688
	JPMorgan Hedged Equity Fund	Mutual Fund	\$	18,429
*	Renasant Income Model Fund	Separately Managed Account		
	Mid Atlantic Master Cash Account	Cash	\$	590
	Federated Government Obligations Fund	Money Market Fund	\$	2,565
	AB Large Cap Growth Fund	Mutual Fund	\$	547
	American Century Small Cap Growth Fund	Mutual Fund	\$	552
	Cohen & Steers Real Estate Securities Fund	Mutual Fund	\$	566

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR

CORPORATE FLIGHT MANAGEMENT, INC. 401(k) PLAN

EIN 62-1148507

PLAN 001

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
*	Renasant Income Model Fund - (Continued)	Separately Managed Account		
	The Hartford Dividend & Growth Fund	Mutual Fund	\$	687
	JPMorgan Growth Advantage Fund	Mutual Fund	\$	533
	MFS Mid Cap Value Fund	Mutual Fund	\$	1,126
	Smead Value Fund	Mutual Fund	\$	696
	Undiscovered Managers Behavioral Value Fund	Mutual Fund	\$	853
	Vanguard Large Cap Index Fund	Mutual Fund	\$	614
	Buffalo International Fund	Mutual Fund	\$	496
	Federated International Small-Mid Company Fund	Mutual Fund	\$	564
	Hartford International Value Fund	Mutual Fund	\$	633
	Matthews Emerging Markets Small Companies Fund	Mutual Fund	\$	552
	Value Line Mid Cap Focused Fund	Mutual Fund	\$	278
	Vanguard Developed Markets Index Fund	Mutual Fund	\$	283
	Baird Core Plus Bond Fund Class Inst.	Mutual Fund	\$	3,229
	Federated Institutional High Yield Bond Fund	Mutual Fund	\$	564
	Federated Total Return Bond Fund	Mutual Fund	\$	3,222
	JPMorgan Global Bond Opportunities Fund	Mutual Fund	\$	2,253
	JPMorgan Core Bond Fund	Mutual Fund	\$	3,224
	PIMCO Income Fund	Mutual Fund	\$	2,412
	Schwab Treasury Inflation Protected Securities Index	Mutual Fund	\$	839
	First Eagle Global Fund	Mutual Fund	\$	273
	JPMorgan Hedged Equity Fund	Mutual Fund	\$	552
*	Renasant Moderate Growth Model Fund	Separately Managed Account		
	Mid Atlantic Master Cash Account	Cash	\$	25,874
	Federated Government Obligations Fund	Money Market Fund	\$	62,074
	AB Large Cap Growth Fund	Mutual Fund	\$	40,350
	American Century Small Cap Growth Fund	Mutual Fund	\$	48,229
	Cohen & Steers Real Estate Securities Fund	Mutual Fund	\$	36,172
	The Hartford Dividend & Growth Fund	Mutual Fund	\$	44,168
	JPMorgan Growth Advantage Fund	Mutual Fund	\$	38,814
	MFS Mid Cap Value Fund	Mutual Fund	\$	60,286
	Smead Value Fund	Mutual Fund	\$	43,745
	Undiscovered Managers Behavioral Value Fund	Mutual Fund	\$	49,506
	Value Line Mid Cap Focused Fund	Mutual Fund	\$	11,970
	Vanguard Large Cap Index Fund	Mutual Fund	\$	43,211
	Buffalo International Fund	Mutual Fund	\$	45,159
	Federated International Small-Mid Company Fund	Mutual Fund	\$	36,398
	Hartford International Value Fund	Mutual Fund	\$	52,678
	Matthews Emerging Markets Small Companies Fund	Mutual Fund	\$	48,707
	Vanguard Developed Markets Index Fund	Mutual Fund	\$	23,817
	Baird Core Plus Bond Fund Class Inst.	Mutual Fund	\$	93,428

**SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR**

CORPORATE FLIGHT MANAGEMENT, INC. 401(k) PLAN

EIN 62-1148507

PLAN 001

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
*	Renasant Moderate Growth Model Fund - (Continued)	Separately Managed Account		
	Federated Institutional High Yield Bond Fund	Mutual Fund	\$	12,194
	Federated Total Return Bond Fund	Mutual Fund	\$	93,165
	JPMorgan Global Bond Opportunities Fund	Mutual Fund	\$	74,943
	JPMorgan Core Bond	Mutual Fund	\$	93,247
	PIMCO Income Fund	Mutual Fund	\$	69,121
	Schwab Treasury Inflation Protected Securities Index	Mutual Fund	\$	49,902
	First Eagle Global Fund	Mutual Fund	\$	23,525
	JPMorgan Hedged Equity Fund	Mutual Fund	\$	37,459

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
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CORPORATE FLIGHT MANAGEMENT, INC. 401(k) PLAN

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	AB Large Cap Growth Fund	Mutual Fund		\$ 172,094
	American Century Small Cap Growth Fund	Mutual Fund		\$ 88,772
	Baird Core Plus Bond Fund Class Inst.	Mutual Fund		\$ 52,409
	Buffalo International Fund	Mutual Fund		\$ 27,379
	Cohen & Steers Real Estate Securities Fund	Mutual Fund		\$ 45,440
	Federated Government Obligations Fund	Money Market Fund		\$ 383,070
	Federated Institutional High Yield Bond Fund	Mutual Fund		\$ 69,115
	Federated International Small-Mid Company Fund	Mutual Fund		\$ 45,741
	Federated Total Return Bond Fund	Mutual Fund		\$ 73,384
	The Hartford Dividend & Growth Fund	Mutual Fund		\$ 104,365
	JPMorgan Core Bond Fund	Mutual Fund		\$ 18,949
	JPMorgan Growth Advantage Fund	Mutual Fund		\$ 567,868
	JPMorgan Hedged Equity Fund	Mutual Fund		\$ 41,098
	Matthews Emerging Markets Small Companies Fund	Mutual Fund		\$ 30,517
	MFS Mid Cap Value Fund	Mutual Fund		\$ 58,535
	Mid Atlantic Master Cash Account	Cash		\$ 134,557
	Smead Value Fund	Mutual Fund		\$ 62,288
	T. Rowe Price Retirement 2065 Fund	Mutual Fund		\$ 29,481
	T. Rowe Price Retirement 2060 Fund	Mutual Fund		\$ 5,584
	T. Rowe Price Retirement 2055 Fund	Mutual Fund		\$ 3,522
	T. Rowe Price Retirement 2050 Fund	Mutual Fund		\$ 998
	T. Rowe Price Retirement 2045 Fund	Mutual Fund		\$ 12,983
	T. Rowe Price Retirement 2040 Fund	Mutual Fund		\$ 66,610
	T. Rowe Price Retirement 2035 Fund	Mutual Fund		\$ 225
	T. Rowe Price Retirement 2025 Fund	Mutual Fund		\$ 7,952
	Undiscovered Managers Behavioral Value Fund	Mutual Fund		\$ 33,645
	Value Line Mid Cap Focused Fund	Mutual Fund		\$ 592,484
	Vanguard Developed Markets Index Fund	Mutual Fund		\$ 172,306
	Vanguard Large Cap Index Fund	Mutual Fund		\$ 829,163
	Vanguard Mid-Cap Index Fund	Mutual Fund		\$ 121,130
	Vanguard Small-Cap Index Fund	Mutual Fund		\$ 118,295
	Vanguard Total International Stock Index Fund	Mutual Fund		\$ 64,137
	Vanguard Total Stock Market Index Fund	Mutual Fund		\$ 1,305,612
*	Participant loans	4.25% - 9.50%		\$ 76,254
*	Renasant Aggressive Growth Model Fund	Separately Managed Account		
	Mid Atlantic Master Cash Account	Cash		\$ 18,644
	Federated Government Obligations Fund	Money Market Fund		\$ 31,252
	AB Large Cap Growth Fund	Mutual Fund		\$ 37,991
	American Century Small Cap Growth Fund	Mutual Fund		\$ 39,460
	Cohen & Steers Real Estate Securities Fund	Mutual Fund		\$ 31,395
	The Hartford Dividend & Growth Fund	Mutual Fund		\$ 37,811

**SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
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EIN 62-1148507

PLAN 001

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	JPMorgan Growth Advantage Fund	Mutual Fund	\$	37,377
	MFS Mid Cap Value Fund	Mutual Fund	\$	47,474
	Smead Value Fund	Mutual Fund	\$	38,078
	Undiscovered Managers Behavioral Value Fund	Mutual Fund	\$	39,431
	Value Line Mid Cap Focused Fund	Mutual Fund	\$	7,808
	Vanguard Large Cap Index Fund	Mutual Fund	\$	37,639
	Buffalo International Fund	Mutual Fund	\$	40,490
	Federated International Small-Mid Company Fund	Mutual Fund	\$	39,283
	Hartford International Value Fund	Mutual Fund	\$	41,559
	Matthews Emerging Markets Small Companies Fund	Mutual Fund	\$	53,948
	Vanguard Developed Markets Index Fund	Mutual Fund	\$	20,678
	Baird Core Plus Bond Fund Class Inst.	Mutual Fund	\$	25,057
	Federated Total Return Bond Fund	Mutual Fund	\$	25,004
	JPMorgan Global Bond Opportunities Fund	Mutual Fund	\$	31,290
	JPMorgan Core Bond Fund	Mutual Fund	\$	25,065
	PIMCO Income Fund	Mutual Fund	\$	18,771
	Schwab Treasury Inflation Protected Securities Index	Mutual Fund	\$	31,348
	First Eagle Global Fund	Mutual Fund	\$	15,885
	JPMorgan Hedged Equity Fund	Mutual Fund	\$	31,430
*	Renasant Conservative Growth Model Fund	Separately Managed Account		
	Mid Atlantic Master Cash Account	Cash	\$	45,071
	Federated Government Obligations Fund	Money Market Fund	\$	112,700
	AB Large Cap Growth Fund	Mutual Fund	\$	36,901
	American Century Small Cap Growth Fund	Mutual Fund	\$	44,958
	Buffalo International Fund	Mutual Fund	\$	44,585
	Cohen & Steers Real Estate Securities Fund	Mutual Fund	\$	44,836
	The Hartford Dividend & Growth Fund	Mutual Fund	\$	44,130
	Smead Value Fund	Mutual Fund	\$	43,346
	JPMorgan Growth Advantage Fund	Mutual Fund	\$	37,056
	MFS Mid Cap Value Fund	Mutual Fund	\$	60,273
	Undiscovered Managers Behavioral Value Fund	Mutual Fund	\$	60,331
	Value Line Mid Cap Focused Fund	Mutual Fund	\$	15,290
	Vanguard Large Cap Index Fund	Mutual Fund	\$	40,723
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	JPMorgan Global Bond Opportunities Fund	Mutual Fund	\$	127,497
	JPMorgan Core Bond Fund	Mutual Fund	\$	152,384
	PIMCO Income Fund	Mutual Fund	\$	114,400
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	AB Large Cap Growth Fund	Mutual Fund	\$	27,816
	American Century Small Cap Growth Fund	Mutual Fund	\$	29,863
	Cohen & Steers Real Estate Securities Fund	Mutual Fund	\$	16,987
	The Hartford Dividend & Growth Fund	Mutual Fund	\$	26,319
	JPMorgan Growth Advantage Fund	Mutual Fund	\$	26,855
	MFS Mid Cap Value Fund	Mutual Fund	\$	35,665
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	Value Line Mid Cap Focused Fund	Mutual Fund	\$	5,907
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	Hartford International Value Fund	Mutual Fund	\$	24,188
	Matthews Emerging Markets Small Companies Fund	Mutual Fund	\$	30,156
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	Baird Core Plus Bond Fund Class Inst.	Mutual Fund	\$	31,456
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	Federated Total Return Bond Fund	Mutual Fund	\$	31,396
	JPMorgan Global Bond Opportunities Fund	Mutual Fund	\$	31,192
	JPMorgan Core Bond Fund	Mutual Fund	\$	31,377
	PIMCO Income Fund	Mutual Fund	\$	23,128
	Schwab Treasury Inflation Protected Securities Index	Mutual Fund	\$	30,975
	First Eagle Global Fund	Mutual Fund	\$	11,688
	JPMorgan Hedged Equity Fund	Mutual Fund	\$	18,429
*	Renasant Income Model Fund	Separately Managed Account		
	Mid Atlantic Master Cash Account	Cash	\$	590
	Federated Government Obligations Fund	Money Market Fund	\$	2,565
	AB Large Cap Growth Fund	Mutual Fund	\$	547
	American Century Small Cap Growth Fund	Mutual Fund	\$	552
	Cohen & Steers Real Estate Securities Fund	Mutual Fund	\$	566

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	The Hartford Dividend & Growth Fund	Mutual Fund	\$	687
	JPMorgan Growth Advantage Fund	Mutual Fund	\$	533
	MFS Mid Cap Value Fund	Mutual Fund	\$	1,126
	Smead Value Fund	Mutual Fund	\$	696
	Undiscovered Managers Behavioral Value Fund	Mutual Fund	\$	853
	Vanguard Large Cap Index Fund	Mutual Fund	\$	614
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	Federated International Small-Mid Company Fund	Mutual Fund	\$	564
	Hartford International Value Fund	Mutual Fund	\$	633
	Matthews Emerging Markets Small Companies Fund	Mutual Fund	\$	552
	Value Line Mid Cap Focused Fund	Mutual Fund	\$	278
	Vanguard Developed Markets Index Fund	Mutual Fund	\$	283
	Baird Core Plus Bond Fund Class Inst.	Mutual Fund	\$	3,229
	Federated Institutional High Yield Bond Fund	Mutual Fund	\$	564
	Federated Total Return Bond Fund	Mutual Fund	\$	3,222
	JPMorgan Global Bond Opportunities Fund	Mutual Fund	\$	2,253
	JPMorgan Core Bond Fund	Mutual Fund	\$	3,224
	PIMCO Income Fund	Mutual Fund	\$	2,412
	Schwab Treasury Inflation Protected Securities Index	Mutual Fund	\$	839
	First Eagle Global Fund	Mutual Fund	\$	273
	JPMorgan Hedged Equity Fund	Mutual Fund	\$	552
*	Renasant Moderate Growth Model Fund	Separately Managed Account		
	Mid Atlantic Master Cash Account	Cash	\$	25,874
	Federated Government Obligations Fund	Money Market Fund	\$	62,074
	AB Large Cap Growth Fund	Mutual Fund	\$	40,350
	American Century Small Cap Growth Fund	Mutual Fund	\$	48,229
	Cohen & Steers Real Estate Securities Fund	Mutual Fund	\$	36,172
	The Hartford Dividend & Growth Fund	Mutual Fund	\$	44,168
	JPMorgan Growth Advantage Fund	Mutual Fund	\$	38,814
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	Value Line Mid Cap Focused Fund	Mutual Fund	\$	11,970
	Vanguard Large Cap Index Fund	Mutual Fund	\$	43,211
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	Hartford International Value Fund	Mutual Fund	\$	52,678
	Matthews Emerging Markets Small Companies Fund	Mutual Fund	\$	48,707
	Vanguard Developed Markets Index Fund	Mutual Fund	\$	23,817
	Baird Core Plus Bond Fund Class Inst.	Mutual Fund	\$	93,428

**SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR**

CORPORATE FLIGHT MANAGEMENT, INC. 401(k) PLAN

EIN 62-1148507

PLAN 001

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
*	Renasant Moderate Growth Model Fund - (Continued)	Separately Managed Account		
	Federated Institutional High Yield Bond Fund	Mutual Fund	\$	12,194
	Federated Total Return Bond Fund	Mutual Fund	\$	93,165
	JPMorgan Global Bond Opportunities Fund	Mutual Fund	\$	74,943
	JPMorgan Core Bond	Mutual Fund	\$	93,247
	PIMCO Income Fund	Mutual Fund	\$	69,121
	Schwab Treasury Inflation Protected Securities Index	Mutual Fund	\$	49,902
	First Eagle Global Fund	Mutual Fund	\$	23,525
	JPMorgan Hedged Equity Fund	Mutual Fund	\$	37,459