

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: NELSON BROTHERS, INC. EMPLOYEE CAPITAL ACCUMULATION 401(K) PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 06/30/1985
2a Plan sponsor's name (employer, if for a single-employer plan): NELSON BROTHERS, INC.
2b Employer Identification Number (EIN): 63-0479482
2c Plan Sponsor's telephone number: 205-802-5344
2d Business code (see instructions): 213110

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, Date, Name. Rows for plan administrator, 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	622
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)	479
	6a(2)	489
	6b	0
	6c	157
	6d	646
	6e	0
	6f	646
	6g(1)	583
	6g(2)	608
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<p>A Name of plan NELSON BROTHERS, INC. EMPLOYEE CAPITAL ACCUMULATION 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NELSON BROTHERS, INC.</p>	<p>D Employer Identification Number (EIN) 63-0479482</p>

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	81G633	600	04/01/2024	03/31/2025

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

<p>(a) Total amount of commissions paid 76141</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

JAMES T. MURFEE 120 OFFICE PARK DRIVE
SUITE 100
BIRMINGHAM, AL 35223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76141		BROKER COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4838447
5	Current value of plan's interest under this contract in separate accounts at year end.....	48136364
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 5918735
c	Additions: (1) Contributions deposited during the year	7c(1) 364639
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 132891
	(4) Transferred from separate account	7c(4) 0
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS	7c(5) 40183
	(6) Total additions	7c(6) 537713
d	Total of balance and additions (add lines 7b and 7c(6))	7d 6456448
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1075905
	(2) Administration charge made by carrier.....	7e(2) 47177
	(3) Transferred to separate account	7e(3) 364506
	(4) Other (specify below)..... ▶ LOANS & FORFEITURES	7e(4) 130413
(5) Total deductions	7e(5) 1618001	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 4838447

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan NELSON BROTHERS, INC. EMPLOYEE CAPITAL ACCUMULATION 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 NELSON BROTHERS, INC.	D Employer Identification Number (EIN) 63-0479482	

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

VOYA RETIREMENT INSURANCE & ANNUITY	PO BOX 990067 HARTFORD, CT 06199-0067
71-0294708	

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

1 ORANGE WAY
WINDSOR, CT 06095

71-0294708

(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?
26	INVESTMENT ADVISORY	42511	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LEAFHOUSE FINANCIAL ADVISORS, LLC

26-4311657

(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?
99	SERVICE PROVIDER	25114	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MURFEE MEADOWS, INC.

120 OFFICE PARK DRIVE
SUITE 100
BIRMINGHAM, AL 35223

63-1086621

(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?
49	THIRD PARTY ADMINISTRATO	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	24698	Yes <input type="checkbox"/> No <input checked="" 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
MURFEE MEADOWS, INC.	49	24698
(d) Enter name and EIN (address) of source of indirect compensation VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708 PO BOX 990067 HARTFORD, CT 06199-0067	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. OTHER SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>04/01/2024</u> and ending <u>03/31/2025</u>	
A Name of plan <u>NELSON BROTHERS, INC. EMPLOYEE CAPITAL ACCUMULATION 401(K) PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NELSON BROTHERS, INC.</u>	D Employer Identification Number (EIN) <u>63-0479482</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>AB US LARGE CAP GROWTH W P1</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>		
c EIN-PN <u>71-0294708-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1380202</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER CENT GLOBAL SM CP FD R6</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>		
c EIN-PN <u>71-0294708-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>301151</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2010 T DATE R6</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>		
c EIN-PN <u>71-0294708-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>114462</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2015 T DATE R6</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>		
c EIN-PN <u>71-0294708-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>350110</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2020 T DATE R6</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>		
c EIN-PN <u>71-0294708-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1832359</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2025 T DATE R6</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>		
c EIN-PN <u>71-0294708-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2083594</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2030 T DATE R6</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>		
c EIN-PN <u>71-0294708-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3528832</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2035 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1318812
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2040 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 592393
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2045 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1648412
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2050 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3026096
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2055 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1519998
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2060 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 201628
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2065 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126567
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2070 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4032
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BOND FD AM R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 599933
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1781493

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK HLTH SCI OPPORT PRT K		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84809
a Name of MTIA, CCT, PSA, or 103-12 IE: CHARLES SCHWAB PCRA		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2873312
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND FUND R1		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 603563
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3974336
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTL INDEX FND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1689000
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP IDX FD		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1699099
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES FUND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 293493
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH FND II R1		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 902136
a Name of MTIA, CCT, PSA, or 103-12 IE: INV GOLD & SPEC MIN FD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 414491
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HDRSN GLOTECH&INN N		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 876898

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HNDR BALANCED FUND N			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY			
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2168907
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND R1			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY			
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7298742
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS GLBL OPP BND FUND R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY			
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14887
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND R1			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY			
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	705704
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SEC SEL R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY			
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	445695
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HIGH YIELD FUND R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY			
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	704895
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME FUND INS			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY			
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	605737
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM SMALL CAP GROWTH FND R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY			
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	668534
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB TREAS INFL PROT SEC IDX			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY			
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	260707
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD SMALL-CAP INDEX FND ADM			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY			
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1062043

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCMR EST VL FD R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 298271
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a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCMR SM COMP OPP F R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73679
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA FIXED ACCOUNT (4450)

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4838447
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GV MNY MKT F A (HLD ACCT)

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7352
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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)
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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)
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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)
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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)
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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)
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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)
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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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan NELSON BROTHERS, INC. EMPLOYEE CAPITAL ACCUMULATION 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 NELSON BROTHERS, INC.	D Employer Identification Number (EIN) 63-0479482

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	66320	91792
(2) Participant contributions	1b(2)	-136	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	772252	739602
(2) U.S. Government securities	1c(2)	149642	99767
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	94905	54990
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1287011	1381057
(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)	1280086	1772406
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	43018201	45391662
(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)	164164	106317
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5918735	4838447
(15) Other	1c(15)	229468	362969

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	52980648	54839009
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	
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	52980648	54839009

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)	1578948	
(B) Participants.....	2a(1)(B)	2549949	
(C) Others (including rollovers).....	2a(1)(C)	177771	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4306668
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	82929	
(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)	123911	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		206840
(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)	109938	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		109938
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2488199
(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)		
c Other income	2c		-13272
d Total income. Add all income amounts in column (b) and enter total	2d		7098373

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4997602	
(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)		4997602
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	174306	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	68104	
(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)		242410
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5240012

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1858361
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WARREN AVERETT, LLC**

(2) EIN: **45-4084437**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>NELSON BROTHERS, INC. EMPLOYEE CAPITAL ACCUMULATION 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NELSON BROTHERS, INC.</u>	D Employer Identification Number (EIN) <u>63-0479482</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): 71-0294708

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 Q703007A.

**NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION
401(k) PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

MARCH 31, 2025 AND 2024



www.warrenaverett.com

The report accompanying this deliverable was issued
by Warren Averett, LLC.

**NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
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MARCH 31, 2025 AND 2024**

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
Nelson Brothers, Inc. Employee Capital Accumulation 401(k) Plan

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

We have performed audits of the accompanying financial statements of Nelson Brothers, Inc. Employee Capital Accumulation 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended March 31, 2025, 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of March 31, 2025 and 2024, and for the year ended March 31, 2025, 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 Auditors' Responsibilities for the Audit of the Financial Statements section—

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

Basis for Opinion

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for the year ended March 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, 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 schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Warren Averett, LLC

Birmingham, Alabama
December 16, 2025

**NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MARCH 31, 2025 AND 2024**

ASSETS	<u>2025</u>	<u>2024</u>
INVESTMENTS, AT FAIR VALUE	\$ 48,136,364	\$ 45,715,643
INVESTMENTS, AT CONTRACT VALUE	4,838,447	5,918,735
RECEIVABLES		
Company contributions	91,792	66,184
Notes receivable from participants	<u>1,772,406</u>	<u>1,280,086</u>
Total receivables	<u>1,864,198</u>	<u>1,346,270</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 54,839,009</u></u>	<u><u>\$ 52,980,648</u></u>

See notes to the financial statements.

**NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED MARCH 31, 2025**

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Interest and dividends	\$ 179,595
Net appreciation in fair value of investments	2,488,199
Interest income on notes receivable from participants	123,911
Contributions:	
Company	1,578,948
Participant	2,549,949
Rollover	177,771
	4,306,668
Total contributions	4,306,668
Total additions to net assets	7,098,373

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	4,997,602
Administrative expenses	242,410
	5,240,012
Total deductions from net assets	5,240,012

NET INCREASE

1,858,361

NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR

52,980,648

NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR

\$ 54,839,009

See notes to the financial statements.

NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

1. DESCRIPTION OF THE PLAN

The following description of Nelson Brothers, Inc. Employee Capital Accumulation 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Nelson Brothers, Inc., Nelson Brothers, LLC, and Nelson Brothers Mining Services, LLC (collectively, the Company), who are age 18 or older and have completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan administrator and third-party administrator are responsible for oversight of the Plan. The Plan administrator and third-party administrator determine the appropriateness of the Plan's investment offerings, monitor investment performance and report to key members of the Company.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the Plan. Participants may also make deferrals in amounts between 1% and 100% of eligible compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). In addition, participants may elect to make after-tax (Roth) contributions to the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may make a safe harbor matching contribution, a discretionary profit-sharing contribution and a discretionary matching contribution. During 2025 and 2024, the Company made safe harbor matching contributions equal to 100% of the first 4% of the employee's elective deferral. At the end of the 2025 and 2024 Plan year, the Company made discretionary matching contributions for all employees, in which the employee deferral of 4% exceeded the safe harbor matching contribution made by the Company, in an amount not to exceed \$3,000 when combined. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit-sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions and safe harbor matching contributions made by the Company plus actual earnings thereon. Vesting in the Company's discretionary profit-sharing contribution and discretionary matching contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after four years of credited service.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. A participant can only have one loan outstanding

NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

at a time. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service for any reason, a participant may elect to receive either a lump-sum amount equal to the value of his or her account or annual installments over a fixed reasonable period of time, not to exceed the life expectancy of the participant. In the event the vested account balance does not exceed \$5,000, the participant may only receive a single lump-sum payment.

Forfeited Accounts

At March 31, 2025 and 2024, forfeited nonvested accounts totaled \$7,352, and \$3,675, respectively. These accounts are used to pay administrative expenses of the Plan and to reduce Company contributions. In 2025, Company contributions were reduced by \$6,244 from forfeited nonvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a fully benefit-responsive investment contract with VOYA Retirement Insurance and Annuity Company (VRIAC).

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

As of March 31, 2025 and 2024, the Plan investments are provided under a group annuity contract with VRIAC. The investment options include: (1) a variable annuity contract which is a pooled separate account that invests directly in designated mutual funds and (2) a fixed annuity contract which is a fully benefit-responsive investment contract. Investments, with the exception of the fully benefit-responsive investment contract, 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. The Plan administrator determines the Plan's valuation policies, utilizing information provided by the investment advisers, custodians and insurance company. See Note 4 for discussion of fair value measurements.

NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of March 31, 2025 or 2024. In accordance with the Plan document, defaulted notes receivable from participants are deemed distributions and are reported as benefits paid in the accompanying statements of net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through December 16, 2025, the date the financial statements were available to be issued.

3. SUMMARY OF INFORMATION CERTIFIED BY THE INSURANCE COMPANY

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at March 31, 2025 and 2024, and net appreciation in fair value of investments, and interest and dividends for the year ended March 31, 2025, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by VOYA Retirement Insurance and Annuity Company (the insurance company of the Plan). The contract value of the fully benefit-responsive contract was certified by the insurance company.

4. FAIR VALUE MEASUREMENTS

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

NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include: 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. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

Participant-directed brokerage accounts: Consists of money market funds, exchange-traded funds, common stocks and mutual funds. Mutual funds are valued at the net asset value of shares of mutual funds held at year end. Common stock and exchange-traded funds are valued at the closing price reported on the active market on which the securities are traded.

Pooled separate accounts: The fair values of accumulated units held by the Plan in the pooled separate accounts are based on each account's daily net asset value (NAV), which is considered by Plan management to be the best approximation of fair value. Data for NAVs are distributed to plan administrators and client investors and provide sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources.

The methods above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's valuation methods are believed to be 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.

NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of March 31, 2025 and 2024:

Description	March 31, 2025	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Participant-directed brokerage accounts	\$ 2,880,664	\$ 2,880,664	\$ -	\$ -
Total assets in the fair value hierarchy	2,880,664	2,880,664	-	-
Investments measured at NAV ^(a)	45,255,700	-	-	-
Investments at fair value	<u>\$ 48,136,364</u>	<u>\$ 2,880,664</u>	<u>\$ -</u>	<u>\$ -</u>

Description	March 31, 2024	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Participant-directed brokerage accounts	\$ 2,701,117	\$ 2,701,117	\$ -	\$ -
Total assets in the fair value hierarchy	2,701,117	2,701,117	-	-
Investments measured at NAV ^(a)	43,014,526	-	-	-
Investments at fair value	<u>\$ 45,715,643</u>	<u>\$ 2,701,117</u>	<u>\$ -</u>	<u>\$ -</u>

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

NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

The following tables summarize investments measured at fair value based on NAV per share as of March 31, 2025 and 2024, respectively.

March 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
AB US Large Cap Growth W Series P1	\$ 1,380,202	n/a	Daily	1 day
American Century Global Small Cap Fund R6	301,151	n/a	Daily	1 day
American Funds 2010 T Date R6	114,462	n/a	Daily	1 day
American Funds 2015 T Date R6	350,110	n/a	Daily	1 day
American Funds 2020 T Date R6	1,832,358	n/a	Daily	1 day
American Funds 2025 T Date R6	2,083,594	n/a	Daily	1 day
American Funds 2030 T Date R6	3,528,832	n/a	Daily	1 day
American Funds 2035 T Date R6	1,318,812	n/a	Daily	1 day
American Funds 2040 T Date R6	592,393	n/a	Daily	1 day
American Funds 2045 T Date R6	1,648,412	n/a	Daily	1 day
American Funds 2050 T Date R6	3,026,096	n/a	Daily	1 day
American Funds 2055 T Date R6	1,519,998	n/a	Daily	1 day
American Funds 2060 T Date R6	201,628	n/a	Daily	1 day
American Funds 2065 T Date R6	126,567	n/a	Daily	1 day
American Funds 2070 T Date R6	4,032	n/a	Daily	1 day
American Funds Bond Fund Am R6	599,933	n/a	Daily	1 day
American Funds New World R6	1,781,493	n/a	Daily	1 day
Blackrock Health Science Opportunities Prt K	84,809	n/a	Daily	1 day
Core Plus Bond Fund R1	603,562	n/a	Daily	1 day
Fidelity 500 Index Fund	3,974,336	n/a	Daily	1 day
Fidelity International Index Fund	1,689,000	n/a	Daily	1 day
Fidelity Mid-Cap Index Fund	1,699,099	n/a	Daily	1 day
Franklin Mid-Cap Index Fund	293,493	n/a	Daily	1 day
International Growth Fund II R1	902,136	n/a	Daily	1 day
Invesco Gold and Special Minerals Fund R6	414,491	n/a	Daily	1 day
Janus Henderson GloTech and Innovation Fund N	876,898	n/a	Daily	1 day
Janus Henderson Balanced Fund N	2,168,907	n/a	Daily	1 day
Large Cap Value Fund Fee CI Fund R1	7,298,744	n/a	Daily	1 day
MFS Gbl Opp Bond Fund R6	14,887	n/a	Daily	1 day
Mid-Cap Growth Fund R1	705,704	n/a	Daily	1 day
Nuveen Real Estate Sec Sel R6	445,695	n/a	Daily	1 day
PGIM High-Yield Fund R6	704,895	n/a	Daily	1 day
PIMCO Income Fund Institutional	605,737	n/a	Daily	1 day
Putnam Small Cap Growth Fund R6	668,534	n/a	Daily	1 day
Schwab Treasury Inflation Protected Security Index	260,707	n/a	Daily	1 day
Vanguard Small Cap Index Fund Admiral	1,062,043	n/a	Daily	1 day
Victory Sycamore Est VI Fund – R6	298,271	n/a	Daily	1 day
Victory Sycamore Small Company Opportunity Fund – A	73,679	n/a	Daily	1 day
	<u>\$ 45,255,700</u>			

NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

March 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
AB US Large Cap Growth W Series P1	\$ 1,184,438	n/a	Daily	1 day
American Century Global Small Cap Fund R6	316,304	n/a	Daily	1 day
American Funds 2010 T Date R6	106,222	n/a	Daily	1 day
American Funds 2015 T Date R6	316,844	n/a	Daily	1 day
American Funds 2020 T Date R6	1,769,087	n/a	Daily	1 day
American Funds 2025 T Date R6	1,871,067	n/a	Daily	1 day
American Funds 2030 T Date R6	3,781,412	n/a	Daily	1 day
American Funds 2035 T Date R6	1,084,093	n/a	Daily	1 day
American Funds 2040 T Date R6	580,746	n/a	Daily	1 day
American Funds 2045 T Date R6	1,488,299	n/a	Daily	1 day
American Funds 2050 T Date R6	2,980,241	n/a	Daily	1 day
American Funds 2055 T Date R6	1,525,674	n/a	Daily	1 day
American Funds 2060 T Date R6	141,412	n/a	Daily	1 day
American Funds 2065 T Date R6	70,157	n/a	Daily	1 day
American Funds Bond Fund Am R6	653,816	n/a	Daily	1 day
American Funds New World R6	1,814,373	n/a	Daily	1 day
Blackrock Health Science Opportunities Prt K	80,612	n/a	Daily	1 day
Core Plus Bond Fund R1	4,866	n/a	Daily	1 day
Fidelity 500 Index Fund	3,634,027	n/a	Daily	1 day
Fidelity International Index Fund	1,550,704	n/a	Daily	1 day
Fidelity Mid-Cap Index Fund	1,571,603	n/a	Daily	1 day
Franklin Mid-Cap Index Fund	164,973	n/a	Daily	1 day
International Growth Fund R6	536,974	n/a	Daily	1 day
Invesco Gold and Special Minerals Fund R6	210,970	n/a	Daily	1 day
Janus Henderson GloTech and Innovation Fund N	1,020,356	n/a	Daily	1 day
Janus Henderson Balanced Fund N	2,772,430	n/a	Daily	1 day
Large Cap Value Fund Fee CI Fund R1	7,065,585	n/a	Daily	1 day
MFS Gbl Opp Bond Fund R6	2,750	n/a	Daily	1 day
Mid-Cap Growth Fund R1	504,377	n/a	Daily	1 day
PGIM High-Yield Fund R6	627,875	n/a	Daily	1 day
PIMCO Income Fund Institutional	707,720	n/a	Daily	1 day
Putnam Small Cap Growth Fund R6	387,846	n/a	Daily	1 day
Schwab Treasury Inflation Protected Security Index	372,906	n/a	Daily	1 day
TIAA-CREF Real Estate Securities Fund Institutional	452,348	n/a	Daily	1 day
Vanguard Small Cap Index Fund Admiral	960,930	n/a	Daily	1 day
Victory Sycamore Est VI Fund – R6	562,260	n/a	Daily	1 day
Victory Sycamore Small Company Opportunity Fund – A	138,229	n/a	Daily	1 day
	<u>\$ 43,014,526</u>			

**NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

In 2012, the Plan entered into a benefit-responsive group annuity contract with ING Life Insurance and Annuity Company (ING), now VOYA Retirement Insurance and Annuity Company (VRIAC). VRIAC maintains the contributions in a general account. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. The following represents the investment contract at contract value held by the Plan.

	2025	2024
Group annuity contract	\$ 4,838,447	\$ 5,918,735

The rate of return earned on the group annuity contract is not dependent on the performance of the underlying funds but is determined by product price breaks. The Plan assets are evaluated approximately one month prior to the anniversary date to determine rate changes. The group annuity contract issuer is contractually obligated to repay the principal and specified interest rate guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The minimum guaranteed interest rate, which is guaranteed for the lifetime of the contract, is 1.00%. The average yield of the fund and the average yield credited to participants are one and the same, which was 1.00% at March 31, 2025 and 2024.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with VRIAC. These events would also permit VRIAC to terminate the contract and settle at amounts that differ from contract value. The Plan administrator does not believe termination of the contract is probable of occurring.

6. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of a group annuity contract and pooled separate accounts managed by VRIAC. VRIAC is the insurance company as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net depreciation in fair value of investments, as they are paid through revenue sharing rather than a direct payment. The Company pays directly any other fees related to the Plan's operation.

7. PLAN TERMINATION

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

NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024

8. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 31, 2014, that the prototype adopted by the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has not received a determination letter specific to the Plan itself. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to March 31, 2022.

9. RISKS AND UNCERTAINTIES

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

NELSON BROTHERS, INC.
EMPLOYEE CAPITAL ACCUMULATION 401(k) PLAN
EMPLOYER ID #63-0479482
PLAN #002
SCHEDULE H, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	VOYA Fixed Account	Group annuity contract	\$ 4,838,447
	AB US Large Cap Growth W Series P1	Pooled separate account	1,380,202
	American Century Global Small Cap Fund R6	Pooled separate account	301,151
	American Funds 2010 T Date R6	Pooled separate account	114,462
	American Funds 2015 T Date R6	Pooled separate account	350,110
	American Funds 2020 T Date R6	Pooled separate account	1,832,358
	American Funds 2025 T Date R6	Pooled separate account	2,083,594
	American Funds 2030 T Date R6	Pooled separate account	3,528,832
	American Funds 2035 T Date R6	Pooled separate account	1,318,812
	American Funds 2040 T Date R6	Pooled separate account	592,393
	American Funds 2045 T Date R6	Pooled separate account	1,648,412
	American Funds 2050 T Date R6	Pooled separate account	3,026,096
	American Funds 2055 T Date R6	Pooled separate account	1,519,998
	American Funds 2060 T Date R6	Pooled separate account	201,628
	American Funds 2065 T Date R6	Pooled separate account	126,567
	American Funds 2070 T Date R6	Pooled separate account	4,032
	American Funds Bond Fund Am R6	Pooled separate account	599,933
	American Funds New World R6	Pooled separate account	1,781,493
	Blackrock Health Science Opportunities Prt K	Pooled separate account	84,809
	Core Plus Bond Fund R1	Pooled separate account	603,562
	Fidelity 500 Index Fund	Pooled separate account	3,974,336
	Fidelity International Index Fund	Pooled separate account	1,689,000
	Fidelity Mid-Cap Index Fund	Pooled separate account	1,699,099
	Franklin Mid-Cap Index Fund	Pooled separate account	293,493
	International Growth Fund II R1	Pooled separate account	902,136
	Invesco Gold and Special Minerals Fund R6	Pooled separate account	414,491
	Janus Henderson GloTech and Innovation Fund N	Pooled separate account	876,898
	Janus Henderson Balanced Fund N	Pooled separate account	2,168,907
	Large Cap Value Fund Fee CI Fund R1	Pooled separate account	7,298,744
	MFS Gbl Opp Bond Fund R6	Pooled separate account	14,887
	Mid-Cap Growth Fund R1	Pooled separate account	705,704
	Nuveen Real Estate Sec Sel R6	Pooled separate account	445,695
	PGIM High-Yield Fund R6	Pooled separate account	704,895
	PIMCO Income Fund Institutional	Pooled separate account	605,737
	Putnam Small Cap Growth Fund R6	Pooled separate account	668,534
	Schwab Treasury Inflation Protected Security Index	Pooled separate account	260,707
	Vanguard Small Cap Index Fund Admiral	Pooled separate account	1,062,043
	Victory Sycamore Est VI Fund – R6	Pooled separate account	298,271
	Victory Sycamore Small Company Opportunity Fund – A	Pooled separate account	73,679
	TD Ameritrade Brokeragelink Account	Participant-directed brokerage account	2,873,312
	Voya Gv Money Market F A	Participant-directed brokerage account	7,352
			<u>52,974,811</u>
*	Notes receivable from participants	Interest rates range from 4.25% to 9.50%; various maturity dates	1,772,406
			<u>\$ 54,747,217</u>

* Represents party-in-interest

Column (d) has not been presented as this information is not applicable.

This schedule is presented in compliance with DOL filing requirements.