

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: NESTEGGS MASTER POOLED 401(K) PLAN
1b Three-digit plan number (PN): 337
1c Effective date of plan: 01/01/2021
2a Plan sponsor's name (employer, if for a single-employer plan): NESTEGGS RETIREMENT PLAN SERVICES, INC.
2b Employer Identification Number (EIN): 59-3664112
2c Plan Sponsor's telephone number: 904-348-3131
2d Business code (see instructions): 523900

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1557 |
| 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) | 1557 |
| | 6a(2) | 2294 |
| | 6b | 68 |
| | 6c | 581 |
| | 6d | 2943 |
| | 6e | 0 |
| | 6f | 2943 |
| | 6g(1) | 1041 |
| | 6g(2) | 2290 |
| 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:
 2A 2E 2F 2G 2J 2K 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 type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

- a Pension Schedules**
- (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 0
 - (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 _____

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

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

| | | |
|---|--|------------|
| A Name of plan NESTEGGS MASTER POOLED 401(K) PLAN | B Three-digit plan number (PN) ▶ | 337 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NESTEGGS RETIREMENT PLAN SERVICES, INC. | D Employer Identification Number (EIN) 59-3664112 | |

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

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

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

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

NESTEGGS RET PLAN SERVICES, INC.

10407 CENTURION PARKWAY NORTH
SUITE 126
JACKSONVILLE, FL 32256

59-3664112

| (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? |
|----------------------------|---|--|--|--|---|--|
| 12 15 28 31 37 51 64 | NESTEGGS RETIREMENT PLAN | 438426 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

| (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. |
|---|--|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>NESTEGGS MASTER POOLED 401(K) PLAN</u> | B Three-digit plan number (PN) | <u>337</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NESTEGGS RETIREMENT PLAN SERVICES, INC.</u> | D Employer Identification Number (EIN) <u>59-3664112</u> | |

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

| | | |
|---|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u> | | |
| c EIN-PN <u>93-6274329-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>578644</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 |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan NESTEGGS MASTER POOLED 401(K) PLAN | B Three-digit plan number (PN) ▶ 337 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NESTEGGS RETIREMENT PLAN SERVICES, INC. | D Employer Identification Number (EIN) 59-3664112 |

| | |
|---------------|--------------------------------------|
| 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 | 106909 | 294291 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1488561 | 2399136 |
| (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) | 0 | 0 |
| (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) | 298252 | 657422 |
| (9) Value of interest in common/collective trusts | 1c(9) | 830328 | 578644 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 47844346 | 75737301 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | 0 | 266598 |

| 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 | 50568396 | 79933392 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 50568396 | 79933392 |

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) | 3544651 | |
| (B) Participants..... | 2a(1)(B) | 6586902 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 594749 | |
| (2) Noncash contributions..... | 2a(2) | 0 | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 10726302 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 35293 | |
| (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) | 27355 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 62648 |
| (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) | 1891580 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 1891580 |
| (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) | 3432923 | |
| (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) | | 1680651 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 17794104 |

Expenses

| | | | |
|---|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 10871268 | |
| (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) | | 10871268 |
| f Corrective distributions (see instructions) | 2f | | 110103 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 438396 | |
| (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) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 438396 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 11419767 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 6374337 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 24377028 |
| (2) From this plan | 2l(2) | | 1386369 |

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: **TEMPLETON ACCOUNTANTS & ADVISORS**

(2) EIN: **14-1918990**

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.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 204847 |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| e Was this plan covered by a fidelity bond? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| l Has the plan failed to provide any benefit when due under the plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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) |
|--|---------------------|--------------------|
| ENGINEERED COOLING SERVICES, INC. 401(K) PROFIT SHARING PLAN | 87-0769487 | 001 |
| TIDAL TIME SOLUTIONS, LLC 401(K) PLAN | 82-4074049 | 001 |
| | | |
| | | |

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. |
|--|---|---|

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

| | | |
|---|--|------------|
| A Name of plan <u>NESTEGGS MASTER POOLED 401(K) PLAN</u> | B Three-digit plan number (PN) ▶ | <u>337</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>NESTEGGS RETIREMENT PLAN SERVICES, INC.</u> | D Employer Identification Number (EIN) <u>59-3664112</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 | 0 |
|---|---|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 82-3967259

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703209A.

| | | |
|---|--|---|
| SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small> | MULTIPLE-EMPLOYER RETIREMENT PLAN 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. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
|---|--|---|

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

| | | |
|--|---|------------|
| A Name of plan NESTEGGS MASTER POOLED 401(K) PLAN | B Three-digit Plan number (PN)..... ▶ | 337 |
| C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF NESTEGGS RETIREMENT PLAN SERVICES, INC. | D Administrator's EIN 59-3664112 | |

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| | | | |
|--|------------------------------------|--|---|
| 2a Name of Participating Employer ACOMB OSTENDORF AND ASSOCIATES, LLC | 2b EIN 27-0165102 | 2c Percentage of Total Contributions for the Plan Year 8.99 | 2d Aggregate Account Balances Attributable to Participating Employer 4916485 |
| 2a Name of Participating Employer AMERICAN PRECAST STRUCTURES, LLC | 2b EIN 84-4975465 | 2c Percentage of Total Contributions for the Plan Year 3.10 | 2d Aggregate Account Balances Attributable to Participating Employer 856682 |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

| | | |
|--|-----------|---|
| 2e Does the plan include any individuals not participating through an employer or who are individual working owners? | 2e | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | 2f | |
| 2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a. | 2g | |

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

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--------------------------------------|------------|--|--|
| CAPITAL LOGISTICS GROUP LLC | 47-1472987 | 1.51 | 577738 |
| CUYAMACA PETROLEUM LLC | 81-4285105 | 0.85 | 268072 |
| DEALERSCIRCLE INC | 20-0338821 | 1.38 | 520985 |
| DUET CARE | 47-3928661 | 0.49 | 131267 |
| ELECTRONIC SYSTEM SERVICES INC. | 65-1105485 | 0.38 | 0 |
| EZ AUTOMATION SYSTEMS | 87-4376040 | 0.75 | 115341 |
| GIBSON AUTO SALES INC | 59-3312738 | 0.63 | 508211 |
| HERE TOMORROW, INC. | 47-5278523 | 0.32 | 160183 |
| INTERCONTINENTAL CAPITAL GROUP, INC. | 20-2355296 | 0.08 | 2502116 |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--------------------------------------|------------|--|--|
| JACKSONVILLE HOSPITALISTS, P.A. | 59-3577370 | 1.76 | 590927 |
| JONES EDMUNDS & ASSOCIATES, INC. | 59-1533071 | 14.04 | 31510851 |
| KESSMAN GROUP PAINTING & DESIGN | 27-0668058 | 0.12 | 186888 |
| LINTBELLS INC | 38-4080543 | 3.75 | 1003257 |
| LIVETRENDS DESIGN GROUP, LLC | 46-2934237 | 4.01 | 2476760 |
| OWEN ELECTRIC CO., INC. | 59-2957550 | 7.29 | 4664798 |
| PHYSICAL THERAPY & REHAB CLINIC, INC | 59-1802009 | 1.13 | 2148829 |
| PIKE HOSPITALITY GROUP LLC | 82-3436634 | 0.27 | 87672 |
| RADICAL SPARK LLC | 83-0950893 | 0.18 | 26298 |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| SEARS FAMILY DENTISTRY LLC | 59-1637841 | 0.30 | 170223 |
| SEMPLASTICS EHC LLC | 45-4744290 | 1.27 | 420515 |
| SPECIALTY RTP INC | 47-3174423 | 1.72 | 383596 |
| SUSSMAN FAMILY LAW, PLLC | 86-2189894 | 0.43 | 356274 |
| TERRI FAYE INTERIORS | 86-2606281 | 0.77 | 109769 |
| THE TRANSITION HOUSE | 59-3208913 | 0.73 | 131261 |
| TIDAL TIME SOLUTIONS LLC | 82-4074049 | 0.78 | 15 |
| WB CAPPS DESIGN BUILD LLC | 82-3116070 | 0.90 | 441902 |
| TRIAD RESTORATION SERVICES LLC | 36-4914281 | 0.11 | 733054 |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--------------------------------------|------------|--|--|
| SUNDANCE HOLDINGS GROUP | 20-1130359 | 25.10 | 14756140 |
| RIVERTREE ADVISORS, LLC | 46-2310212 | 0.11 | 770452 |
| NAPLES COSMETIC SURGERY CENTER, INC. | 64-0961175 | 0.07 | 1350303 |
| MYERS-SETH PUMP, INC. | 59-3115486 | 0.10 | 12789 |
| MID COAST ROOFING, INC. | 81-1476347 | 1.32 | 397794 |
| MASYC LLC | 99-1594698 | 1.08 | 221493 |
| JAMES RYAN MASON | 99-2788242 | 0.51 | 71680 |
| IP CONVERGENCE | 54-1965142 | 0.11 | 14126 |
| FLORIDA CERTIFIED CONTRACTORS | 20-4219240 | 0.02 | 2572 |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| ENCORE MANAGING GENERAL AGENCY LLC | 99-3937900 | 0.01 | 1919 |
| EAD ENTERTAINMENT, LLC | 84-4434495 | 0.16 | 301433 |
| DEFENSEWERX, INC. | 46-0684933 | 6.40 | 3701217 |
| COMP MANAGEMENT, INC | 33-0902021 | 0.43 | 244386 |
| A1 MCDUFFIE SANITATION | 20-2542964 | 0.76 | 101263 |
| BANK STREET AUTO AND TRUCK, INC. | 20-3114160 | 0.76 | 249281 |
| BLULEADZ, INC. | 27-3097710 | 3.00 | 1455739 |
| BORINQUEN PERIODONTICS & DENTAL IMPLANTS | 88-1848515 | 0.99 | 288111 |
| | | | |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

| | |
|-----------------|---|
| Part III | Pooled Employer Plan Information |
|-----------------|---|

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID R58RCXLWI

NESTEGGS MASTER POOLED 401(k) PLAN
REPORT ON AUDITS OF FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024

NESTEGGS MASTER POOLED 401(k) PLAN

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Independent Auditor's Report

To the Administrative Committee and Participants and their Beneficiaries
NestEggs Master Pooled 401(k) Plan
Jacksonville, Florida

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the statements or information regarding assets so held are prepared and certified to by the qualified institution, Charles Schwab Trust Bank (the Trustee) 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 the qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management

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

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

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

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 of the Financial Statements 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 U.S. GAAP.

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 U.S. GAAP.

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

Supplemental Information Required by ERISA

The supplemental information of Schedule H, line 4a – schedule of delinquent participant contributions and Schedule H, line 4i – schedule of assets (held at end of year), as of or for the year ended December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- The form and content of the supplemental information, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by the qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by the institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Templeton & Company, LLP

Fort Lauderdale, Florida
October 15, 2025

NESTEGGS MASTER POOLED 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|------------------------------------|----------------------|----------------------|
| Non-interest bearing cash | \$ 294,291 | \$ 106,909 |
| Investments, at fair value | <u>78,981,679</u> | <u>50,163,235</u> |
| Receivables: | | |
| Notes receivable from participants | 657,422 | 298,252 |
| Participant contributions | 40,958 | 151,155 |
| Employer contributions | <u>929,995</u> | <u>755,583</u> |
| Total receivables | <u>1,628,375</u> | <u>1,204,990</u> |
| Net assets available for benefits | <u>\$ 80,904,345</u> | <u>\$ 51,475,134</u> |

See accompanying notes to financial statements.

NESTEGGS MASTER POOLED 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024

| | |
|---|----------------------|
| Additions to net assets attributed to: | |
| Investment income: | |
| Net appreciation in fair value of investments | \$ 5,113,574 |
| Interest, dividends and other income | <u>1,926,873</u> |
| Total investment income | <u>7,040,447</u> |
| Interest income on notes receivable from participants | <u>27,355</u> |
| Contributions: | |
| Participants | 6,476,705 |
| Employer | 3,719,063 |
| Rollover | <u>594,749</u> |
| Total contributions | <u>10,790,517</u> |
| Total additions | <u>17,858,319</u> |
| Deductions from net assets attributed to: | |
| Distributions | 10,981,371 |
| Administrative expenses | <u>438,396</u> |
| Total deductions | <u>11,419,767</u> |
| Change in net assets before plan transfers | 6,438,552 |
| Plan transfers: | |
| Transfers in from other qualified plans | 24,377,028 |
| Transfer out to other qualified plan | <u>(1,386,369)</u> |
| Change in net assets | 29,429,211 |
| Net assets available for benefits: | |
| Beginning of year | <u>51,475,134</u> |
| End of year | <u>\$ 80,904,345</u> |

See accompanying notes to financial statements.

NESTEGGS MASTER POOLED 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of the NestEggs Master Pooled 401(k) Plan (the PEP or the Plan) provides only general information. Participants should refer to the PEP basic plan document, and the applicable adoption agreement for the participant's employer which has chosen to participate in the PEP (Participating Employer), for a more complete description of the PEP's provisions.

General

The PEP is a pooled employer plan established on September 1, 2021, and administered by NestEggs Retirement Plan Services, Inc. (NestEggs), the Pooled Plan Provider (PPP). The PEP was established under the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act). The Plan was amended and restated on January 1, 2022, to conform with certain tax legislation. The PEP is a defined contribution plan covering eligible employees of the Participating Employers, and is intended to qualify under the Internal Revenue Code (IRC), sections 401(a) and 501(a). The PEP is intended to constitute a multiple employer plan, as described under IRC sections 410(a), 411, 413, and 415. Each Participating Employer elects its own provisions related to eligibility, contributions, notes receivable from participants, and payment of benefits. The PEP is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered as a pooled employer plan (PEP) as defined in section 3(43) of ERISA, in accordance with the requirement of Section 413(e) of the IRC, the regulations thereunder, and other applicable authority. A PEP allows numerous unrelated businesses of any size to participate in a single retirement plan that is managed by a PPP who must register with the Department of Labor (DOL) and the Department of Treasury.

Participating Employers in a PEP have different plan provisions for their respective participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer. Employees of Participating Employers who are not excluded by certain provisions in the Plan document may enter the Plan on various dates coinciding with or following the date on which those employees meet eligibility requirements outlined within their respective Participating Employer's adoption agreement.

The PPP is the Plan Administrator and is responsible for oversight of the Plan, determining the appropriateness of investment offerings and monitoring investment performance. The PEP contracted with Charles Schwab Trust Bank (the Trustee) who serves as the trustee of the PEP, processes and maintains the participant records and holds the PEP's investment assets.

Eligibility

Only those employees of the Participating Employers who are designated by the Participating Employer in its adoption agreement as eligible employees shall be eligible to participate in the PEP. Participating Employers may define eligibility requirements based on factors such as age, service or employee type. Eligible employees shall be eligible to make participant contributions and receive allocations of employer contributions if and to the extent specified in the applicable adoption agreement or otherwise provided by the PEP.

Contributions

Each year, participants may voluntarily contribute pre-tax, Roth, and/or after-tax contributions of their annual eligible compensation, as defined by the PEP and Participating Employer adoption agreement, subject to applicable limits established by law and the Internal Revenue Service (IRS). Participating Employers may elect safe harbor or non-safe harbor provisions as well as compensation definitions. Under certain circumstances, eligible employees may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans to the PEP (rollover). Participants who have attained age 50 before the end of the PEP year are eligible to make catch-up contributions. Participants direct their contributions into various investment options offered by the PEP.

NESTEGGS MASTER POOLED 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Contributions, continued

The Participating Employers in the PEP may elect automatic enrollment and escalation features, whereby, all newly eligible employees are automatically enrolled in the PEP unless they affirmatively decline not to participate in the PEP. Accordingly, the Participating Employer will automatically withhold a defined percentage of an eligible participant's compensation based on the Participating Employer's adoption agreement.

Under the terms of the Participating Employer adoption agreements, the Participating Employers may elect to make matching contributions, profit-sharing contributions, qualified nonelective employer contributions and nonelective contributions to the PEP. Participating Employers may also elect to make safe harbor contributions to the Plan. Participating Employers may elect to make true-up matching contributions. Participating Employer contributions, if any, are recorded in the year for which the contributions apply. Aggregate Participating Employer contributions for the year ended December 31, 2024, totaled \$3,719,063. Participating Employer contributions are invested in funds in accordance with the participant's direction and the PEP's provisions. Contributions are subject to certain IRS limitations.

Participant accounts

Participant accounts are credited with the participant's contributions, the Participating Employer's contributions, if any, allocations of their Participating Employer's profit-sharing contribution, if any, and investment earnings or losses thereon. Participant accounts are charged with his or her withdrawals, applicable transaction charges, and an allocation of Plan administrative expenses. Participants may direct their account balance into various investment options offered by the PEP which include mutual funds, collective trust funds, and money market funds. Allocations are based on earnings and losses of the participant's investments or participant account balances, as defined. Income is allocated daily based on the number of units or shares in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their individual contributions and their Participating Employer's safe harbor contributions, if any, plus actual earnings or losses thereon. Vesting in any other Participating Employer contribution portion of their accounts, plus actual earnings thereon, is based on years of credited service ranging from immediate to six years based on graded or cliff vesting schedules, as elected by each Participating Employer. Participant accounts become fully vested upon reaching normal retirement age (65), death, or disability.

Forfeitures

Forfeited balances of terminated participant's nonvested accounts may be used to reduce future employer contributions or pay PEP expenses. During the year ended December 31, 2024, forfeitures used to reduce Participating Employer contributions totaled \$10,824. At December 31, 2024 **and 2023**, forfeited nonvested accounts totaled \$93,003 and \$52,207, respectively.

Notes receivable from participants

Plan participants are permitted to borrow from their account a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Loan terms range from one to five years unless the loan is used to acquire a principal residence of the participant which must be repaid in a reasonable period of time. Loans are secured by the vested account balance in the participant's account, and bear interest at the prime rate plus 1%.

NESTEGGS MASTER POOLED 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Notes receivable from participants, continued

A participant may only have a maximum of two (2) loans outstanding at any time. A participant can only have one loan currently outstanding from the PEP, unless as a result of a conversion from a prior plan, the participant has loans that were transferred to the PEP, in which case, up to one such grandfathered loan may also be outstanding for a possible maximum total of two loans outstanding. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the PEP document. Principal and interest are repaid through regular payroll deductions.

Payment of benefits

Payments of benefits can be made in a lump-sum, partial distributions, or periodic required minimum distributions based on the Participant Employer's adoption agreement. Upon separation of employment due to termination of employment, death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum distribution, or maintain their vested account balance in the PEP. Participants with vested amounts less than \$5,000 will receive a lump-sum distribution.

Participants may elect to take an in-service distribution of their vested accounts if they meet certain defined requirements, including becoming disabled, early retirement (age 59^{1/2}), or due to heavy financial hardship, as defined. Participants, at any time, may also withdraw amounts attributable to their after-tax contributions, rollover contributions and/or any portion of their transferred balance that is available under a grandfathered withdrawal option.

Plan administration

The PPP is responsible for the management and administration of the PEP. The PEP utilizes Charles Schwab Trust Bank (the Trustee) as the trustee of the PEP's investment assets including substantially all the responsibility for investment, reinvestment, control and disbursement of the funds of the PEP. The Trustee invests cash received, interest and dividend income and makes distributions to participants (subject to the direction of participants).

NestEggs Retirement Plan Services, Inc. (NestEggs) is the Pool Plan Provider (PPP) and the PEP's third-party administrator.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the PEP are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Non-interest bearing cash

The Plan's short-term investments consist of uninvested cash held by the Trustee and are considered to be cash equivalents, recorded at cost, which approximates fair value.

NESTEGGS MASTER POOLED 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the PEP's valuation policies utilizing information provided by the investment advisors and the Trustee.

Interest income is recognized when earned. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation in fair value of investments includes the PEP's gains and losses on investments bought and sold, as well as held during the year.

Contributions

Participant contributions and any related Participating Employer matching contributions are recognized in the period in which the employer makes the respective payroll deductions from the participant's compensation. Non-elective/profit-sharing contributions are recorded in the relevant period in accordance with the terms of the Plan document.

Use of estimates

The preparation of financial statements in accordance with U.S. GAAP requires the Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and those differences may be material.

Risks and uncertainties

The PEP provides for various investment options. Investment securities are exposed to various risks, such as interest rate risk, market risk, liquidity risk and credit risk. Due to the level of risk associated with certain investment securities, including the uncertainty related to changes in the value of investment securities, it is at least reasonably possible changes in such risks in the near-term would materially affect participant account balances and the amounts reported in the financial statements.

Concentrations

For the period ended December 31, 2024, three (3) Participating Employers comprised approximately 5% or more of transfers in from other qualified plans and, in the aggregate, these three (3) Participating Employers comprised approximately 90% of transfers in from other qualified plans.

Payment of benefits

Benefits are recorded when paid.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded on an accrual basis. Delinquent notes are reclassified as distributions based on the terms of the PEP basic Plan document and participant loan program. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded.

NESTEGGS MASTER POOLED 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Administrative expenses

Certain administrative expenses are paid by the PEP as provided for in the PEP basic plan document. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Reasonable expenses of the PEP, including trustee, attorneys, advisors, fiduciaries, and service providers are paid by the PEP, unless otherwise paid by the PPP or the Participating Employers. Certain other administrative expenses are paid by the PPP and Participating Employers and are not reflected in these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Uncertain tax positions

U.S. GAAP requires the PEP administrator to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, Plan management has determined it does not have any positions at December 31, 2024, that it would be unable to substantiate.

Note 3 – Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Charles Schwab Trust Bank, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental information is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2024 and 2023;
- Net investment activity and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024; and
- Investment information included in the Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2024, as shown on the ERISA-required supplemental schedule.

At the request of the PPP, the PEP's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related investment information included in the financial statements, including the disclosures related to the investments to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP, and in the ERISA-required supplemental schedule, including assessing whether the supplemental schedule is in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Note 4 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

NESTEGGS MASTER POOLED 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

The three levels of the fair value hierarchy are described as follows:

| | |
|---------|---|
| Level 1 | Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access. |
| Level 2 | Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities. |
| Level 3 | Significant unobservable inputs. |

A financial investment's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2024 and 2023. During the year ended December 31, 2024, there were no transfers of financial instruments into or out of Level 3.

The following is a description of the value methodologies used for assets measured at fair value:

Mutual funds – valued at quoted market prices, which represent their daily net asset value (NAV) reported by the fund. Mutual funds held by the PEP are open-end mutual funds that are traded on national exchanges (active markets).

Collective investment trust funds (CIT) – valued daily at the net asset value (NAV) of units held. The NAV, as provided by the trustee of the CIT, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the CIT less its liabilities. This practical expedient would not be used when it is determined to be probable that the CIT will sell for an amount different from the reported NAV. The CIT provides for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to this investments. Participant transactions (purchases and sales) may occur daily at NAV. This is a direct filing entity.

Money market funds – Money market fund is a public investment vehicle that is valued at the NAV of \$1. This NAV is a quoted price in an active market, thus these investments are classified within Level 1 of the fair value hierarchy.

Self-directed brokerage accounts - Valued at quoted market prices in active markets or quoted prices for similar assets and are classified as Level 1.

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

NESTEGGS MASTER POOLED 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

Following tables set forth by level, within the fair value hierarchy, the PEP's investments measured at fair value, on a recurring basis, as of December 31, 2024 and 2023:

| | Fair Value Measurements as of December 31, 2024 | | | |
|------------------------------------|---|-------------|-------------|----------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 75,737,301 | \$ - | \$ - | \$ 75,737,301 |
| Money market fund | 2,399,136 | | | 2,399,136 |
| Self-directed brokerage account | 266,598 | - | - | 266,598 |
| Collective investment trust funds* | - | - | - | 578,644 |
| Investments, at fair value | <u>\$ 78,403,035</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 78,981,679</u> |

| | Fair Value Measurements as of December 31, 2023 | | | |
|-----------------------------------|---|-------------|-------------|----------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 47,844,346 | \$ - | \$ - | \$ 47,844,346 |
| Money market fund | 1,488,561 | | | 1,488,561 |
| Collective investment trust fund* | - | - | - | 830,328 |
| Investments, at fair value | <u>\$ 49,332,907</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 50,163,235</u> |

* Certain investments that were measured at NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to line items presented in the statements of net assets available for benefits.

Note 5 – Party-In-Interest Transactions

Parties-in-interest are defined under DOL Regulations as any fiduciary of the PEP, any party rendering service to the PEP, the Pooled Plan Provider (PPP), the Participating Employers and certain others.

The PEP's investments include mutual funds, a collective investment trust fund, non-interest bearing cash, and a money market fund, managed, held, and administered by Charles Schwab Trust Bank (the Trustee). Therefore, transactions with the Trustee are considered party-in-interest transactions. The PEP issues loans to participants, which are secured by the vested balance in the participants accounts. The PEP contracted with NestEggs Retirement Plan Services, Inc. for third-party administrative services. Therefore, these transactions qualify as party-in-interest transactions. Such transactions are exempt from prohibited transaction rules under ERISA.

The PEP compensates NestEggs Retirement Plan Services, Inc. directly for such services.

Note 6 – PEP Termination

Although it has not expressed any intent to do so, the PPP has the right under the PEP to discontinue its contributions at any time and to terminate the PEP subject to the provisions of ERISA. In the event of PEP termination, participants would become 100% vested in their Participating Employer contributions. Any unallocated assets of the PEP shall be allocated to participant accounts and distributed in such a manner as the PPP may determine. Additionally, the Participating Employers have the right to transfer the assets attributable to their participants to another qualified plan should the PPP terminate the PEP.

NESTEGGS MASTER POOLED 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 7 – Plan Transfers

Upon termination or new entrance of a Participating Employer, funds may be transferred to or from other qualified plans. During the year ended December 31, 2024, transfers into the PEP from other qualified plans totaled \$24,377,028.

Note 8 – Tax Status

On June 30, 2020, the IRS stated that the Non-Standardized Pre-Approved Profit-Sharing Plan adopted by the PEP, as then designed, qualifies under Section 401(a) of the IRC and, therefore, the related trust is tax-exempt. The PEP has not received a determination letter specific to the PEP itself. The PEP has been amended since adoption, however, the Plan Administrator and the PEP's tax counsel believe that the PEP is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the PEP's financial statements.

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

Note 9 – Delinquent Participant Contributions

For the years ended December 31, 2024, 2023 and 2022, participant contributions and loan repayments totaling \$145,809, \$47,368 and \$11,670 were not remitted to the Plan within the period prescribed by DOL regulations. Those transactions constitute non-exempt party-in-interest transactions as defined by ERISA. Lost earnings related to the 2024, 2023 and 2022, delinquent participant contributions have not been remitted to the PEP and, accordingly, these delinquent contributions and loan repayments have not been corrected.

Note 10 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits and changes in net assets available for benefits as shown on Form 5500 at December 31, 2024 **and 2023**, and for the year ended December 31, 2024, with the amounts shown in the financial statements:

| | 2024 | 2023 |
|--|---------------|---------------|
| Net assets available for benefits – Form 5500 | \$ 79,933,392 | \$ 50,568,396 |
| Reconciling items: | | |
| Add: 2024 and 2023 participant contributions receivable | 40,958 | 151,155 |
| Add: 2024 and 2023 Employer contributions receivable | 929,995 | 755,583 |
| Net assets available for benefits – financial statements | \$ 80,904,345 | \$ 51,475,134 |
| | 2024 | |
| Change in net assets – Form 5500 | \$ 29,364,996 | |
| Add: Net of 2024 and 2023 participant contributions | (110,197) | |
| Add: Net of 2024 and 2023 Employer contributions | 174,412 | |
| Change in net assets – financial statements | \$ 29,429,211 | |

Note 11 – Subsequent Events

The PEP evaluated events occurring subsequent to December 31, 2024 through October 15, 2025, the date on which the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL INFORMATION

NESTEGGS MASTER POOLED 401(k) PLAN

SPONSOR'S EIN: 59-3664112

PLAN NUMBER: 337

**SCHEDULE H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Ended December 31, 2024**

| Year | Check if Late Loan Repayments Are Included | Participant Contributions Transferred Late To Plan | Total That Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51 |
|------|---|---|--|--|--|--|
| | | | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| 2024 | ✓ | \$ 145,809 | \$ 145,809 | \$ - | \$ - | \$ - |
| 2023 | ✓ | \$ 47,368 | \$ 47,368 | \$ - | \$ - | \$ - |
| 2022 | ✓ | \$ 11,670 | \$ 11,670 | \$ - | \$ - | \$ - |

NESTEGGS MASTER POOLED 401(k) PLAN

SPONSOR'S EIN: 59-3664112

PLAN NUMBER: 337

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2024

| (a) | (b) Identity of issuer or similar party: | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Values |
|-----|--|---|----------|--------------------|
| | Mutual funds: | | | |
| | Columbia | Strategic Income Fund Institutional 3 Class | ** | \$ 5,270 |
| | Clearbridge | International Growth Fund | ** | 39,045 |
| | Dimensional Fund Advisors | Emerging Markets Core Equity Portfolio Institutional Class | ** | 1,587,138 |
| | Dimensional Fund Advisors | Emerging Markets Small Cap Portfolio Institutional Class | ** | 66,984 |
| | Dimensional Fund Advisors | Emerging Markets Value Portfolio Institutional Class | ** | 1,595,486 |
| | Dimensional Fund Advisors | Five-Year Global Fixed Income Portfolio Institutional Class | ** | 682,403 |
| | Dimensional Fund Advisors | Global Real Estate Securities Portfolio Institutional Class | ** | 798,047 |
| | Dimensional Fund Advisors | Global Core Plus Fixed Income Portfolio Institutional Class | ** | 10,319,093 |
| | Dimensional Fund Advisors | Global Equity Portfolio Institutional Class | ** | 68,545 |
| | Dimensional Fund Advisors | Inflation Protect Sec Port Instl Fund | ** | 31 |
| | Dimensional Fund Advisors | Interm Government Fixed Inc Portfolio Institutional Class | ** | 3,532 |
| | Dimensional Fund Advisors | International Core Equity Portfolio Institutional Class | ** | 4,484,744 |
| | Dimensional Fund Advisors | International High Profitability Porfolio Institutional Class | ** | 1,535,042 |
| | Dimensional Fund Advisors | International Small Cap Value Portfolio Institutional Class | ** | 36,985 |
| | Dimensional Fund Advisors | International Vector Equity Portfolio Institutional Class | ** | 1,518,981 |
| | Dimensional Fund Advisors | Investment Grade Portfolio Institutional Class Shares | ** | 6,618,061 |
| | Dimensional Fund Advisors | One Year Fixed Income Portfolio Institutional Class | ** | 385,386 |
| | Dimensional Fund Advisors | Targeted Credit Institutional | ** | 972,776 |
| | Dimensional Fund Advisors | U.S. Core Equity II Portfolio Institutional Class | ** | 19,650,433 |
| | Dimensional Fund Advisors | U.S. High Relative Profit Porfolio Institutional Class | ** | 4,891,417 |
| | Dimensional Fund Advisors | U.S. Large Company Portfolio | ** | 116,051 |
| | Dimensional Fund Advisors | U.S. Small Cap Value Portfolio Institutional Class | ** | 69,179 |
| | Dimensional Fund Advisors | U.S. Vector Equity Portfolio Institutional Class | ** | 5,007,957 |
| | Federated Hermes | Institutional High Yield Bond Fund Class R6 | ** | 3,063 |
| | Fidelity | Advisor Equity Growth Fund - Class Z | ** | 1,253,137 |
| | First Eagle | Gold Fund Class R6 | ** | 131,519 |
| | Janus Henderson | Enterprise Fund | ** | 179,763 |
| | PIMCO | Real Return Fund Institutional Class | ** | 180,029 |
| | Nuveen | Real Estate Securities Institutional Fund | ** | 106,102 |
| | Vanguard | Communication Services Index Fund Admiral Class | ** | 21,716 |
| | Vanguard | Consumer Discretionary Index Fund Admiral Shares | ** | 89,027 |
| | Vanguard | Consumer Staples Index Fund Class Admiral Shares | ** | 12,878 |
| | Vanguard | Developed Markets Index Fund Admiral Shares | ** | 84,888 |
| | Vanguard | Emerging Markets Stock Index Fund Admiral Shares | ** | 64,033 |
| | Vanguard | Energy Index Fund Admiral Shares | ** | 257,412 |
| | Vanguard | Equity Inc. Admiral Fund Shares | ** | 370,421 |
| | Vanguard | European Stock Index Fund Admiral Shares | ** | 18,745 |
| | Vanguard | Explorer Admiral Fund | ** | 48,420 |
| | Vanguard | Extended Market Index Fund Admiral Shares | ** | 37,107 |
| | Vanguard | Financials Index Fund Admiral Shares | ** | 21,328 |
| | Vanguard | FTSE Social Index Admiral Fund | ** | 178,813 |
| | Vanguard | Global Capital Cycles Fund Investor Shares | ** | 90,598 |
| | Vanguard | Growth and Income Fund Admiral Shares | ** | 270,499 |
| | Vanguard | Growth Index Fund Admiral Shares | ** | 624,921 |
| | Vanguard | Health Care Index Fund Admiral Shares | ** | 224,039 |
| | Vanguard | High-Yield Corporate Fund Admiral Shares | ** | 141,354 |
| | Vanguard | Industrials Index Fund Admiral Shares | ** | 52,592 |
| | Vanguard | Inflation-Protected Securities Fund Admiral Shares | ** | 1,627 |
| | Vanguard | Information Technology Index Fund Admiral Shares | ** | 817,877 |
| | Vanguard | Intermediate Term Corporate Bond Fund Admiral Shares | ** | 114,254 |
| | Vanguard | Intermediate-Term Bond Index Fund Admiral Shares | ** | 24,031 |
| | Vanguard | International Value Fund Investor Shares | ** | 110,664 |
| | Vanguard | International Growth Admiral Shares | ** | 123,455 |
| | Vanguard | Large Cap Index Fund Admiral Shares | ** | 339,458 |
| | Vanguard | LifeStrategy Moderate Growth Fund | ** | 98,014 |
| | Vanguard | LifeStrategy Growth Fund | ** | 178,470 |
| | Vanguard | LifeStrategy Conservative Growth Fund | ** | 29,317 |
| | Vanguard | Long Term Investment Grade Admiral Fund Shares | ** | 24,579 |

NESTEGGS MASTER POOLED 401(k) PLAN

SPONSOR'S EIN: 59-3664112

PLAN NUMBER: 337

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

As of December 31, 2024

| (a) | (b) Identity of issuer or similar party: | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Values |
|-----|--|---|----------|--------------------|
| | Vanguard | Materials Index Fund Admiral Shares | ** | \$ 48,804 |
| | Vanguard | Mid-Cap Index Fund Admiral Shares | ** | 264,532 |
| | Vanguard | Mid-Cap Value Index Fund Admiral Shares | ** | 75,541 |
| | Vanguard | Mid-Cap Growth Index Fund Admiral Shares | ** | 262,514 |
| | Vanguard | Small-Cap Growth Index Fund Admiral Shares | ** | 286,863 |
| | Vanguard | Pacific Stock Index Admiral Fund | ** | 2,850 |
| | Vanguard | Real Estate Index Fund Admiral Shares | ** | 33,198 |
| | Vanguard | Short-Term Federal Fund Admiral Shares | ** | 12 |
| | Vanguard | Short-Term Invst Grade Admiral Fund | ** | 382 |
| | Vanguard | Small-Cap Index Fund Admiral Shares | ** | 135,149 |
| | Vanguard | Small-Cap Value Index Fund Admiral Shares | ** | 102,139 |
| | Vanguard | Target Retirement Income Fund | ** | 22,537 |
| | Vanguard | Target Retirement 2020 Fund | ** | 393,259 |
| | Vanguard | Target Retirement 2025 Fund | ** | 508,325 |
| | Vanguard | Target Retirement 2030 Fund | ** | 72,288 |
| | Vanguard | Target Retirement 2035 Fund | ** | 82,086 |
| | Vanguard | Target Retirement 2040 Fund | ** | 574,108 |
| | Vanguard | Target Retirement 2045 Fund | ** | 154,098 |
| | Vanguard | Target Retirement 2050 Fund | ** | 127,899 |
| | Vanguard | Target Retirement 2055 Fund | ** | 221,488 |
| | Vanguard | Target Retirement 2060 Fund | ** | 164,551 |
| | Vanguard | Target Retirement 2065 Fund | ** | 394,812 |
| | Vanguard | Total Bond Market Index Fund Admiral Shares | ** | 373,178 |
| | Vanguard | Total International Bond Index Fund Admiral Shares | ** | 29,659 |
| | Vanguard | Total Stock Market Index Fund Admiral Shares | ** | 1,294,990 |
| | Vanguard | U.S. Growth Fund Admiral Shares | ** | 437,663 |
| | Vanguard | Utilities Index Fund Admiral Shares | ** | 203,034 |
| | Vanguard | Value Index Fund Admiral Shares | ** | 229,492 |
| | Vanguard | 500 Index Fund Admiral Shares | ** | 2,175,018 |
| | Victory | Core Plus Intermediate Bond Shares | ** | 104,883 |
| | Voya | Corporate Leaders 100 Fund Shares | ** | 178,849 |
| | Charles Schwab | S&P 500 Index Fund Select S | ** | 2,354 |
| | T. Rowe Price | Mid-Cap Growth Fund | ** | 453 |
| | Wasatch Global Investors | Value Fun Investor Class Shares | ** | 3,557 |
| | Total mutual funds | | | 75,737,301 |
| | Money market funds: | | | |
| * | Charles Schwab Trust Bank | Value Advantage Money Ultra Fund | ** | 394,288 |
| * | Charles Schwab Trust Bank | Schwab Bank Savings Money Market | ** | 2,004,848 |
| | Self-directed brokerage account: | | | |
| | Charles Schwab PCRA | Self-directed brokerage account | ** | 266,598 |
| | Non-interest bearing cash: | | | |
| * | Charles Schwab Trust Bank | Holding account | ** | 294,291 |
| | Collective investment trust funds: | | | |
| | Great Gray Trust Company | Galliard Retirement Income Fund CL 35 | ** | 151,434 |
| | Principal Global Investors Trust Company | Morley Stable Value Fund Class 15 - III | ** | 427,210 |
| | Total investments | | | 79,275,970 |
| * | Notes receivable from participants | Loans to participants, interest rates ranging from 4.25% - 10.50%, with various maturities. | - | 657,422 |
| | Total assets held | | | \$ 79,933,392 |

* A party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

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NESTEGGS MASTER POOLED 401(k) PLAN

SPONSOR'S EIN: 59-3664112

PLAN NUMBER: 337

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

As of December 31, 2024

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| | T. Rowe Price | Mid-Cap Growth Fund | ** | 453 |
| | Wasatch Global Investors | Value Fun Investor Class Shares | ** | 3,557 |
| | Total mutual funds | | | 75,737,301 |
| | Money market funds: | | | |
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| * | Charles Schwab Trust Bank | Schwab Bank Savings Money Market | ** | 2,004,848 |
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| | Charles Schwab PCRA | Self-directed brokerage account | ** | 266,598 |
| | Non-interest bearing cash: | | | |
| * | Charles Schwab Trust Bank | Holding account | ** | 294,291 |
| | Collective investment trust funds: | | | |
| | Great Gray Trust Company | Galliard Retirement Income Fund CL 35 | ** | 151,434 |
| | Principal Global Investors Trust Company | Morley Stable Value Fund Class 15 - III | ** | 427,210 |
| | Total investments | | | 79,275,970 |
| * | Notes receivable from participants | Loans to participants, interest rates ranging from 4.25% - 10.50%, with various maturities. | - | 657,422 |
| | Total assets held | | | \$ 79,933,392 |

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** The cost of participant-directed investments is not required to be disclosed.