

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>NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NAPLES BOTANICAL GARDEN, INC.</u> <u>4820 BAYSHORE DRIVE</u> <u>NAPLES, FL 34112</u>	1c Effective date of plan <u>01/01/2002</u> 2b Employer Identification Number (EIN) <u>65-0511429</u> 2c Plan Sponsor's telephone number <u>239-315-7284</u> 2d Business code (see instructions) <u>713900</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	BRIAN SCHEALL
	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	279
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)	141
	6a(2)	135
	6b	0
	6c	172
	6d	307
	6e	0
	6f	307
	6g(1)	265
6g(2)	305	
6h	31	
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:
2F 2G 2L 2M 2S 2T 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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NAPLES BOTANICAL GARDEN, INC.</p>	<p>D Employer Identification Number (EIN) 65-0511429</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	330879	54	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	132134
5	Current value of plan's interest under this contract in separate accounts at year end.....	588163
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 126592
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 5611
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 5611
d	Total of balance and additions (add lines 7b and 7c(6))	7d 132203
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 69
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 69	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 132134

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NAPLES BOTANICAL GARDEN, INC.	D Employer Identification Number (EIN) 65-0511429	

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

TIAA

13-1624203

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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>NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NAPLES BOTANICAL GARDEN, INC.</u>	D Employer Identification Number (EIN) <u>65-0511429</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28638</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NAPLES BOTANICAL GARDEN, INC.	D Employer Identification Number (EIN) 65-0511429

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1522	
(2) Participant contributions	1b(2)	2358	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	10468
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	29406	28638
(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)	5022489	4867820
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	126591	132134
(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	5182366	5039060
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	8351	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8351	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5174015	5039060

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)	286146	
(B) Participants.....	2a(1)(B)	365307	
(C) Others (including rollovers).....	2a(1)(C)	692	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		652145
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	567	
(F) Other.....	2b(1)(F)	1789	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2356
(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)	154465	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		154465
(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)		472401
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1281367

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1413763	
(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)		1413763
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)	0	
(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)	2559	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2559
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1416322

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-134955
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: HSC/TUSCAN & COMPANY, PA

(2) EIN: 59-2309183

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		200000
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>NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION RETIREMENT 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>NAPLES BOTANICAL GARDEN, INC.</u>	D Employer Identification Number (EIN) <u>65-0511429</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): 13-1624203 43-1661502

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500865A.

**NAPLES BOTANICAL GARDEN
DEFINED CONTRIBUTION RETIREMENT PLAN**

**FINANCIAL STATEMENTS, TOGETHER WITH
REPORT OF INDEPENDENT AUDITOR**

**YEARS ENDED
DECEMBER 31, 2024 AND 2023**

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 All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted, because there is no information to report.	

HSC/Tuscan & Company, PA

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Committee
Naples Botanical Garden Defined Contribution Retirement Plan
4820 Bayshore Drive
Naples, Florida 34112

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

We have performed audits of the accompanying financial statements (modified cash basis) and the supplementary schedules of Naples Botanical Garden Defined Contribution Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the Statements of Net Assets Available for Plan Benefits (modified cash basis) as of December 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Plan Benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Naples Botanical Garden Defined Contribution Retirement 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 by Teachers Insurance and Annuity Association of America (TIAA) and Ascensus Trust Company that are regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by Teachers Insurance and Annuity Association of America (TIAA) and Ascensus Trust Company in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from Teachers Insurance and Annuity Association of America (TIAA) and Ascensus Trust Company as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

INTEGRITY SERVICE EXPERIENCE

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting which is a comprehensive basis of accounting other than 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. 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 Naples Botanical Garden Defined Contribution Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

As described in NOTE B, these financial statements and the supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Management's Responsibilities for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management'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, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Naples Botanical Garden Defined Contribution Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Plan 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, misrepresentation, 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 risk 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 made by management, as well as evaluate the overall presentation of 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 Naples Botanical Garden Defined Contribution Retirement Plan's internal controls. 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 Naples Botanical Garden Defined Contribution Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting which is a comprehensive basis of accounting other than 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 the modified cash basis of accounting.

We are required to communicate with those charges 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.

Supplementary Schedules Required by ERISA

The supplementary schedules of Reportable Transactions and Assets Held for Investment Purposes (modified cash basis) are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 supplementary schedules, other than that agreed to or derived from 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 supplementary schedules 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 supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 supplementary schedules, other than the information in the supplementary schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplementary schedules 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).

HSC/Tuscan & Company, P.A.

HSC/TUSCAN & COMPANY, P.A.
Fort Myers, Florida
October 9, 2025

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
(MODIFIED CASH BASIS)
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
TIAA		
Contract Number 330879		
Mutual Funds	\$ 559,525	\$ 501,295
Pooled separate account	28,638	29,406
General contracts	<u>132,134</u>	<u>126,591</u>
	720,297	657,292
Ascensus (Newport Trust)		
Contract Number 437297		
Mutual Funds	<u>4,308,295</u>	<u>4,521,194</u>
TOTAL INVESTMENTS	<u>5,028,592</u>	<u>5,178,486</u>
Receivables		
Participant contributions	-	2,358
Employer contributions	-	1,522
Notes receivable from participants	<u>10,468</u>	<u>-</u>
TOTAL RECEIVABLES	<u>10,468</u>	<u>3,880</u>
TOTAL ASSETS AT FAIR VALUE	<u>5,039,060</u>	<u>5,182,366</u>
LIABILITIES		
Excess contributions payable	<u>-</u>	<u>8,351</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 5,039,060</u></u>	<u><u>\$ 5,174,015</u></u>

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

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR
PLAN BENEFITS (MODIFIED CASH BASIS)
Years ended December 31, 2024 and 2023**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

	<u>2024</u>	<u>2023</u>
Investment income (loss)- TIAA		
Interest income	\$ 1,789	\$ 5,690
Net investment earnings including realized and unrealized gains (losses)	76,074	71,876
Investment income (loss)- Ascensus (Newport Trust)		
Interest income from notes receivable	567	13
Dividends	154,465	105,302
Net investment earnings including realized and unrealized gains (losses)	<u>396,329</u>	<u>517,134</u>
TOTAL INVESTMENT INCOME (LOSS)	<u>629,224</u>	<u>700,015</u>
Contributions- Ascensus (Newport Trust)		
Employee	365,307	373,683
Employee rollover contributions	692	136,793
Employer contributions	<u>286,146</u>	<u>306,921</u>
TOTAL CONTRIBUTIONS	<u>652,145</u>	<u>817,397</u>
TOTAL ADDITIONS TO NET ASSETS	<u>1,281,369</u>	<u>1,517,412</u>
Deductions From Net Assets Attributed to TIAA:		
Administrative expenses	-	-
Benefits paid to participants	14,860	3,539
Deductions From Net Assets Attributed to Newport Trust:		
Administrative expenses	2,561	25
Benefits paid to participants	<u>1,398,903</u>	<u>66,141</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>1,416,324</u>	<u>69,705</u>
Net increase (decrease) in net assets	(134,955)	1,447,707
Net assets available for plan benefits:		
BEGINNING OF YEAR	<u>5,174,015</u>	<u>3,726,308</u>
END OF YEAR	<u>\$ 5,039,060</u>	<u>\$ 5,174,015</u>

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

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

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NOTE A - DESCRIPTION OF PLAN

The following description of Naples Botanical Garden, Inc.'s (the "Company") Naples Botanical Garden Defined Contribution Retirement Plan (the "Plan") - Plan 001 provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a single employer self-directed defined contribution 403(b) plan originally effective January 1, 2002, and as restated on August 1, 2018. An amendment was approved on January 1, 2020, and effective for the year ended December 31, 2020, that included only technical and regulatory changes and no functional changes. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Pension Planners, Inc. serve as the Plan administrator. The Plan administrator is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. Teachers Insurance and Annuity Association of America ("TIAA" and "CREF"), Newport Trust Company (the record keeper and servicing company) ("Vanguard" (the investment provider)) and Ascensus Trust Company serve as the Plan's trustees/custodians. In 2022, Ascensus and Newport Group merged. In 2023, the Plan was transitioned from the Newport Group platform to Ascensus.

Eligibility

Salary Deferrals - Employee Contributions

All active employees of the Company are eligible to participate in the salary reduction arrangement upon attainment of age 18. The following groups are not eligible to participate in the Plan: students who are temporary employees while attending school, and employees who are considered part-time and work less than 20 hours a week. The employee is automatically enrolled into the Plan and starts salary deferral on the 1st day of the month subsequent to date of hire.

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Eligibility, continued

Employer Contributions

All active employees of the Company are eligible to participate in the employer matching contribution upon attaining the age of 18. The employee enters the employer match portion immediately upon salary deferral.

Contributions

The Plan permits employee pre-tax salary reduction deferral contributions or Roth contributions. Non salary deferral contributions are prohibited. The contributions are limited to the amount specified in the salary deferral agreement and by the maximum contribution permitted by the Internal Revenue Code. The maximum permitted by the Internal Revenue Code for 2024 and 2023 was \$23,000 and \$22,500, respectively, plus an additional \$7,500 and \$7,500 if age of 50 or over, respectively. The employees are automatically enrolled at 2% salary deferral and may request a withdrawal of those contributions within the first 90 days of the first automatic contribution and/or a change in the deferral amount.

The Company may, at its discretion, elect to make a qualified matching contribution to the Plan. For the years ended December 31, 2024 and 2023, the Company matching contribution was 100% of deferral contributions up to 6% of eligible compensation.

Participants may also contribute (rollover) amounts representing distributions from other qualified defined benefit or defined contribution plans of the employer. Participants direct the investment of contributions into various investments options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with their respective elected deferral contribution (actual contribution amount or percentage) plus any rollover amount and the participant's specific account investment activity and the Company's matching contribution, an allocation of the Company's earnings or losses. Amounts allocated to accounts of participants who, at Plan year end, have terminated employment but have not elected to withdraw their account balance and/or not been paid as

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Participant accounts, continued

prescribed by the Plan documents and as elected by the participant. At December 31, 2024 and 2023, such allocated amounts were \$270,204 and \$1,728,148, respectively. Plan earnings, gains, losses, and expenses are allocated based on individual participant's account balances.

Participants may select any of the investment options listed in Note D to invest their respective participant account.

Vesting

Participants are immediately 100% vested and shall have a non-forfeitable right to 100% of their elective deferral and rollover contribution amounts. Vesting in the Company's matching contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested after six years of credited service. Vesting occurs at a rate of 20% per year of service completed beginning after year two of service for matching contributions. Any Company matching contributions made prior to August 1, 2018, were 100% vested immediately upon contribution made. Notwithstanding the above, a participant is fully vested upon reaching normal retirement age, death, or permanent disability.

Participant Loans (Notes Receivables from Participants)

Participant loans are permitted under this Plan. The minimum loan amount is \$1,000 and the maximum loan amount is limited to the lesser of 50% of the participant's account balance or \$50,000, less any outstanding loans, according to the guidelines set forth in the Plan documents. The borrowers' investment account is used as collateral for their loans. Interest charged on loans shall be commensurate with similar commercial loans and is recorded as accrued. The loans must be repaid over not more than five (5) years. A participant may have two (2) loans outstanding at the same time. The loans are 100% collateralized by the respective participant's Plan investment account.

Distributions (Benefits) to Participants

Upon termination of service, retirement, hardship, death or disability a participant may, with spousal consent, receive a distribution as permitted under the annuity contract. Normal retirement is considered to be attainment of age 65 and completion of 5 years participation. The Plan does not provide for early retirement. It does

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Distributions (Benefits) to Participants, continued

provide for disability benefits. Withdrawals are permitted upon attainment of age 59 1/2 and hardship distributions are subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator may authorize the benefit payment without the participant's consent or roll the balance into an IRA.

Distributions are permitted in either lump sum or installment form. Hardship distributions are permitted but limited to deferral amounts.

In-service distributions are permitted as defined by the Plan documents.

Forfeited Accounts

Forfeited non-vested accounts are used to reduce Company contributions, or pay Plan expenses. The Plan had forfeitures available of \$3,627 and \$7,902 for the years ended December 31, 2024 and 2023, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies used in the preparation of these financial statements:

Accounting Basis

The Naples Botanical Garden Defined Contribution Retirement Plan prepares its financial statements and notes thereto using the modified cash basis of accounting. Under this comprehensive basis of accounting, generally, no provision will be made to record items which have been incurred but not paid or earned but not received. Accordingly, the accompanying financial statements are not intended to present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

Fair Value of Financial Instruments

FASB ASC 825-10-50-21 (formerly Financial Accounting Standards Board Statement No. 107), "Disclosures About Fair Value of Financial Instruments," requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts approximate fair value due to the short maturity of those instruments.

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investments

The Plan's investments are stated at market (fair) value. The value of each money market and mutual fund account is determined at the close of each business day based on quoted or appraised market value. The value of each such account is expressed in units. The unit value is the dollar value of one unit and is determined at the close of each business day by dividing the value of the entire account by the total number of units in the account. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note E for discussion of fair value measurements.

Income Recognition

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. In accordance with the policy of stating investments at fair value, any change in unrealized appreciation or depreciation for the year is reflected in the Statements of Changes in Net Assets Available for Plan Benefits. Both realized and unrealized gain/appreciation and loss/depreciation, as well as interest/dividend income, are recorded and reflected as investment income.

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

Income Tax Status

The Plan received an opinion letter dated March 31, 2017, from the IRS regarding the Plan's tax status under applicable sections of the Internal Revenue Code (IRC). However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained by examination by the IRS. The

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Income Tax Status, continued

Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Parties-in-Interest Transactions

Ascensus Trust Company, formerly Newport Trust Company (a partner of Vanguard), and TIAA are the trustees/custodians as defined by the Plan. The Plan's trustees/custodians are responsible for the safekeeping of the Plan's assets and must hold and invest Plan assets in a prudent manner that is in the best interest of the beneficiaries. The Plan contracted Pension Planners, Inc. to provide investment advisory services and third party administration services, respectively. These entities are considered parties-in-interest as well as the Company.

Notes Receivable from Participants

Notes receivable from participants (participant loans) are measured at their unpaid 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 when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023, respectively. Delinquent notes receivable are collateralized by the respective participant's investment account and recorded as distributions on the basis of the terms of the Plan document.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant's account and are not included in administrative expense. Investment related expenses are included in net appreciation of fair value of investments.

Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the rights of all participants to benefits accrued are nonforfeitable and will be distributed in accordance with the provisions of the Plan.

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

Benefit Payments

Benefits are recorded as deductions from net assets available for benefits when paid.

Subsequent Events

Subsequent events have been evaluated through October 9, 2025, which is the date the financial statements were available to be issued.

NOTE C - MARKET RISK

The Plan invests in various money market and mutual fund-type investments. All of the Plan's investments are recorded at fair market value, in accordance with the reporting requirements governing the Plan, with net changes in value reflected as net appreciation (depreciation) in fair value of investments. The market value of these investments is primarily dependent upon the national and global economy and are subject to market factors and fluctuation, which may result in a loss of capital (principal).

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

NOTE D - INVESTMENTS

The following table represents the fair value of the Plan's investments maintained by the trustee/custodian at December 31:

	<u>2024</u>	<u>2023</u>
<u>TIAA (Trustee/Custodian)**</u>		
<u>Mutual Funds:</u>		
(1) CREF Stock R1	\$ 134,599	\$ 115,705
(1) CREF Money Market R1	131,207	139,129
(1) CREF Social Choice R1	2,192	1,922
(1) CREF Bond Market R1	6,774	6,027
(1) CREF Global Equities R1	54,272	45,896
(1) CREF Growth R1	77,532	60,165
(1) CREF Equity Index R1	16,282	13,431
(1) CREF Inflation-linked Bond R1	4,940	4,408
(1) TIAA Access Growth & Income T4	36,528	28,534
(1) TIAA Access International Equity T4	774	749
(1) TIAA Access Large Cap Value T4	957	840
(1) TIAA Access Lifecycle 2030 T4	49,914	45,654
(1) TIAA Access Lifecycle 2040 T4	34,250	30,603
(1) TIAA Access Lifecycle 2050 T4	7,418	6,540
(1) TIAA Access Mid Cap Value T4	928	817
(1) TIAA Access Real Estate Sec T4	404	386
(1) TIAA Access Small Cap Index T4	261	236
(1) TIAA Access Quant Small Cap Equity T4	293	253
	<u>559,525</u>	<u>501,295</u>
 <u>Pooled Separate Account:</u>		
(1) TIAA Real Estate	<u>28,638</u>	<u>29,406</u>
 <u>General Contracts:</u>		
(1) TIAA Traditional Benefit Responsive	1,549	1,498
(1) TIAA Traditional Non Benefit Responsive	130,585	125,093
	<u>132,134</u>	<u>126,591</u>
	<u>720,297</u>	<u>657,292</u>

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

NOTE D - INVESTMENTS, CONTINUED

	2024	2023
<u>Ascensus Trust Company (Trustee/Custodian)**</u>		
<u>Mutual Funds:</u>		
(2) Ascensus	\$ 21,963	\$ 68,852
(2) Ascensus	-	40,733
(2) Ascensus	410,289 *	283,184 *
(2) Ascensus	157,567	287,097 *
(2) Ascensus	53,683	76,646
(2) Ascensus	2,819	1,966
(2) Ascensus	177,706	304,417 *
(2) Ascensus	21,641	67,556
(2) Ascensus	95,015	75,044
(2) Ascensus	173,080	125,025
(2) Ascensus	328,595 *	256,965
(2) Ascensus	361,450 *	257,937
(2) Ascensus	75,278	53,925
(2) Ascensus	843,090 *	660,233 *
(2) Ascensus	264,989 *	195,685
(2) Ascensus	310,314 *	229,192
(2) Ascensus	264,479 *	206,998
(2) Ascensus	79,956	44,945
(2) Ascensus	13,454	10,699
(2) Ascensus	44,224	47,436
(2) Ascensus	71,849	131,334
(2) Ascensus	68,169	128,982
(2) Ascensus	86,698	138,363
(2) Ascensus	22,253	65,513
(2) Ascensus	73,535	136,551
(2) Ascensus	22,199	66,972
(2) Ascensus	4,922	1,968
(2) Ascensus	154,517	271,342 *
(2) Ascensus	22,160	66,216
(2) Ascensus	21,990	68,228
(2) Ascensus	-	230
(2) Ascensus	45,244	138,129
(2) Ascensus	-	938
(2) Ascensus	13,680	11,893
(2) Ascensus	1,428	-
(2) Ascensus	57	-
(2) Ascensus	2	-
	<u>4,308,295</u>	<u>4,521,194</u>
Total Investments	<u>\$ 5,028,592</u>	<u>\$ 5,178,486</u>

* Investments equal to or greater than 5% of assets available for Plan benefits at the end of the Plan year.

** TIAA, and Ascensus, formerly Newport Trust Company, are considered Parties-in-Interest.

(1) Investment held by TIAA

(2) Investment held by Ascensus Trust Company.

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

NOTE D - INVESTMENTS, CONTINUED

Information Certified by Trustee

The Plan administrator has received certification from the trustees/custodians as to all data appearing in the financial statements (including data regarding investments appearing in NOTE D, which has been reconciled to such certification) except the following:

- Determination of amounts contributed
- Tax status
- Plan description

NOTE E - FAIR VALUE MEASUREMENTS

The Plan's assets are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits and consists of the following at December 31:

	Fair Value	Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets Level (1)	Observable Inputs Other Than Quoted Prices Level (2)	Significant Unobservable Inputs Level (3)
<u>2024</u>				
Mutual Funds	\$ 4,867,820	\$ 4,867,820	\$ -	\$ -
Pooled Separate Account	28,638	28,638	-	-
General Contracts	132,134	-	-	132,134
Notes Receivable	10,468	-	-	10,468
TOTAL ASSETS	\$ 5,039,060	\$ 4,896,458	\$ -	\$ 142,602
<u>2023</u>				
Mutual Funds	\$ 5,022,489	\$ 5,022,489	\$ -	\$ -
Pooled separate account	29,406	29,406	-	-
General Contracts	126,591	-	-	126,591
Notes Receivable	-	-	-	-
TOTAL ASSETS	\$ 5,178,486	\$ 5,051,895	\$ -	\$ 126,591

Participant and employer contributions are not leveled due to their short term nature.

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10-50-1 through 820-10-50-8 (formerly Statement of Financial Accounting Standards (SFAS) No. 157, "Fair Value Measurements") established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level (1) inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level (2) inputs consist of observable inputs other than quoted prices in active markets for identical assets. Level (3) inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level (1) inputs because they generally provide the most reliable evidence of fair value.

Level (1) Fair Value Measurements

The fair value of pooled separate accounts and mutual funds is based on quoted fair values of the shares held by the Plan at the close of the business day at year end and are considered Level 1 inputs. Exchange-listed equity securities or exchange-traded mutual fund shares are the best example of a Level 1 input. Gains and losses (realized and unrealized) included in changes in net assets available for plan benefits for the years ended December 31, 2024 and 2023, are reported in investment earnings.

Level (2) Fair Value Measurements

No Level (2) inputs held at December 31, 2024 or 2023.

Level (3) Fair Value Measurements

The fair value of participant loans (notes receivable) is equal to the amortized cost of the loans because the loans are secured by each respective participants' account balance.

The general contract values of investments contracts valued using appraisal information could be examples of Level 3 inputs. The two (2) TIAA investment contracts held are Traditional Annuities. One is benefit responsive, the other is not. The contracts are fixed rate annuity contracts that are fully and unconditionally guaranteed. It

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Level (3) Fair Value Measurements, continued

provides a guarantee of principal, a guaranteed minimum rate of interest between 1% and 3% and the potential for additional interest, if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins March 1. Additional interest is not guaranteed for future years. The current value of these investments is considered to be the same as market value. The following table provides further details of the Level (3) fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

Notes receivable from participants consisted of the following activity for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Beginning Balance	\$ -	\$ 683
New loans	11,679	-
Payments received	(1,211)	(696)
Loan interest	-	13
TOTAL LEVEL (3) INPUTS	<u>\$ 10,468</u>	<u>\$ -</u>

General accounts consisted of the following activity for the years ended December 31:

	<u>2024</u>	<u>2023</u>
TIAA Traditional Benefit Responsive:		
Beginning Balance	\$ 1,498	\$ 1,522
Investment income	51	54
Deductions	-	(78)
Transfers	-	-
TOTAL LEVEL (3) INPUTS	<u>1,549</u>	<u>1,498</u>
TIAA Traditional Non Benefit Responsive:		
Beginning Balance	125,093	119,458
Investment income	5,559	5,635
Deductions	(67)	-
Transfers	-	-
TOTAL LEVEL (3) INPUTS	<u>130,585</u>	<u>125,093</u>
	<u>\$ 132,134</u>	<u>\$ 126,591</u>

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

NOTE F - NOTES RECEIVABLE

Notes receivable (participant loans) consist of notes receivables from Plan participants of \$10,468 and \$0 as of December 31, 2024 and 2023, respectively. The notes stated interest rate was 9.50% at December 31, 2024. These notes receivables are managed and are in the custody of the trustees/custodians. Interest earned on notes receivable is recognized as a separate item on the Statements of Changes in Net Assets Available for Plan Benefits as it accrues. Notes receivable balances are reflected at their outstanding balance (amortized cost) at year end. Loans not repaid at the date of employee termination are recorded as distributions.

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500 at December 31:

	<u>2024</u>	<u>2023</u>
Net assets, beginning of year, January 1, per the financial statements	\$ 5,174,015	\$ 3,726,308
Miscellaneous reconciling adjustment	<u>-</u>	<u>-</u>
Net assets, beginning of year, January 1, per Form 5500	<u>\$ 5,174,015</u>	<u>\$ 3,726,308</u>
Net assets, end of year, December 31, per the financial statements	\$ 5,039,060	\$ 5,174,015
Miscellaneous reconciling adjustment	<u>-</u>	<u>-</u>
Net assets, end of year, December 31, per Form 5500	<u>\$ 5,039,060</u>	<u>\$ 5,174,015</u>

The following is a reconciliation of the financial statements to the Form 5500 for the year ended December 31:

	<u>2024</u>	<u>2023</u>
Net increase (decrease) in Net Assets per financial statements	\$ (134,955)	\$ 1,447,707
Miscellaneous reconciling adjustment	<u>-</u>	<u>-</u>
Net increase (decrease) in Net Assets per Form 5500	<u>\$ (134,955)</u>	<u>\$ 1,447,707</u>

SUPPLEMENTARY SCHEDULES

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN**

EIN 65-0511429

PLAN NUMBER: 001

SCHEDULE 1

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - ASSETS HELD FOR INVESTMENT
PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)**

December 31, 2024

<u>IDENTITY OF ISSUER</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>CURRENT YEAR COST (3)</u>	<u>CURRENT VALUE</u>
<u>TIAA (Trustee/Custodian)**</u>			
<u>Mutual Funds:</u>			
CREF	(1) Stock R1		\$ 134,599
CREF	(1) Money Market R1		131,207
CREF	(1) Social Choice R1		2,192
CREF	(1) Bond Market R1		6,774
CREF	(1) Global Equities R1		54,272
CREF	(1) Growth R1		77,532
CREF	(1) Equity Index R1		16,282
CREF	(1) Inflation-linked Bond R1		4,940
TIAA	(1) Access Core Equity T4		36,528
TIAA	(1) Access International Equity T4		774
TIAA	(1) Access Large Cap Value T4		957
TIAA	(1) Access Lifecycle 2030 T4		49,914
TIAA	(1) Access Lifecycle 2040 T4		34,250
TIAA	(1) Access Lifecycle 2050 T4		7,418
TIAA	(1) Access Mid Cap Value T4		928
TIAA	(1) Access Real Estate Sec T4		404
TIAA	(1) Access Small Cap Index T4		261
TIAA	(1) Access Quant Small Cap Equity T4		293
			<u>559,525</u>
 <u>Pooled Separate Account:</u>			
TIAA	(1) Real Estate		<u>28,638</u>
 <u>General Contracts:</u>			
TIAA	(1) Traditional Benefit Responsive		1,549
TIAA	(1) Traditional Non Benefit Responsive		<u>130,585</u>
			<u>132,134</u>
			<u>720,297</u>

(1) Held by TIAA in contract number 330879 and considered to be a party-in-interest.

(2) Held by Ascensus Trust Company in contract number 437297 and considered to be a party-in-interest.

(3) This column is blank as all investments are participant directed.

* Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN**

EIN 65-0511429

PLAN NUMBER: 001

SCHEDULE 1

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - ASSETS HELD FOR INVESTMENT
PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS), CONTINUED**

December 31, 2024

<u>IDENTITY OF ISSUER</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>CURRENT YEAR COST (3)</u>	<u>CURRENT VALUE</u>
<u>Ascensus Trust Company (Trustee/Custodian)**</u>			
<u>Mutual Funds:</u>			
Ascensus	(2) Guggenheim Investment Grade Bond Fund		\$ 21,963
Ascensus	(2) Vanguard 500 Index Fund Admiral Share		410,289 *
Ascensus	(2) Vanguard Equity Income Fund Admiral		157,567
Ascensus	(2) Vanguard Federal Money		53,683
Ascensus	(2) Vanguard Global Equity Fund		2,819
Ascensus	(2) Vanguard Growth Index Fund Admiral		177,706
Ascensus	(2) Vanguard Inflation-Protected		21,641
Ascensus	(2) Vanguard Target Ret 2020 Fund		95,015
Ascensus	(2) Vanguard Target Ret 2025 Fund		173,080
Ascensus	(2) Vanguard Target Ret 2030 Fund		328,595 *
Ascensus	(2) Vanguard Target Ret 2035 Fund		361,450 *
Ascensus	(2) Vanguard Target Ret 2040 Fund		75,278
Ascensus	(2) Vanguard Target Ret 2045 Fund		843,090 *
Ascensus	(2) Vanguard Target Ret 2050 Fund		264,989 *
Ascensus	(2) Vanguard Target Ret 2055 Fund		310,314 *
Ascensus	(2) Vanguard Target Ret 2060 Fund		264,479 *
Ascensus	(2) Vanguard Target Ret 2065 Fund		79,956
Ascensus	(2) Vanguard Target Ret Income Fund		13,454
Ascensus	(2) Vanguard Intermediate-Term Investment		44,224
Ascensus	(2) Vanguard International Growth Fund		71,849
Ascensus	(2) Vanguard International Value Fund		68,169
Ascensus	(2) Vanguard Mid Cap Growth Index Fund		86,698
Ascensus	(2) Vanguard Cash Reserves Federal Money		22,253
Ascensus	(2) Vanguard Selected Value Fund		73,535
Ascensus	(2) Vanguard Short Term Investment Grade		22,199
Ascensus	(2) Vanguard Small Cap Growth Fund		4,922
Ascensus	(2) Vanguard Small Cap Index Fund		154,517
Ascensus	(2) Baird Short-Term Bond Institutional		22,160
Ascensus	(2) Dodge & Cox Income Fund		21,990
Ascensus	(2) PGIM High Yield Fund-Class R6		45,244
Ascensus	(2) Vanguard Wellesley Income Fund Admiral S		13,680
Ascensus	(2) DFA US Small Cap Growth Instl		1,428
Ascensus	(2) Synthetic Cash Account		57
Ascensus	(2) Contribution Cash Account		2
			<u>4,308,295</u>
		Total Investments	5,028,592
Employer Contributions			-
Participant Contributions			-
Notes receivable from participants (interest rate: 9.50%)			10,468
			<u>\$ 5,039,060</u>

(1) Held by TIAA in contract number 330879 and considered to be a party-in-interest.

(2) Held by Ascensus Trust Company in contract number 437297 and considered to be a party-in-interest.

(3) This column is blank as all investments are participant directed.

* Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN**

EIN 65-0511429

PLAN NUMBER: 001

SCHEDULE 2

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - ASSETS HELD FOR INVESTMENT
PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)**

December 31, 2023

<u>IDENTITY OF ISSUER</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>CURRENT YEAR COST (3)</u>	<u>CURRENT VALUE</u>
<u>TIAA (Trustee/Custodian)**</u>			
<u>Mutual Funds:</u>			
CREF	(1) Stock R1		\$ 115,705
CREF	(1) Money Market R1		139,129
CREF	(1) Social Choice R1		1,922
CREF	(1) Bond Market R1		6,027
CREF	(1) Global Equities R1		45,896
CREF	(1) Growth R1		60,165
CREF	(1) Equity Index R1		13,431
CREF	(1) Inflation-linked Bond R1		4,408
TIAA	(1) Access Growth & Income T4		28,534
TIAA	(1) Access International Equity T4		749
TIAA	(1) Access Large Cap Value T4		840
TIAA	(1) Access Lifecycle 2030 T4		45,654
TIAA	(1) Access Lifecycle 2040 T4		30,603
TIAA	(1) Access Lifecycle 2050 T4		6,540
TIAA	(1) Access Mid Cap Value T4		817
TIAA	(1) Access Real Estate Sec T4		386
TIAA	(1) Access Small Cap Index T4		236
TIAA	(1) Access Quant Small Cap Equity T4		253
			<u>501,295</u>
 <u>Pooled Separate Account:</u>			
TIAA	(1) Real Estate		<u>29,406</u>
 <u>General Contracts:</u>			
TIAA	(1) Traditional Benefit Responsive		1,498
TIAA	(1) Traditional Non Benefit Responsive		125,093
			<u>126,591</u>
			<u>657,292</u>

(1) Held by TIAA in contract number 330879 and considered to be a party-in-interest.

(2) Held by Ascensus Trust Company in contract number 437297 and considered to be a party-in-interest.

(3) This column is blank as all investments are participant directed.

* Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN**

EIN 65-0511429

PLAN NUMBER: 001

SCHEDULE 2

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - ASSETS HELD FOR INVESTMENT
PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS), CONTINUED
December 31, 2023**

<u>IDENTITY OF ISSUER</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>CURRENT YEAR COST (3)</u>	<u>CURRENT VALUE</u>
<u>Ascensus Trust Company (Trustee/Custodian)**</u>			
<u>Mutual Funds:</u>			
Ascensus	(2) Guggenheim Investment Grade Bond Fund		\$ 68,852
Ascensus	(2) Morgan Stanley Global Fixed Income		40,733
Ascensus	(2) Vanguard 500 Index Fund Admiral Share		283,184 *
Ascensus	(2) Vanguard Equity Income Fund Admiral		287,097 *
Ascensus	(2) Vanguard Federal Money		76,646
Ascensus	(2) Vanguard Global Equity Fund		1,966
Ascensus	(2) Vanguard Growth Index Fund Admiral		304,417 *
Ascensus	(2) Vanguard Inflation-Protected		67,556
Ascensus	(2) Vanguard Target Ret 2020 Fund		75,044
Ascensus	(2) Vanguard Target Ret 2025 Fund		125,025
Ascensus	(2) Vanguard Target Ret 2030 Fund		256,965
Ascensus	(2) Vanguard Target Ret 2035 Fund		257,937
Ascensus	(2) Vanguard Target Ret 2040 Fund		53,925
Ascensus	(2) Vanguard Target Ret 2045 Fund		660,233 *
Ascensus	(2) Vanguard Target Ret 2050 Fund		195,685
Ascensus	(2) Vanguard Target Ret 2055 Fund		229,192
Ascensus	(2) Vanguard Target Ret 2060 Fund		206,998
Ascensus	(2) Vanguard Target Ret 2065 Fund		44,945
Ascensus	(2) Vanguard Target Ret Income Fund		10,699
Ascensus	(2) Vanguard Intermediate-Term Investment		47,436
Ascensus	(2) Vanguard International Growth Fund		131,334
Ascensus	(2) Vanguard International Value Fund		128,982
Ascensus	(2) Vanguard Mid Cap Growth Index Fund		138,363
Ascensus	(2) Vanguard Cash Reserves Federal Money		65,513
Ascensus	(2) Vanguard Selected Value Fund		136,551
Ascensus	(2) Vanguard Short Term Investment Grade		66,972
Ascensus	(2) Vanguard Small Cap Growth Fund		1,968
Ascensus	(2) Vanguard Small Cap Index Fund		271,342 *
Ascensus	(2) Baird Short-Term Bond Institutional		66,216
Ascensus	(2) Dodge & Cox Income Fund		68,228
Ascensus	(2) Metropolitan West TOT Ret Bond ADMIN		230
Ascensus	(2) PGIM High Yield Fund-Class R6		138,129
Ascensus	(2) Virtus Kar Small-Cap Growth Fund		938
Ascensus	(2) Vanguard Wellesley Income Fund Admiral S		11,893
			<u>4,521,194</u>
		Total Investments	5,178,486
Participant Contributions			2,358
Employer Contributions			1,522
			<u>\$ 5,182,366</u>

(1) Held by TIAA in contract number 330879 and considered to be a party-in-interest.

(2) Held by Ascensus Trust Company in contract number 437297 and considered to be a party-in-interest.

(3) This column is blank as all investments are participant directed.

* Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN**

EIN: 65-0511429

PLAN NUMBER 001

SCHEDULE 3

FORM 5500, PART IV, SCHEDULE H, line (4)(j)-REPORTABLE TRANSACTIONS

For the year ended December 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE
---	----------------------------------	------------------------------------	--------------------------------	--	--	-------------

NOT REQUIRED

Reportable transaction is defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

**NAPLES BOTANICAL GARDEN DEFINED CONTRIBUTION
RETIREMENT PLAN**

EIN: 65-0511429

PLAN NUMBER 001

SCHEDULE 4

FORM 5500, PART IV, SCHEDULE H, line (4)(j)-REPORTABLE TRANSACTIONS

For the year ended December 31, 2023

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE
---	----------------------------------	------------------------------------	--------------------------------	--	--	-------------

NOT REQUIRED

Reportable transaction is defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

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

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Naples Botanical Garden Defined Contribution Retirement Plan

Employer Identification Number

65-0511429

Three-digit
plan number

▶ 001

(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
	TIAA	TIAA TRADITIONAL BENEFIT RESPO		1,549
	TIAA	TIAA TRADITIONAL NON BENEFIT R		130,585
	CREF	CREF STOCK R1	0	134,602
	CREF	CREF MONEY MARKET R1		131,207
	CREF	CREF SOCIAL CHOICE R1		2,192
	CREF	CREF CORE BOND R1		6,774
	CREF	CREF GLOBAL EQUITIES R1		54,272
	CREF	CREF GROWTH R1		77,532
	CREF	CREF EQUITY INDEX R1		16,282
	CREF	CREF INFLATION-LINKED BOND R1		4,940
	TIAA	TIAA REAL ESTATE		28,638
	TIAA	TIAA ACCESS NUV Core Equity T4		36,528
	TIAA	TIAA ACCESS NUVL EQUITY T4		773
	TIAA	TIAA ACCESS LG-CAP VAL T4		957
	TIAA	TIAA ACCESS LIFECYCLE 2030 T4		49,914
	TIAA	TIAA ACCESS LIFECYCLE 2040 T4		34,250
	TIAA	TIAA ACCESS LIFECYCLE 2050 T4		7,418
	TIAA	TIAA ACCESS MID-CAP VAL T4		928
	TIAA	TIAA ACCESS REAL EST SECS T4		403
	TIAA	TIAA ACCESS SM-CAP BL IDX T4		261
	TIAA	TIAA ACCESS QUANT SML CP EQ T4		293
	BAIRD	SHORT-TERM BOND INSTITUTIONAL		22,160
	Dodge & Cox	Dodge & Cox Income Fund		21,990
	DFA	DFA Small Cap Growth Inst		1,428
	VANGUARD	PARTICIPANT LOANS 9.5%		10,468
	Guggenheim	Guggenheim Core Bond		21,982
				0
	PGIM	HIGH YIELD FUND- CLASS R6		45,243
	VANGUARD	500 INDEX FUND ADMIRAL SHARES		410,289
	VANGUARD	CASH RESERVES FEDERAL MONEY		22,253
	VANGUARD	EQUITY-INCOME FUND ADMIRAL SHA		157,567
	VANGUARD	FEDERAL MONEY MARKET FUND		53,683
	VANGUARD	GLOBAL EQUITY FUND		2,819
	VANGUARD	GROWTH INDEX FUND ADMIRAL SHAR		177,706
	VANGUARD	INFLATION-PROTECTED SECURITIES		21,641
	VANGUARD	TARGET RETIREMENT 2020 FUND		95,015
	VANGUARD	TARGET RETIREMENT 2025 FUND		173,080
	VANGUARD	TARGET RETIREMENT 2030 FUND		328,595
	VANGUARD	TARGET RETIREMENT 2035 FUND		361,450

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.**

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.)

B This return/report is: a single-employer plan a DFE (specify) _____

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 Naples Botanical Garden Defined Contribution Retirement Plan</p>	<p>1b Three-digit plan number (PN) ► 001</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)</p> <p>Naples Botanical Garden, Inc.</p> <p>4820 Bayshore Drive</p> <p>US Naples FL 34112</p>	<p>1c Effective date of plan 01/01/2002</p> <p>2b Employer Identification Number (EIN) 65-0511429</p> <p>2c Plan Sponsor's telephone number (239) 315-7284</p> <p>2d Business code (see instructions) 713900</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	<i>Brian Scheall</i>	10/15/2025	Brian Scheall
	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 <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
--	--

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 and 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	279
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	6a(1)	141
a(2) Total number of active participants at the end of the plan year	6a(2)	135
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	172
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	307
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	307
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	265
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	305
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	31
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:
 2F 2G 2L 2M 2S 2T 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) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) - Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information - Small Plan)

(3) **A** (Insurance Information) - Number Attached 1

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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