

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan OZARK ACTION, INC. 403(B) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 03/14/1994
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OZARK ACTION, INC. 710 EAST MAIN STREET WEST PLAINS, MO 65775
2b	Employer Identification Number (EIN) 43-0838508
2c	Plan Sponsor's telephone number 417-256-6147
2d	Business code (see instructions) 624100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2026	TERRY SANDERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 165
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) 135 6a(2) 141 6b 0 6c 10 6d 151 6e 0 6f 151 6g(1) 139 6g(2) 120 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 2G 2M 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan OZARK ACTION, INC. 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OZARK ACTION, INC.		D Employer Identification Number (EIN) 43-0838508

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

CAPITAL GROUP RETIREMENT PLAN SVCS.

82-4555287

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

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

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

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

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

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

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

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

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

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

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

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

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

EDWARD JONES

12555 MANCHESTER RD
ATTN COMMISSIONS DEPT
ST LOUIS, MO 63131

(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?
27	INVESTMENT ADVISOR	9083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL GROUP RETIREMENT PLAN SVCS.

82-4555287

(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?
64 52 60 62 25 49 72	RECORDKEEPER	3983	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan OZARK ACTION, INC. 403(B) PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 OZARK ACTION, INC.	D Employer Identification Number (EIN) 43-0838508

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	35760	38229
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4482882	4430154
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4518642	4468383
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	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	4518642	4468383

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)	205750	
(B) Participants	2a(1)(B)	38435	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		244185
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1499	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1499
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	323412	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		323412
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		411185
c Other income	2c		9067
d Total income. Add all income amounts in column (b) and enter total	2d		989348

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1026541	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1026541
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	3983	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	9083	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		13066
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1039607

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-50259
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: **DEIDIKER ACCOUNTING AND CONSULTING,**

(2) EIN: **27-0743993**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan OZARK ACTION, INC. 403(B) PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OZARK ACTION, INC.				D Employer Identification Number (EIN) 43-0838508	
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): 20-3691658					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)..... b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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 <u>03 / 31 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500568A</u> .	

OZARK ACTION INC 403(B) PLAN
WEST PLAINS, MISSOURI

**INDEPENDENT AUDITOR'S REPORT
AND
FINANCIAL STATEMENTS**

For the Years Ended June 30, 2025 and June 30, 2024

Deidiker, Alvarado & Associates LLC
Certified Public Accountants
DEIDIKER ACCOUNTING BUILDING
P.O. Box 528
West Plains, MO 65775

Ozark Action, Inc.
403(b) Plan

Table of Contents

	<u>Page</u>
Independent Auditor's Report	1-4
Statement of Net Assets Available for Plan Benefits	5
Statement of Changes in Net Assets Available for Plan Benefits	6
Notes to Financial Statements	7-12
Schedule H	13

DEIDIKER, ALVARADO & ASSOCIATES LLC

Certified Public Accountants

P.O. Box 528
West Plains, MO 65775
417 255-1128
FAX 417 255-2568

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Ozark Action, Inc. 403(b) Plan

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

We have performed audits of the financial statements of Ozark Action, Inc. 403(b) 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 statement of net assets available for benefits as of June 30, 2025, and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 June 30, 2025, and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statement, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements related to assets held by and

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal controls 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 Ozark Action Inc 403(b) Plan's ability to continue as a going concern for one year after the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these

financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt Ozark Action Inc 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERSIA

The supplemental schedule of 403(b) Retirement Savings Plan Schedule H, Part IV, Line 4i. Form 5500-Schedule of Assets (Held at End of Year) at June 30, 2025, and June 30, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and

was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agree to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, 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).

Deidiker, Alvarado & Associates

West Plains, MO
April 3, 2026

Ozark Action, Inc.
403(b) Plan
Statement of Net Assets Available for Plan Benefits

	<u>June 30, 2025</u>	<u>June 30, 2024</u>
Assets		
Investments, at fair value (Note 4)	\$4,465,580	\$4,514,085
Total Investments	\$4,465,580	\$4,514,085
Receivables:		
Employer contributions	\$0	\$0
Participant contributions	\$0	\$0
Notes Receivable from Participants	<u>\$0</u>	<u>\$0</u>
Total Receivables	\$0	\$0
Other Assets	\$0	\$0
Total Assets	\$4,465,580	\$4,514,085
Liabilities		
Accounts Payable	\$0	\$0
Accrued Expenses	<u>\$0</u>	<u>\$0</u>
Total Liabilities	\$0	\$0
Net Assets Reflecting Investments	\$4,465,580	\$4,514,085
Adjustments	<u>\$0</u>	<u>\$0</u>
Net assets available for benefits (at fair value)	\$4,465,580	\$4,514,085

The accompanying notes are an integral part of these Financial Statements

Ozark Action, Inc.

403(b) Plan

Statement of Changes in Net Assets Available for Plan Benefits

	For the Year Ended <u>June 30, 2025</u>	For the Year Ended <u>June 30, 2024</u>
Additions (Reductions) to Net Attributed to		
Net Appreciation in Fair Value of Investments (Note 4)	\$411,185	\$536,304
Interest and Dividends	<u>\$324,742</u>	<u>\$199,531</u>
Total Investment Income (Loss)	\$735,927	\$735,835
Contributions		
Participants	\$38,435	\$40,662
Employer	\$205,750	\$220,519
Other (rollovers)	<u>\$0</u>	<u>\$0</u>
Total Contributions	<u>\$244,185</u>	<u>\$261,181</u>
Total Additions (Reductions)	<u>\$980,112</u>	<u>\$997,016</u>
Deductions from Net Assets Attributed to		
Benefits Paid to Participants *	\$1,028,617	\$723,189
Administrative Expenses (Note 1)	\$0	\$0
Transfers	<u>\$0</u>	<u>\$0</u>
Total Deductions	<u>\$1,028,617</u>	<u>\$723,189</u>
Net Increase (Decrease) *	<u>(\$48,505)</u>	\$273,827
Net Assets Available for Benefits		
Beginning of Year	<u>\$4,514,085</u>	<u>\$4,240,258</u>
End of Year **	<u>\$4,465,580</u>	<u>\$4,514,085</u>
 * Includes Ending Forfeiture/Asset Holding Balance		
** Participant ending balance	\$4,465,580	\$4,514,085
Forfeiture	<u>\$2,804</u>	\$4,557
Account balance	\$4,468,384	\$4,518,642

The accompanying notes are an integral part of these Financial Statements

Ozark Action, Inc.
403(b) Plan
Notes to Financial Statements

1. Description of the Plan and Investment Program

The following description of the Ozark Action, Inc. 403(b) 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 – Ozark Action, Inc. (Ozark Action), the Plan Administrator, established the Plan effective March 14, 1994, to supplement employees’ retirement income. To participate in the Plan, employees must complete the necessary enrollment forms and return them to the Plan Administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Capital Bank and Trust Company, (American Funds) is the Plan custodian and the third-party administrator of the Plan.

Participant and Ozark Action Contributions – Newly hired employees are required to complete 24 months of employment and work at least 1,000 hours in a benefit year before becoming eligible to participate in the Plan for company costs. The Plan offers participants the option of contributing pre-tax dollars as allowed by the Internal Revenue Code (“IRC”). In addition, the Plan allows Ozark Action to make discretionary, Qualified Non-Elective Contributions to the Plan in proportion to a participant’s compensation as a percentage of the compensation of eligible participants. For the Plan year ended June 30, 2025, Ozark Action contributed 5% of eligible and active participant’s compensation as defined by the Plan agreement. For Plan year 2024, Ozark Action contributed 5% of eligible and active participant’s compensation.

Participant Accounts – The Plan has been established as a custodial account arrangement and mutual funds are offered as an investment alternative. Each participant has the right to direct the investment of his/her account balance and contributions to various investment options, all of which are managed by American Funds. The investment options are provided to allow participants a choice as to investment elections. Participants may change the allocation of their contributions as specified by American Funds. Each participant’s account is credited with the participant’s contribution and allocations of Ozark Action’s contribution, and charged with an allocation of administrative expenses, as defined in the Plan document.

Vesting – Participants are immediately vested in their contributions, employer contributions and any earnings thereon.

Participant Loans – Participant loans are not permitted by the Plan.

Payment of Benefits – The balance of participant accounts is payable upon disability, death or termination of employment with Ozark Action. Upon termination of employment,

participants may receive a lump-sum payment of vested interest in their account. Any taxable distribution paid by the custodian directly to the participant will be subject to mandatory federal income tax withholding of 20% of the requested distribution. Upon reaching the normal retirement age of 59 1/2, participants can request a distribution of benefits from the Plan. The normal form of payment is a lump sum distribution in cash or mutual funds with no option of annuity payments to the participants.

Administrative Expenses – Investment management fees, custodian fees, agent fees and brokerage commissions are paid by the Plan and are allocated to the individual participant accounts. These expenses for the Plan are in the form of load fees. As a result, there are no separable expenses for the Plan. Certain expenses of the Plan and some administrative services are paid or provided by Ozark Action and some participants. During the Plan year, Ozark Action paid \$3,881 on behalf of the Plan to American Funds.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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

Investment Valuation and Income Recognition – Investments in the Plan are stated at fair value based on the fair value defined by ASC-820, “Fair Value Measurement and Disclosure”. The Plan’s Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Payment of Benefits – Benefits are recorded when paid.

3. Investments

Investments that represent 5 percent or more of the Plan's assets at June 30, 2025, and June 30, 2024, are recorded at fair market value. Investments certified by Capital Bank and Trust Company as of June 30, 2025, and June 30, 2024, are as follows:

	<u>June 30, 2025</u>	<u>June 30, 2024</u>
Franklin Rising Dividends A (FRDPX)	\$35,722	\$31,761
Franklin Small Cap Value Fund A (1FR-VAL)	\$7,182	\$6,648
Oppenheimer Development Markets A (ODMAX)	\$70,664	\$62,205
JHancock Bond (1JHRBX)	\$63,621	\$157,265
American Funds 2010 Target Date Fund R4 (RDATX)	\$13,093	\$10,231
American Funds 2015 Target Date Fund R4 (RDBTX)	\$8,502	\$5,846
American Funds 2020 Target Date Fund R4 (RDCTX)	\$10,744	\$11,917
American Funds 2025 Target Date Fund R4 (RDDTX)	\$7,380	\$10,594
American Funds 2030 Target Date Fund R4 (RDETX)	\$86,382	\$62,361
American Funds 2035 Target Date Fund R4 (RDFTX)	\$66,324	\$48,057
American Funds 2040 Target Date Fund R4 (RDGTX)	\$100,875	\$89,600
American Funds 2045 Target Date Fund R4 (RDHTX)	\$85,322	\$69,659
American Funds 2050 Target Date Fund R4 (RDITX)	\$142,590	\$114,401
American Funds 2055 Target Date Fund R4 (RDJTX)	\$30,624	\$26,676
American Funds 2060 Target Date Fund R4 (RDKTX)	\$39,457	\$26,440
American Funds 2065 Target Date Fund R4 (RDLTX)	\$3,795	\$725
American Funds Fundamental Investors R4 (RFNEX)	\$230,913	\$333,814
American Funds Growth Fund of Amer R4 (RGAEX)	\$1,337,037	\$1,197,612
American Funds Invmt Co of America R4 (RICEX)	\$629,534	\$504,089
American Funds Inc Fund of Amer R4 (RIDEX)	\$110,142	\$182,229
American Funds Capital Inc Bldr R4 Fund (RIREX)	\$542,862	\$489,484
American Funds New Economy R4 (RNGEX)	\$52,912	\$43,442
American Funds New Perspective F4 (RNPEX)	\$225,297	\$185,910
American Funds SMALLCAP World R4 (RSLEX)	\$26,919	\$109,800
American Funds Capital World G/I R4 (RWIEX)	\$162,152	\$227,611
American Funds Washington Mutual R4 (RWMEX)	\$294,359	\$362,447
American Funds Hi Inc. TR R4 (RITEX)	\$2,217	\$1,891
American Funds BD FD of Amer. 4(RBOEX)	\$15,977	\$14,672
American Funds US Govt Market R4 (RADXX)	\$35,425	\$31,203
American Funds US Govt Sec R4 (RGVEX)	\$13,390	\$82,790
Prudential Total Returns Bond A (1PDBAX)	<u>\$14,167</u>	<u>\$12,705</u>
Total	\$4,465,580	\$4,514,085
Ending Forfeiture/Asset Holding Balance	<u>\$2,804</u>	<u>\$4,557</u>
Account Balance as of June 30, 2025, and 2024	<u>\$4,468,384</u>	<u>\$4,518,642</u>

During the Plan year, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$411,185 and reported total investment income (loss) of \$324,742. The Plan year amounts, as certified by Capital Bank and Trust Company, are as follows:

	<u>Year Ended June 30, 2025</u>	<u>Year Ended June 30, 2024</u>
Net appreciation in mutual funds	\$411,185	\$536,304
Interest and dividends	<u>\$324,742</u>	<u>\$199,531</u>
Total investment income (loss)	<u>\$735,927</u>	<u>\$735,835</u>

Capital Bank and Trust Company has also certified the information contained in the supplemental schedule of assets (held at end of year).

4. Fair Value Measurements

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at June 30, 2025, and 2024, and net appreciation in fair value of investments, interest and dividends for the year ended June 30, 2025, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Capital Bank and Trust Company.

The Plan has adopted the provisions of ASC-820, “Fair Value Measurement and Disclosure” which provides framework for measuring fair value under GAAP and, among other things, requires enhanced disclosures about assets and liabilities carried at fair value. As defined in ASC-820, fair value is the price that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants at the measurement date (exit price). ASC-820 establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy defined by ASC-820 are as follows:

Level 1 – Quoted prices (unadjusted) are available in active markets for identical assets or liabilities as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 – Pricing inputs include quoted prices for similar assets and liabilities in active markets, and inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3 – Pricing inputs include significant inputs that are generally less observable or from unobservable sources. These inputs may be used with internally developed methodologies that result in management’s best estimate of fair value.

The Plan utilizes valuation techniques that seek to maximize the use of observable inputs and minimize the use of unobservable inputs and classifies fair value based on the observability of those inputs. During the Plan year, the investments of the Plan were totally in mutual funds offered by American Funds. These mutual funds were publicly traded instruments

measured at fair value using quoted market prices in an active market and are classified as level 1 within the valuation hierarchy.

The follow table sets forth, by level within the fair value hierarchy, the Plan's assets that were accounted for at fair value as of June 30, 2025, and 2024. As required by ASC-820, financial assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and their placement within the fair value hierarchy levels.

Fair Value Measures at Fair Value as of June 30, 2025				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$4,465,580	\$0	\$0	\$4,465,580
Total	<u>\$4,465,580</u>	<u>\$0</u>	<u>\$0</u>	<u>\$4,465,580</u>

Fair Value Measures at Fair Value as of June 30, 2024				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$4,514,085	\$0	\$0	\$4,514,085
Total	<u>\$4,514,085</u>	<u>\$0</u>	<u>\$0</u>	<u>\$4,514,085</u>

There were no level 3 assets at the beginning of the year or at any time during the Plan year.

Fair Value Measurement at June 30, 2025

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds				
Index Funds	\$2,585,681	\$0	\$0	\$2,585,681
Balance Funds	\$0	\$0	\$0	\$0
Growth Funds	\$1,879,899	\$0	\$0	\$1,879,899
Total Mutual Funds	\$4,465,580	\$0	\$0	\$4,465,580
Forfeitures	\$2,804			\$2,804
Account Balance	\$4,468,384			\$4,468,384

5. Related Party Transactions

American Funds is a party-in-interest as defined by ERISA. Plan assets can be invested in mutual funds issued or offered by American Funds.

6. Plan Termination

Although it has not expressed any intent to do so, Ozark Action 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 the Plan should terminate, the Plan administrator will facilitate the distribution of account balances under the provisions of the Plan agreement until all assets have been distributed by the Trustee.

7. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (the Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan is subject to examination by the Internal Revenue Service for the statutory period.

8. Risks and Uncertainties

In general, investment securities are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities could occur in the near term, and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and Statement of Changes in Net Assets Available for Benefits. Neither commitments nor contingencies existed as of June 30, 2025.

9. Reconciliation to the Form 5500

The information contained in the financial statements is prepared on an accrual basis of accounting. Normally, accrual basis statements would differ from information contained in Form 5500, which is prepared on a cash basis. For the 2025 and 2024 Plan years, there were no accruals necessary in the financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP). Therefore, the GAAP financial statements agree with the Form 5500 information for the Plan year.

10. Subsequent Events

The Plan officials have evaluated subsequent events through April 3, 2026, the date the financial statements were available to be issued.

Ozark Action, Inc.
403(b) Retirement Savings Plan
EIN No. 43-0838508
Schedule H, Part IV, Line 4i. Form 5500-Schedule of Assets (Held at End of Year)
at June 30, 2025, and June 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Value June 30, 2025	Value June 30, 2024
*	(A) Franklin Rising Dividends	Shares of mutual fund investments	**	\$35,722	\$31,761
*	(A) Franklin Small Cap Value Fund	Shares of mutual fund investments	**	\$7,182	\$6,648
*	(A) Oppenheimer Development Markets	Shares of mutual fund investments	**	\$70,664	\$62,205
*	(A) JHancock Bond	Shares of mutual fund investments	**	\$63,621	\$157,264
*	(A) American Funds 2010 Target Date Fund	Shares of mutual fund investments	**	\$13,093	\$10,231
*	(A) American Funds 2015 Target Date Fund	Shares of mutual fund investments	**	\$8,502	\$5,846
*	(A) American Funds 2020 Target Date Fund	Shares of mutual fund investments	**	\$10,744	\$11,917
*	(A) American Funds 2025 Target Date Fund	Shares of mutual fund investments	**	\$7,380	\$10,594
*	(A) American Funds 2030 Target Date Fund	Shares of mutual fund investments	**	\$86,382	\$62,361
*	(A) American Funds 2035 Target Date Fund	Shares of mutual fund investments	**	\$66,324	\$48,057
*	(A) American Funds 2040 Target Date Fund	Shares of mutual fund investments	**	\$100,875	\$89,600
*	(A) American Funds 2045 Target Date Fund	Shares of mutual fund investments	**	\$85,322	\$69,659
*	(A) American Funds 2050 Target Date Fund	Shares of mutual fund investments	**	\$142,590	\$114,401
*	(A) American Funds 2055 Target Date Fund	Shares of mutual fund investments	**	\$30,624	\$26,676
*	(A) American Funds 2060 Target Date Fund	Shares of mutual fund investments	**	\$39,457	\$26,440
*	(A) American Funds 2065 Target Date Fund	Shares of mutual fund investments	**	\$3,795	\$725
*	(A) American Funds Fundamental Investors	Shares of mutual fund investments	**	\$230,913	\$333,814
*	(A) American Funds Growth Fund of Amer	Shares of mutual fund investments	**	\$1,337,037	\$1,197,612
*	(A) American Funds Invmt Co of America	Shares of mutual fund investments	**	\$629,534	\$182,229
*	(A) American Funds Inc Fund of Amer	Shares of mutual fund investments	**	\$110,142	\$504,089
*	(A) American Funds Capital Inc Bldr	Shares of mutual fund investments	**	\$542,862	\$489,484
*	(A) American Funds New Economy	Shares of mutual fund investments	**	\$52,912	\$43,442
*	(A) American Funds New Perspective	Shares of mutual fund investments	**	\$225,297	\$185,910
*	(A) American Funds SMALLCAP World	Shares of mutual fund investments	**	\$26,919	\$109,800
*	(A) American Funds Capital World G/I	Shares of mutual fund investments	**	\$162,152	\$227,611
*	(A) American Funds Washington Mutual	Shares of mutual fund investments	**	\$294,359	\$362,447
*	(A) American Funds In Inc.	Shares of mutual fund investments	**	\$2,217	\$1,891
*	(A) American Funds BD FD	Shares of mutual fund investments	**	\$15,977	\$14,673
*	(A) American Funds US Govt Market	Shares of mutual fund investments	**	\$35,425	\$31,203
*	(A) American Funds US Govt Sec	Shares of mutual fund investments	**	\$13,390	\$82,790
*	(A) Prudential Total Returns Bond A	Shares of mutual fund investments	**	<u>\$14,167</u>	<u>\$12,705</u>
	Total			\$4,465,580	\$4,514,085
	Ending Forfeiture/Asset Holding Balance			<u>\$2,804</u>	<u>\$4,557</u>
	Account Balance as of June 30, 2025, and 2024			<u>\$4,468,384</u>	<u>\$4,518,642</u>

* Party-in-interest for which a statutory exemption exists.

** Under ERISA, reporting the cost of an asset held for investment purposes is not required for participant-directed investments.

(A) All transactions were with American Funds.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Ozark Action, Inc. 403(b) Plan

01-JUL-24 to 30-JUN-25

04-JUL-25 14:21:08

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRGAEX			1,036,087.63	1,337,037.30
IRNGEX			41,769.73	52,911.93
IRNPEX			176,921.44	225,297.42
IRSLEX			25,984.15	26,919.03
IODMAX			80,894.58	70,664.28
IRWIEX			133,253.56	162,151.63
IRFNEX			176,666.08	230,912.64
IRICEX			489,775.67	629,533.97
IRWMEX			243,797.02	294,358.88
IFRDPX			26,164.47	35,721.77
IFR-VAL			6,451.30	7,181.95
IRIREX			465,828.13	542,862.17
IRIDEX			98,976.42	110,142.14
IRITEX			2,039.85	2,217.42
IRBOEX			16,785.09	15,977.25
IRGVEX			14,951.18	13,389.58
IJHRBX			73,296.10	63,620.54
IPDBAX			15,644.52	14,167.12
IRADXX			35,425.23	35,425.23
IRDATX			12,446.99	13,092.66
IRDBTX			7,897.74	8,501.89
IRDCTX			10,195.04	10,744.22
IRDDTX			6,721.95	7,379.65
IRDETX			77,639.46	86,382.30
IRDFTX			58,860.93	66,324.37
IRDGTX			86,934.40	100,875.04
IRDHTX			73,171.23	85,322.42
IRDITX			119,440.26	142,589.73
IRDJTX			26,108.60	30,623.54
IRDKTX			32,663.94	39,456.88
IRDLTX			3,454.10	3,794.57
			3,676,246.79	4,465,579.52
FORFEITURES			2,804.23	2,804.23

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Ozark Action, Inc. 403(b) Plan

01-JUL-24 to 30-JUN-25

04-JUL-25 14:21:08

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
-------------------	---------------	---------------	----------------	---------------

LEGEND

INVESTMENT OPTION:

1RGAEX American Funds Growth Fund of Amer R4
 1RNPEX American Funds New Perspective R4
 1ODMAX Invesco Developing Markets A
 1RFNEX American Funds Fundamental Investors R4
 1RWMEX American Funds Washington Mutual R4
 1FR-VAL Franklin Small Cap Value Fund A
 1RINDEX American Funds Inc Fund of Amer R4
 1RBOEX American Funds Interm Bd Fd of Amer R4
 1JHRBX JHancock Bond R2
 1RADXX American Funds US Govt Money Market R4
 1RDBTX American Funds 2015 Target Date Fund R4
 1RDDTX American Funds 2025 Target Date Fund R4
 1RDFTX American Funds 2035 Target Date Fund R4
 1RDHTX American Funds 2045 Target Date Fund R4
 1RDJTX American Funds 2055 Target Date Fund R4
 1RDLTX American Funds 2065 Target Date Fund R4

1RNGEX American Funds New Economy R4
 1RSLEX American Funds SMALLCAP World R4
 1RWIEX American Funds Capital World G/I R4
 1RICEX American Funds Invmt Co of America R4
 1FRDPX Franklin Rising Dividends A
 1RIREX American Funds Capital Inc Bldr R4
 1RITEX American Funds American Hi Inc Tr R4
 1RGVEX American Funds US Government Sec R4
 1PDBAX PGIM Total Return Bond A
 1RDATX American Funds 2010 Target Date Fund R4
 1RDCTX American Funds 2020 Target Date Fund R4
 1RDETX American Funds 2030 Target Date Fund R4
 1RDGTX American Funds 2040 Target Date Fund R4
 1RDITX American Funds 2050 Target Date Fund R4
 1RDKTX American Funds 2060 Target Date Fund R4

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year