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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] 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
MASSEY SERVICES, INC. 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/16/1990

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)
MASSEY SERVICES, INC.

315 GROVELAND STREET
ORLANDO, FL 32804

2b Employer Identification Number (EIN)
59-2557150

2c Plan Sponsor's telephone number
407-645-2500

2d Business code (see instructions)
561710

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	MARCELLENE BAUGH
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	4080
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	3760
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3621
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	683
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4309
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	11
f	Total. Add lines **6d** and **6e**.	**6f**	4320
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	2989
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	3151
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	152
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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASSEY SERVICES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MASSEY SERVICES, INC.

D Employer Identification Number (EIN)
59-2557150

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	168876-01	129	01/01/2025	12/31/2025

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	6971128
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	6493940		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	7325374		
	(5) Other (specify below)	7c(5)	3230		
	▶ FORFEITURES				
	(6)Total additions			7c(6)	13822544
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	13822544
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	29062		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	6840078		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	6869140
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6953404

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASSEY SERVICES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MASSEY SERVICES, INC.

D Employer Identification Number (EIN)
59-2557150

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

JPMORGAN INVEST HOLDINGS LLC

13-2624428

(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	RECORDKEEPER	240	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

(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

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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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASSEY SERVICES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MASSEY SERVICES, INC.

D Employer Identification Number (EIN)
59-2557150

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: JPMCB SMRTRETMNT LIFTIME INC 2060 C

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

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)
39-3268592-001	C	3102988

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMRTRETMNT LIFTIME INC 2040 C

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

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)
39-3362984-001	C	7899022

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMRTRETMNT LIFTIME INC 2045 C

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

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)
39-3196224-001	C	7696502

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMRTRETMNT LIFTIME INC REMT C

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

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)
39-3523791-001	C	10436715

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMRTRETMNT LIFTIME INC 2035 C

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

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)
39-3413900-001	C	9283946

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMRTRETMNT LIFTIME INC 2055 C

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

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)
39-3246794-001	C	5963704

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMRTRETMNT LIFTIME INC 2030 C

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

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)
39-3448322-001	C	7578651

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMRTRETMNT LIFTIME INC 2050 C

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

c EIN-PN 39-3221475-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7798340

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMRTRETMNT LIFTIME INC 2065 C

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

c EIN-PN 39-3290498-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 550488

a Name of MTIA, CCT, PSA, or 103-12 IE: APEX GUARANTEED RATE STABLE VALUE F

b Name of sponsor of entity listed in (a): THE STANDARD FINANCIAL GROUP

c EIN-PN 93-0242990-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASSEY SERVICES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MASSEY SERVICES, INC.

D Employer Identification Number (EIN)
59-2557150

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)	3325926	4044031
(2) Participant contributions	1b(2)	259245	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	114719	68348
(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)	3677607	3968977
(9) Value of interest in common/collective trusts	1c(9)	6705692	60310356
(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)	91681409	45277579
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	6971128
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	105764598	120640419
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	105764598	120640419

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)	4097499	
(B) Participants	2a(1)(B)	8336443	
(C) Others (including rollovers)	2a(1)(C)	153617	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12587559
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	336664	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		336664
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	2760111	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2760111
(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)		0
(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)		0

		(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)		12611576
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		28295910
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13124221	
(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)		13124221
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)	295868	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(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)		295868
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13420089
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14875821
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) [X] 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) [X] 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: SAS ASSURANCE **(2)** EIN: 87-3925424

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	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.	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MASSEY SERVICES, INC. 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MASSEY SERVICES, INC.

D Employer Identification Number (EIN)
59-2557150

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): 84-1455663

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
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)	**14b**	
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)	**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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

MASSEY SERVICES, INC. 401(k)
RETIREMENT PLAN

Financial Statements
and
Independent Auditor's Report

December 31, 2025

MASSEY SERVICES, INC. 401(k) RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of Massey Services, Inc.
401(k) Retirement Plan

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

We have performed an audit of the accompanying financial statements of Massey Services, Inc. 401(k) Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 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 Massey Services, Inc. 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institutions 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 institutions 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 qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with 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 audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Massey Services, Inc. 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We

believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Massey Services, Inc. 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, 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 Massey Services, Inc. 401(k) Retirement 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 Massey Services, Inc. 401(k) Retirement 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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but are 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 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 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).



Apopka, Florida

August 3, 2026

MASSEY SERVICES, INC. 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
CASH AND CASH EQUIVALENTS	**$ 68,348**	$ 114,719
INVESTMENTS		
Common collective trust funds, at net asset value	**60,310,356**	-
Mutual funds, at fair value	**45,277,579**	91,681,409
Stable value fund, at contract value	**6,971,128**	6,705,692
TOTAL INVESTMENTS	**112,559,063**	98,387,101
RECEIVABLES		
Participant notes receivable	**3,968,977**	3,677,607
Employer contributions	**4,044,031**	3,325,926
Employee contributions	**-**	259,245
TOTAL RECEIVABLES	**8,013,008**	7,262,778
NET ASSETS AVAILABLE FOR BENEFITS	**$ 120,640,419**	$ 105,764,598

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

MASSEY SERVICES, INC. 401(k) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2025

INVESTMENT ACTIVITY		
Net appreciation in fair value of investments	**$**	**12,611,576**
Interest and dividend income		**2,760,111**
TOTAL INVESTMENT ACTIVITY		**15,371,687**
INTEREST INCOME ON PARTICIPANT NOTES RECEIVABLE		**336,664**
CONTRIBUTIONS		
Participants		**8,336,443**
Employer		**4,097,499**
Rollovers		**153,617**
TOTAL CONTRIBUTIONS		**12,587,559**
NET ACTIVITY		**28,295,910**
DEDUCTIONS		
Benefits paid to participants		**13,124,221**
Administrative expenses		**295,868**
TOTAL DEDUCTIONS		**13,420,089**
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		**14,875,821**
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR		**105,764,598**
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	**$**	**120,640,419**

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

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Massey Services, Inc. 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Massey Services, Inc. and Checkboard Cattle Company, LLC (collectively, the "Company" or "Employer"), except for union employees, nonresident aliens and leased employees. The Plan was established on July 16, 1990 and was last amended and restated in December 2025 (Note 2). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Participant Accounts

Plan participants are offered a choice of various investment options and allowed to change their investment options daily. Each participant's account is credited and/or reduced by the participant's elective deferral contributions and distributions, the Company's contributions, and an allocation of the Plan's investment earnings/losses and investment fees and any administrative expenses paid out of the Plan. Allocations are based on participant earnings or account balances, as defined in the Plan.

Contributions

Subject to certain limitations, under the Internal Revenue Code ("IRC") Section 401(k), participants may contribute up to 80% of their annual compensation, subject to 2025 annual limits of $23,500 and an additional $7,500 for catch-up contributions for participants who are age 50 or older. Participants may also rollover amounts representing distributions from other qualified retirement plans. Participants may designate certain contributions into the Plan as Roth-elective contributions. Designated Roth-elective contributions are included in the gross taxable income of the participant, while distributions of designated Roth-elective contributions and earnings thereon are generally excludable from the participant's taxable income. Contributions received from participants are net of excess deferral contributions refunded, as required to satisfy the relevant nondiscrimination provisions of the Plan.

The Plan includes an automatic enrollment feature for eligible employees. Eligible employees who do not make an affirmative election to participate or elect a different deferral percentage are automatically enrolled in the Plan after satisfying the Plan's eligibility requirements.

Unless an affirmative election is made by the participant, elective deferrals are automatically withheld from eligible compensation at an initial rate of 4%. Participants may elect to increase, decrease or discontinue their elective deferrals at any time in accordance with the provisions of the Plan.

The Plan also includes an automatic annual increase feature under which the participant's elective deferral percentage is automatically increased by 1% each year, generally on first day of the Plan year, until the participant's deferral rate reaches 7% of eligible compensation. Participants may elect to opt out of the automatic increase feature or select a different contribution percentage at any time.

NOTE 1 - DESCRIPTION OF PLAN (*Continued*)

Contributions (*Continued*)

Employees of the Company who have attained the age of 19 and completed 60 days of service are eligible to participate in the Plan. The Company, at its discretion, may match participant contributions up to a maximum of 6% of the participant's compensation, which is determined for each Plan year. The Company's discretionary matching amount attributable to the Plan years ended December 31, 2025 and 2024 was 49% and 41%, respectively, of each participant's regular contributions which is based on a maximum of 6% of the participant's eligible compensation.

The Company may also make discretionary profit sharing and other additional qualified non-elective contributions ("QNEC") within various limitations specified by the IRC.

Forfeited Accounts

Forfeitures occur when a participant terminates employment and has not fully vested in a portion of the Company's contribution amounts. Forfeitures are used to reduce future Employer matching contributions. Such contributions may be reduced by the amount of forfeitures at the distribution of terminated participants' vested account balances or for terminated participants who have incurred five consecutive one-year breaks in service prior to such Plan year. As of December 31, 2025 and 2024, there were forfeited non-vested accounts totaling $602,333 and $364,385, respectively. The Company used forfeitures of $564,201 and $367,622 to reduce Employer contributions for the Plan years ended December 31, 2025 (used in 2026) and 2024 (used in 2025), respectively, which has been reflected in a reduction of employer contributions receivable to the plan as of December 31, 2025 and 2024.

Vesting

Participants are immediately vested in their elective contributions, as well as in any rollover contributions and Employer QNEC contributions, plus or minus actual earnings or losses thereon. Vesting in the remainder of their account is based on years of continuous service. A participant becomes 100% vested in the Company's matching and profit sharing contributions after three years of credited service. Participants' accounts become fully vested regardless of the vesting schedule upon death, disability, attainment of normal retirement age (65) or termination of the Plan.

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. A participant may not have more than two outstanding notes at any time. The notes are secured by the balance in the account and bear interest at a rate that is consistent with current market rates upon issuance. The maximum note repayment period is five years, unless the note is for the purchase of a primary residence in which case the repayment schedule may be for a term in excess of five years.

Payment of Benefits

Upon termination of employment by reason other than disability or death, a participant is entitled to their entire account balance, which includes all of the vested Employer's contributions allocated to the participant's account and all gains or losses attributable thereto. If a participant terminates employment due to disability or death, the participant becomes fully vested and is entitled to their entire account balance as described above.

NOTE 1 - DESCRIPTION OF PLAN (*Continued*)

Payment of Benefits (*Continued*)

Terminated participants may elect to receive a distribution of their vested benefits in a lump sum or in installments to satisfy required minimum distribution rules under the Plan. Participants should refer to the Plan document for a full description of the distribution methods offered by the Plan.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, or complete discontinuance of contributions, all participants' accounts become 100% vested. Upon such termination of the Plan, the Company will direct complete distribution of the assets of the Plan to the participants, in cash, subject to the participant and spousal consent provisions of the Plan.

NOTE 2 – CHANGE IN RECORDKEEPER AND CUSTODIAN

Effective December 5, 2025, the Plan completed the transition of its recordkeeping and custodial services pursuant to actions approved by the Plan Sponsor and Plan Administrator.

As part of the transition, JPMorgan Chase Bank, N.A. ("JPMorgan") became the Plan's recordkeeper, replacing OneAmerica Retirement Services LLC ("OneAmerica"), and Empower Trust Company ("Empower") became the Plan's custodian, replacing Matrix Trust Company ("Matrix").

The transition included the transfer of participant account records and substantially all Plan assets from the former service providers to the successor service providers. The transfer was completed at carrying value and did not result in the recognition of gains or losses by the Plan. Participant account balances, investment elections and vested benefits were transferred in accordance with the transition provisions established by the Plan Sponsor and the respective service providers.

The change in service providers did not substantially affect the Plan's provisions, participant benefit rights, investment objectives, or the measurement basis applied in the accompanying financial statements. Accordingly, the Plan continues to report investments in accordance with U.S. generally accepted accounting principles applicable to employee benefit plans, including reporting fully benefit-responsive investment contracts at contract value.

Certain investment options available under the former recordkeeping platform were mapped to comparable investment options on the successor platform in accordance with participant elections and the transition procedures approved by the Plan Sponsor. Management believes the transition was completed in an orderly manner and that participant account balances were appropriately transferred.

The accompanying comparative financial statements include transactions administered by OneAmerica and Matrix Trust Company through December 4, 2025, and transactions administered by JPMorgan and Empower on and after December 5, 2025. The change in recordkeeper and custodian had no effect on the Plan's net assets available for benefits or changes in net assets available for benefits other than normal administrative activities associated with the transition.

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires the Plan's management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments in cash and cash equivalents and mutual funds are stated at fair value. The Plan's investments held in collective investment trust accounts are stated at contract value. See Note 4 for a discussion of fair value measurements.

The underlying securities in each mutual fund account are listed on national securities exchanges and valued on the basis of year-end closing prices. Securities traded in the over-the-counter market are valued at the closing price on the last business day of the year. Gains or losses on securities sold are based on average cost.

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 / depreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, as contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions and reinvested income, less any withdrawals, plus accrued interest (see Note 5).

Participant Notes Receivable

Principal and interest payments with respect to participant notes are credited solely to the account of the borrowing participant from which the note was made. Participant notes receivable are measured at their unpaid principal balances plus any accrued interest, which approximates fair value. Delinquent notes are reclassified as distributions based upon the terms of the Plan document.

Plan Expenses

Investment management service fees are paid directly from the Plan's assets. Certain other investment-related expenses are netted against the net appreciation in fair value of investments. All other administrative expenses, which include audit fees and legal fees, are paid directly by the Company and are not paid from the assets of the Plan.

NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (*Continued*)

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Plan management has evaluated subsequent events and transactions that occurred after December 31, 2025, up to the date that the financial statements were available to be issued.

NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY THE PLAN CUSTODIANS

The Plan Administrator is responsible for the preparation of the accompanying financial statements and supplemental schedule in accordance with accounting principles generally accepted in the United States of America.

Effective December 5, 2025, the Plan transitioned its custodial services from Matrix to Empower. Accordingly, investment information included in the accompanying financial statements for the year ended December 31, 2025 was derived from records maintained by both custodians. Matrix maintained custody of the Plan's assets through December 4, 2025, and Empower assumed custodial responsibilities effective December 5, 2025. Investment information for the year ended December 31, 2024 was maintained entirely by Matrix.

In accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator obtained certifications from Matrix and Empower stating that the investment information reflected in the accompanying financial statements and supplemental schedule was complete and accurate.

The accompanying financial statements and supplemental schedule have been prepared using information relating to investment assets and transactions that was prepared and certified by the respective custodians. Such certified information includes, but is not limited to, investment purchases and sales, investment income, realized and unrealized appreciation (depreciation) in fair value of investments, contract value information for fully benefit-responsive investment contracts, and the fair values of investments held by the Plan.

Management has evaluated the certified information received from each custodian, performed procedures considered necessary to assess the completeness and consistency of the information with the Plan's financial reporting records, and believes the information is appropriate for inclusion in the accompanying financial statements and supplemental schedule.

NOTE 5 - 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 priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, are described as follows:

NOTE 5 - FAIR VALUE MEASUREMENTS (*Continued*)

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that are not corroborated by market data.

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 observable inputs and minimize the use of unobservable inputs.

The asset's fair value hierarchy classification is based upon the lowest level input that is significant to the fair value measurement.

Investments Measured at Fair Value on a Recurring Basis

	December 31, 2025			
Investment Category	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	**$ 45,277,579**	**$ -**	**$ -**	**$ 45,277,579**
Common collective trust funds*	**-**	**-**	**-**	**60,310,356**
	$ 45,277,579	**$ -**	**$ -**	**$ 105,587,935**

	December 31, 2024			
Investment Category	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 91,681,409	$ -	$ -	$ 91,681,409

* In accordance with ASC 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Mutual Funds: Valued using quoted market prices in active markets and are classified within Level 1 of the fair value hierarchy.

Common Collective Trust Funds: Valued at the net asset value ("NAV") of units held by the Plan as determined by the trustee or fund administrator. Although these investments are redeemable at NAV, the underlying investments are not publicly traded. The Plan has elected, as a practical expedient, to estimate the fair value of these investments using NAV per share (or its equivalent). Accordingly, investments measured using the NAV practical expedient are not categorized within the fair value hierarchy.

The Plan had no investments measured using significant unobservable inputs (Level 3) at December 31, 2025 or 2024. Accordingly, no reconciliation of Level 3 investments has been presented.

There were no transfers between levels of the fair value hierarchy during the years ended December 31, 2025 and 2024.

NOTE 6 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan invests in the APEX Guaranteed Rate Stable Value Fund (LAPEX07) through a group annuity contract issued by Standard Insurance Company. The investment is a traditional fully benefit-responsive investment contract that provides principal preservation, liquidity for participant-directed transactions, and a stated rate of return. The contract is backed by the general account of Standard Insurance Company.

In accordance with ASC 962, Plan Accounting—Defined Contribution Pension Plans, fully benefit-responsive investment contracts are measured, presented, and disclosed at contract value. Contract value represents contributions made under the contract, plus interest credited, less participant withdrawals, transfers and administrative charges, and represents the amount participants would receive for transactions occurring under the terms of the Plan.

The contract is designed to provide participants with liquidity at contract value for participant-directed transactions permitted under the Plan, including benefit payments, hardship withdrawals, loans, retirement distributions, death benefits and transfers to eligible investment options, subject to the terms of the contract.

The underlying assets supporting the contract are held within the general account of Standard Insurance Company and consist primarily of high-quality fixed-income securities, commercial mortgage loans and other investments permitted under applicable insurance regulations. The Plan does not own the underlying assets of the general account but instead owns a contractual obligation of Standard Insurance Company. Accordingly, the payment of principal and credited interest is dependent upon the financial strength and claims-paying ability of Standard Insurance Company.

Interest is credited to participant accounts at rates established periodically by Standard Insurance Company in accordance with the provisions of the contract. Crediting rates are intended to recognize investment earnings over time while maintaining the contract's principal preservation objective and may be adjusted prospectively, subject to contractual minimum guarantees.

Because the contract provides for participant-initiated transactions at contract value and meets all of the criteria established by ASC 962, the investment is considered a fully benefit-responsive investment contract and is reported at contract value in the accompanying statement of net assets available for benefits.

Contract Value

	December 31, 2025	December 31, 2024
APEX Guaranteed Rate Stable Value Fund	**$ 6,971,128**	$ 6,705,692

Supplemental Yield Information (Unaudited)

The following supplemental information is presented for informational purposes and is not required by U.S. generally accepted accounting principles:

	2025	2024
Average yields:		
Based on earnings	**2.72%**	**4.50%**
Based on interest rate credits to participants	**2.73%**	**3.55%**

NOTE 6 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (*Continued*)

Events That May Limit Contract Value Transactions

Certain events may limit the ability of the Plan to transact with Standard Insurance Company at contract value. Such events include, but are not limited to:

- Employer-initiated events such as significant layoffs, plant closings, divestitures, spin-offs or similar events;
- Complete or partial termination of the Plan;
- Certain material amendments to the Plan or the contract;
- Bankruptcy or insolvency of the Plan Sponsor;
- Transfers to competing investment options that violate the contract's equity wash or competing fund provisions; and
- Other events specifically identified within the group annuity contract.

Plan management does not believe that the occurrence of any event that would limit the Plan's ability to transact at contract value is probable as of December 31, 2025.

Contract Termination

The contract contains provisions under which either the Plan or Standard Insurance Company may terminate the contract under specified circumstances. Settlement amounts upon termination are determined in accordance with the provisions of the group annuity contract. The contract generally does not permit settlement at less than contract value solely because of changes in market interest rates for participant-directed transactions occurring under the ordinary terms of the Plan.

Credit Risk

Amounts invested in the contract are obligations of Standard Insurance Company. Accordingly, participants are exposed to the credit risk of the insurance company rather than to the market value fluctuations of the underlying investments held in the insurer's general account.

NOTE 7 - PLAN TERMINATION

The plan sponsor intends to continue the Plan indefinitely for the benefit of its employees, but reserves the right to modify, amend, or terminate the Plan at any time by resolution of its Board of Directors. In the event of termination of the Plan, all amounts credited to participants' accounts shall be 100 percent vested and non-forfeitable. All participants shall receive a total distribution of their accounts as described in the Plan.

NOTE 8 - 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.

NOTE 9 - TAX STATUS

The Plan adopted a volume submitter plan which has received an opinion letter from the Internal Revenue Service dated September 24, 2015 that the Plan is designed in accordance with applicable sections of the IRC. The Plan has not requested a determination letter from the Internal Revenue Service ("IRS") stating that the Plan is qualified under Section 401(a) of the IRC. The plan administrator believes that the adopted and amended Plan continues to qualify and will remain exempt from federal income taxes under Section 401(a). As of December 31, 2025, with certain exceptions, the Plan is no longer subject to income tax examinations by U.S. Federal taxing authorities for any tax years before 2022.

NOTE 10 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments and transactions are with entities that qualify as parties-in-interest, as defined by ERISA. These transactions are exempt from the prohibited transaction provisions of ERISA and the Internal Revenue Code because they meet the requirements of applicable statutory or administrative exemptions.

The Plan Sponsor provides administrative oversight of the Plan and appoints the Plan's service providers. Effective December 5, 2025, the Plan Sponsor engaged JPMorgan Chase Bank, N.A. to serve as the Plan's recordkeeper, replacing OneAmerica Retirement Services LLC, which served as recordkeeper through December 4, 2025. In addition, Empower became the Plan's custodian effective December 5, 2025, replacing Matrix Trust Company, which served as custodian through December 4, 2025.

During the year ended December 31, 2025, the Plan incurred customary administrative and investment-related transactions with these service providers in the ordinary course of administering the Plan. Such transactions included participant contributions, benefit payments, investment purchases and sales, investment income allocations, participant loan administration, and recordkeeping and custodial services. Notes receivable from participants also reflect party-in-interest transactions.

Certain investment options offered by the Plan are sponsored, managed, or administered by affiliates of the Plan's service providers. Accordingly, transactions involving these investments, together with related fees and compensation received by the service providers, constitute parties-in-interest transactions under ERISA. Management believes these transactions were exempt from the prohibited transaction provisions of ERISA.

Administrative expenses are paid by the Plan or the Plan Sponsor in accordance with the provisions of the Plan document. Fees paid by the Plan for investment management, recordkeeping, trustee, custodial and other administrative services are reflected in the accompanying statement of changes in net assets available for benefits, as applicable.

SUPPLEMENTAL SCHEDULE

MASSEY SERVICES, INC. 401(k) RETIREMENT PLAN

FORM 5500 - SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 59-2557150
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common Collective Trusts:			
*	JPMorgan Chase Bank, N.A.	JPMorgan SmartRetirement Lifetime Income Collective Trust Fund	**	$ 10,436,715
*	J.P. Morgan Investment Management Inc.	JPMorgan SmartRetirement Blend 2035 Collective Trust Fund	**	9,283,946
*	J.P. Morgan Investment Management Inc.	JPMorgan SmartRetirement Blend 2040 Collective Trust Fund	**	7,899,022
*	J.P. Morgan Investment Management Inc.	JPMorgan SmartRetirement Blend 2050 Collective Trust Fund	**	7,798,340
*	J.P. Morgan Investment Management Inc.	JPMorgan SmartRetirement Blend 2045 Collective Trust Fund	**	7,696,502
*	J.P. Morgan Investment Management Inc.	JPMorgan SmartRetirement Blend 2030 Collective Trust Fund	**	7,578,651
*	J.P. Morgan Investment Management Inc.	JPMorgan SmartRetirement Blend 2055 Collective Trust Fund	**	5,963,704
*	J.P. Morgan Investment Management Inc.	JPMorgan SmartRetirement Blend 2060 Collective Trust Fund	**	3,102,988
*	J.P. Morgan Investment Management Inc.	JPMorgan SmartRetirement Blend 2065 Collective Trust Fund	**	550,488
				60,310,356
	Mutual Funds:			
*	J.P. Morgan Investment Management Inc.	JPMorgan Large Cap Growth Fund Class R6	**	8,409,192
	Fidelity Management & Research Company LLC	Fidelity 500 Index Fund	**	6,510,397
	Harris Associates Investment Trust	Oakmark Equity and Income Fund Investor Class	**	5,051,628
	Fidelity Management & Research Company LLC	Fidelity Mid Cap Index Fund	**	3,863,242
	MFS Investment Management	MFS Value Fund Class R6	**	3,577,777
	Capital Research and Management Company	American Funds EuroPacific Growth Fund Class R-6	**	2,930,288
	Undiscovered Managers Funds	Undiscovered Managers Behavioral Value Fund Class R6	**	2,900,403
	Prudential Sector Funds, Inc.	PGIM Jennison Health Sciences Fund Class Z	**	2,762,509
	Capital Research and Management Company	American Funds New Perspective Fund Class R-6	**	2,627,981
	Victory Portfolios IV	Victory Pioneer Bond Fund Class Y	**	2,173,233
	Janus Investment Fund	Janus Henderson Enterprise Fund Class N	**	1,621,169
	The Vanguard Group, Inc.	Vanguard Small-Cap Index Fund Admiral Shares	**	756,606
	The Vanguard Group, Inc.	Vanguard GNMA Fund Admiral Shares	**	679,922
	Manulife Investment Management (John Hancock)	John Hancock Disciplined Value Mid Cap Fund Class R6	**	596,279
	The Vanguard Group, Inc.	Vanguard Inflation-Protected Securities Fund Admiral Shares	**	318,463
	The Vanguard Group, Inc.	Vanguard Explorer Fund Admiral Shares	**	302,522
	Cohen & Steers Institutional Realty Shares, Inc.	Cohen & Steers Institutional Realty Shares Fund	**	188,823
	Fidelity Management & Research Company LLC	Fidelity International Index Fund	**	7,145
				45,277,579
	Stable Value Fund:			
	Standard Insurance Company	Apex Guaranteed Rate Stable Value Fund		6,971,128
		TOTAL INVESTMENTS		$ 112,559,063
***	Participant notes receivable	Interest rates ranging from 4.25% to 9.50% and maturities through August 2034		$ 3,968,977

* Indicates a party-in-interest as defined by ERISA
** Cost information not required for participant-directed investments.
*** The accompanying financial statements classify participant loans as notes receivable from participants; party-in-interest.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Massey Services, Inc. 401(k) Retirement Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1JSRFF1			10,450,599.88	10,436,714.63
1JS30F1			7,568,595.17	7,578,651.18
1JS35F1			9,247,255.68	9,283,945.57
1JS40F1			7,867,712.28	7,899,021.64
1JS45F1			7,666,027.04	7,696,502.04
1JS50F1			7,767,473.25	7,798,339.84
1JS55F1			5,940,170.72	5,963,703.91
1JS60F1			3,090,807.06	3,102,987.89
1JS65F1			548,426.07	550,488.17
1RERGX			3,165,122.84	2,930,287.55
1RNPGX			2,779,817.86	2,627,981.08
1FSPSX			7,157.36	7,146.78
1CSRIX			191,996.46	188,823.46
1PHSZX			3,031,064.93	2,761,080.92
1UBVFX			3,114,182.68	2,900,403.35
1VEXRX			328,833.44	302,521.80
1VSMAX			763,724.99	756,605.97
1FSMDX			3,919,464.22	3,863,229.79
1JDMNX			1,628,942.02	1,621,169.23
1JVMRX			655,153.22	596,229.52
1FXAIX			6,549,479.92	6,510,365.62
1JLGMX			9,397,116.23	8,409,191.61
1MEIKX			3,799,663.47	3,577,776.63
1OAKBX			5,002,958.99	5,051,628.07
1PICYX			2,171,827.84	2,171,838.65
1VFIJX			678,919.30	679,640.17
1VAIPX			325,757.27	318,463.45
1APEX07			6,355,594.00	6,371,990.83
			114,013,844.19	**111,956,729.35**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	3,941,298.93	3,968,977.32
FORFEITURES			601,074.70	602,332.95

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Massey Services, Inc. 401(k) Retirement Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1JSRFF1	JPMCB SmrtRetmnt Liftime Inc Remt CF FF	1JS30F1	JPMCB SmrtRetmnt Liftime Inc 2030 CF FF
1JS35F1	JPMCB SmrtRetmnt Liftime Inc 2035 CF FF	1JS40F1	JPMCB SmrtRetmnt Liftime Inc 2040 CF FF
1JS45F1	JPMCB SmrtRetmnt Liftime Inc 2045 CF FF	1JS50F1	JPMCB SmrtRetmnt Liftime Inc 2050 CF FF
1JS55F1	JPMCB SmrtRetmnt Liftime Inc 2055 CF FF	1JS60F1	JPMCB SmrtRetmnt Liftime Inc 2060 CF FF
1JS65F1	JPMCB SmrtRetmnt Liftime Inc 2065 CF FF	1RERGX	American Funds Eupac R6
1RNPGX	American Funds New Perspective R6	1FSPSX	Fidelity International Index
1CSRIX	Cohen & Steers Instl Realty Shares	1PHSZX	PGIM Jennison Health Sciences Z
1UBVFX	Undiscovered Mgrs Behavioral Value R6	1VEXRX	Vanguard Explorer Adm
1VSMAX	Vanguard Small Cap Index Fund - Admiral	1FSMDX	Fidelity Mid Cap Index
1JDMNX	Janus Henderson Enterprise N	1JVMRX	JHancock Disciplined Value Mid Cap R6
1FXAIX	Fidelity 500 Index	1JLGMX	JPMorgan Large Cap Growth R6
1MEIKX	MFS Value R6	1OAKBX	Oakmark Equity & Income Investor
1PICYX	Victory Pioneer Bond Y	1VFIJX	Vanguard GNMA Adm
1VAIPX	Vanguard Inflation-Protected Secs Adm	1APEX07	APEX Guaranteed Rate Stable Value Fund l

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