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
LEE LEWIS CONSTRUCTION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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)
LEE LEWIS CONSTRUCTION, INC.

7810 ORLANDO AVENUE
LUBBOCK, TX 79423

2b Employer Identification Number (EIN)
75-1680801

2c Plan Sponsor's telephone number
806-797-8400

2d Business code (see instructions)
236200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	AMANDA JEFFCOAT
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	239
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)**	204
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	221
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	260
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	260
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)**	156
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)**	168
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 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)	[ ] Insurance	**(1)**	[ ] 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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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
LEE LEWIS CONSTRUCTION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEE LEWIS CONSTRUCTION, INC.

D Employer Identification Number (EIN)
75-1680801

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

CAMBRIDGE INVESTMENT RESEARCH

04-3523567

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	30667	Yes [X] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 65	RECORDKEEPER	150	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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
CAMBRIDGE INVESTMENT RESEARCH	55	30667

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	OTHER COMMISSIONS; FIXED AMOUNT REPORTED, NO FORMULA

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK GLOBAL ALLOC A - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	SUB-TRANSFER AGENCY FEE; ANNUALIZED FORMULA OF 0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BR HIGH EQ INC A - BNY MELLON INVES 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	SUB-TRANSFER AGENCY FEE; ANNUALIZED FORMULA OF 0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL SM CP VL INFL A - COLUMBIA MGT 290 CONGRESS STREET BOSTON, MA 02110	SUB-TRANSFER AGENCY FEE; ANNUALIZED FORMULA OF 0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS EM EXCHINA A - INVESCO INVESTM 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	SUB-TRANSFER AGENCY FEE; ANNUALIZED FORMULA OF 0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JHANCOCK DSCPL VAL A - JOHN HANCOC 01-0233346	SUB-TRANSFER AGENCY FEE; ANNUALIZED FORMULA OF 0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
THORNBURG VALUE R4 - THORNBURG INVE 2300 NORTH RIDGETOP ROAD SANTA FE, NM 87506	SUB-TRANSFER AGENCY FEE; ANNUALIZED FORMULA OF 0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP EQUITY INCOME R - T. ROWE PRICE 52-2526924	SUB-TRANSFER AGENCY FEE; ANNUALIZED FORMULA OF 0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VICTORY PIONEER BD A - FIS INVESTOR FAITH INVESTOR SERVICES, LLC 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	SUB-TRANSFER AGENCY FEE; ANNUALIZED FORMULA OF 0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VRTS NFJ DIV VAL A - VIRTUS FUND SE 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	SUB-TRANSFER AGENCY FEE; ANNUALIZED FORMULA OF 0.25%

(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
LEE LEWIS CONSTRUCTION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEE LEWIS CONSTRUCTION, INC.

D Employer Identification Number (EIN)
75-1680801

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	775767	539103
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14023226	17245677
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	14798993	17784780
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
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	14798993	17784780

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)	501660	
(B) Participants	2a(1)(B)	1012364	
(C) Others (including rollovers)	2a(1)(C)	24698	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1538722
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	21150	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21150
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1026878	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1026878
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1521218
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4107968
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1122032	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1122032
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	149	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		149
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1122181
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2985787
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [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: BENNETT BENNETT & TRICE, PLLC **(2)** EIN: 82-5390981

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		25214
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**			

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
LEE LEWIS CONSTRUCTION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEE LEWIS CONSTRUCTION, INC.

D Employer Identification Number (EIN)
75-1680801

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): 04-6568107

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

LEE LEWIS CONSTRUCTION 401(K) PLAN
LUBBOCK, TEXAS

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2025 AND 2024

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BENNETT BENNETT & TRICE, PLLC
CERTIFIED PUBLIC ACCOUNTANTS
6807 INDIANA AVENUE, SUITE 200
LUBBOCK, TEXAS 79413
TELEPHONE 806-589-5111
FAX 806-589-0121

INDEPENDENT AUDITOR'S REPORT

To Management of
Lee Lewis Construction 401(k) Plan
Lubbock, Texas

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

We have performed audits of the accompanying financial statements of Lee Lewis Construction 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") rules and regulations for reporting and disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by Fidelity Management Trust Company in accordance with 29 CFR 2520.103-5 of the DOL's rules and regulations for reporting and disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinions

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audits 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 ("GAAP").

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinions

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.

- 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 audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinions are expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedules of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's rules and regulations for reporting and disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's rules and regulations for reporting and disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by 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).

Bennett, Bennett & Trice, PLLC

BENNETT BENNETT & TRICE, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

Lubbock, Texas

October 13, 2026

FINANCIAL STATEMENTS

LEE LEWIS CONSTRUCTION 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2025 and 2024

	2025	2024
Assets:		
Investments at fair value		
Interest bearing cash	$ 539,103	$ 775,767
Investments at fair value	17,245,677	14,023,226
Total investments at fair value	17,784,780	14,798,993
Total assets	17,784,780	14,798,993
Net assets available for benefits	$ 17,784,780	$ 14,798,993

See accompanying *Independent Auditor's Report* and *Notes to the Financial Statements.*

LEE LEWIS CONSTRUCTION 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the Years Ended December 31, 2025 and 2024

	2025	2024
Additions:		
Contributions		
Employer contributions	$ 501,660	$ 426,291
Participant contributions	1,037,062	810,955
Total contributions	1,538,722	1,237,246
Investment income		
Net investment gains (losses)	1,521,218	1,029,683
Other investment interest	21,150	40,470
Dividends on registered investment company shares	1,026,878	548,903
Total investment income	2,569,246	1,619,056
Total additions	$ 4,107,968	$ 2,856,302
Reductions:		
Benefits paid out	$ 1,122,032	$ 1,845,411
Administrator fees	149	1,375
Total reductions	$ 1,122,181	$ 1,846,786
Net increase (decrease) in net assets available for benefits	$ 2,985,787	$ 1,009,516
Net assets available for benefits, beginning of year	14,798,993	13,789,477
Net assets available for benefits, end of year	$ 17,784,780	$ 14,798,993

See accompanying *Independent Auditor's Report* and *Notes to the Financial Statements* .

A. Description of the Plan

Lee Lewis Construction, Inc. (the "Sponsor") is the Plan sponsor for the Lee Lewis Construction 401(k) Plan (the "Plan"). The Plan was established January 1, 1995. Participants should refer to the plan documents for a complete description of plan provisions.

General

The Plan is a defined contribution 401(k) profit sharing plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan covers all employees of the Sponsor, except those covered under a collective bargaining agreement for which retirement benefits have been the subject of good faith negotiations, non-resident aliens, residents of Puerto Rico, and independent contractors for whom the employer does not file Form W-2.

Administration

Fidelity Management Trust Company (the "Trustee"), a member of Fidelity Investments, has been contracted by the Plan to act as administrator, record keeper, investments manager, and custodian of the Plan, subject to an agreement dated July 13, 2009.

Eligibility

Employees are eligible to participate in the Plan immediately upon hire, provided they are age 21 or older. Employees may enter the Plan immediately upon satisfying all eligibility requirements.

Contributions

Employees determine how much they would like to contribute to the Plan, either as a percentage of gross wages or as a flat dollar amount. Participants may contribute up to 75% of their compensation, subject to the limits implemented by the Internal Revenue Service ("IRS"). Contributions may be made pre- or post-tax. Changes to contribution rates may be made effective as of the beginning of the next payroll period. Employees may make rollover contributions to the Plan even if they have not yet met the eligibility requirements of the Plan.

The Sponsor makes matching safe-harbor contributions to the Plan each year equal to 100% of the participants' contributions equal to the first 3% of participants' compensation plus 50% of the participants' contributions up to the next 2% of the participants' compensation. Participants will be 100% vested in these contributions when they are made.

Participants who are projected to be age 50 or older by the end of the Plan year and are making deferral contributions to the Plan, may also make a catch-up contribution subject to the limits provided by the IRS. The Sponsor may also make discretionary non-elective contributions to the Plan, as determined annually. The Sponsor did not make any discretionary non-elective contributions to the Plan for the years ended December 31, 2025 or 2024.

A. Description of the Plan – *continued*

Employees also may rollover eligible amounts from other qualified plans.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Sponsor's contributions and (b) Plan earnings (losses), and (c) charged with an allocation of administrative expenses (Note B). Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments

The Plan participants may direct the investments of their accounts amongst one or more investment funds. The Plan is intended to constitute a plan described in section 404(c) of ERISA, which means Plan fiduciaries may be relieved of liability for participant losses that are the result of participant investment elections. The investment fund options include a variety of stock, bond, and money market funds with different levels of risk and related earnings. These investment funds are held inside an account with the Trustee who values the accounts each business day.

Vesting

Vesting in the Sponsor's matching contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant vests over a period of six years as follows:

Year	Vesting Percentage
< 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Participants are always 100% vested in their rollover contributions, qualified nonelective contributions, deferral contributions, safe-harbor matching employer contributions, and any earnings thereon.

At December 31, 2025 and 2024, the participants' vested interest in there accounts were $17,784,780 and $14,798,993, respectively.

A. Description of the Plan – *continued*

Participant Loans

Participant loans are not permitted by the Plan.

Payment of Benefits

Participants who have reached age 59.5 may elect to withdraw all or a portion of their vested account balance while remaining employed by the Sponsor.

Upon termination of service due to death, disability, or retirement at the normal retirement age of 65, a participant is 100% vested in their account and, if entitled to a distribution under the Plan, will receive a single lump-sum payment equal to the value of their vested account balance. For termination of service due to other reasons, a participant will be entitled to receive only the vested percentage of their account balance, and the remainder of their account balance will be forfeited.

The Plan permits in-service and hardship withdrawals subject to certain conditions. Hardship withdrawals are subject to a minimum withdrawal amount of $500 and a 10% nonperiodic income tax withholding rate, unless the participant elects out of the withholding.

Participants are required by law to begin receiving Required Minimum Distributions ("RMD") from the Plan no later than April 1 of the calendar year following the later of the calendar year in which they reach the applicable RMD age or terminate employment. Once RMDs begin, participants must receive distributions at least annually until all assets in their account have been distributed.

The applicable RMD age varies based on the participant's date of birth as follows:

Date Born	Participant Age
Before June 30, 1949	70.5 years old
June 30, 1949 – December 31, 1950	72 years old
After December 31, 1950	73 years old

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. These accounts will be used to first reduce administrative expenses, and any remaining amounts will be used to reduce future employer contributions. At December 31, 2025 and 2024, forfeited non-vested accounts totaled $934 and $400, respectively.

A. Description of the Plan – *continued*

Termination of the Plan

The Sponsor may terminate the Plan at its own discretion. Participants become 100% vested in their accounts in the event of the termination of the Plan. The Sponsor has no plans to terminate the Plan as of October 13, 2026, the date the financial statements were available to be issued.

B. Significant Accounting Policies

Basis of Accounting

The financial statements are prepared in accordance with the accounting principles generally accepted in the United States of America ("GAAP"), including specialized industry practices as specified in the American Institute of Certified Public Accountants audit and accounting guide titled *Audits of Employee Benefit Plans.* Accordingly, the financial statements are presented on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Valuation of Investments

The Plan's investments are stated at fair value based on quoted market prices. Shares of mutual funds are valued at the net asset value ("NAV") of shares held by the Plan for the years ended December 31, 2025 and 2024.

The Statements of Changes in Net Assets reflects the net investment gains (losses) in the fair value of its investments, which includes the realized and unrealized gains and losses on those investments. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date, if applicable.

Payment of Benefits

Benefits are recorded when paid.

B. Significant Accounting Policies – *continued*

Administrative Expenses

Certain administrative services are provided to the Plan by the Sponsor, with no provision for these costs included in the accompanying financial statements. Administrative expenses included in the financial statements as a reduction to the Plan balance were $149 and $1,375 for the years ended December 31, 2025 and 2024, respectively.

Operating Expenses

Operating expenses include, but are not limited to, custodial fees, transfer taxes, brokerage fees, processing fees, and other taxes and fees associated with the operation of a separate account. Operating expenses are deducted from the separate accounts associated with a particular change on the next valuation date after the operating expenses have been paid or are payable.

Prohibited Transactions

A “party-in-interest" is a fiduciary or employee of the Plan, any person who provides services to the Plan, the Sponsor, or an employee association whose members are covered by the Plan; a person who owns 50% or more of the Sponsor; or such employee association or relatives of such person just listed. Under ERISA, a Plan fiduciary is prohibited from causing the Plan to engage in the following transactions with a party-in-interest, with certain conditional exemptions provided by ERISA:

- A sale, exchange, or lease of property;
- A loan or other extension of credit;
- The furnishing of goods, services, or facilities;
- A transfer of plan assets to party-in-interest for the use or benefit of a party-in-interest; or
- An acquisition of employer securities or real property.

A fiduciary is also generally prohibited from using the Plan’s assets for his or her own interest or account, acting in any Plan transactions on behalf of a party whose interests are adverse to those of the Plan or its participants and receiving consideration for his or her own account from a party dealing with the Plan in connection with a transaction involving the Plan’s assets.

The Plan did not engage in any prohibited transactions for the years ended December 31, 2025 and 2024.

B. Significant Accounting Policies – *continued*

Tax Status

The IRS has issued an opinion letter dated June 30, 2020, determining that the prototype standardized plan is acceptable under Section 401(a) of the Internal Revenue Code ("IRC"). It is not a ruling or determination as to whether the Plan itself qualified under IRC Section 401(a). However, an employer adopting the prototype non-standardized plan may rely on the opinion letter with respect to the qualification of its plan under IRC Section 401(a).

The IRS has determined and informed the Sponsor by a letter dated June 30, 2020, that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since revising the opinion letter, the Plan administrator believes that the Plan is designed, and is currently being operated, incompliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and is tax exempt.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Open audit years for the Plan include 2023 - 2025.

C. Investments

FASB ASC 820-10, *Fair Value Measurement*, requires that investments be measured at a three-tier fair value hierarchy:

- *Level 1* – Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

- *Level 2* – Generally uses available indirect information, such as quoted prices for similar assets or liabilities in active markets, quote prices for identical or similar assets or liabilities in markets that are not active, or inputs that are observable for the asset or liability, such as interest rates or yield curves.

- *Level 3* – The most subjective and are generally based on the entity's own assumptions developed using the best information available in the circumstances.

The Plan's investments in mutual funds were valued at the NAV of the underlying funds, which is used as a practical expedient to estimate fair value. Assets valued at NAV are excluded from the Fair Market Value Hierarchy. Investments that represent 5% or more of the Plan's net assets are separately identified below.

C. Investments – *continued*

Investments are valued as follows for the year ended December 31, 2025:

Fidelity Management Trust Company Investments	Fair Value	% of Total
Fidelity Advisors Freedom 2015 I Fund	$ 1,464,793	8.24%
Fidelity Advisors Freedom 2020 I Fund	1,870,126	10.52%
Fidelity Advisors Freedom 2030 I Fund	1,895,561	10.66%
Fidelity Advisors Freedom 2045 I Fund	1,596,028	8.97%
Fidelity Advisors Freedom 2050 I Fund	1,303,736	7.33%
Other Investments	9,654,535	54.28%
	$ 17,784,780	100.00%

Investments are valued as follows for the year ended December 31, 2024:

Fidelity Management Trust Company Investments	Fair Value	% of Total
Fidelity Advisors Freedom 2015 I Fund	$ 1,329,001	8.97%
Fidelity Advisors Freedom 2020 I Fund	1,657,033	11.18%
Fidelity Advisors Freedom 2025 I Fund	609,464	4.11%
Fidelity Advisors Freedom 2030 I Fund	1,593,908	10.76%
Fidelity Advisors Freedom 2035 I Fund	1,018,895	6.88%
Fidelity Advisors Freedom 2045 I Fund	1,292,557	8.72%
Fidelity Advisors Freedom 2050 I Fund	959,361	6.48%
Fidelity Government Money Market DM Fund	775,767	5.24%
Other Investments	5,563,006	37.59%
	$ 14,798,993	100.00%

Net investment gains (losses) on investments held by Fidelity Management Trust Company were $1,521,218 and $1,029,683 for the years ended December 31, 2025 and 2024, respectively.

D. Risks and Uncertainties

Investment securities are exposed to various risks including interest rates, market fluctuations, 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 the 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. The Plan assets are not covered under any collateralization agreements or other credit risk mitigating financial arrangements.

E. Related Parties

All Plan assets are held in trust by the Trustee. A significant amount of Plan assets are invested in companies advised by the Trustee or affiliated entities and, therefore, these transactions qualify as party-in-interest transactions (Schedule H).

F. Unaudited Information Certified by the Trustee

The Plan's assets were held by the Trustee during the years ended December 31, 2025 and 2024. The Plan's financial statements are presented based on information certified by Fidelity Management Trust Company as complete and accurate in accordance with the DOL's rules and regulations for reporting and disclosure under ERISA.

Certified Investments as of December 31, 2025:

Fidelity 500 Index
Fidelity Advisor Freedom 2010 Z
Fidelity Advisor Freedom 2015 Z
Fidelity Advisor Freedom 2020 Z
Fidelity Advisor Freedom 2025 Z
Fidelity Advisor Freedom 2030 Z
Fidelity Advisor Freedom 2035 Z
Fidelity Advisor Freedom 2040 Z
Fidelity Advisor Freedom 2045 Z
Fidelity Advisor Freedom 2050 Z
Fidelity Advisor Freedom 2055 Z
Fidelity Advisor Freedom 2060 Z
Fidelity Advisor Freedom 2065 Z
Fidelity Advisor Freedom 2070 Z
Fidelity Advisor Freedom Retirement Z
Fidelity Advisor International Discovery A
Fidelity Advisor Leveraged CoStock A
Fidelity Advisor MidCap II A
Fidelity Advisor New Insights A
Fidelity Advisor SmallCap A
Fidelity Advisor SmallCap Growth Fund
Fidelity Advisor Stock Selector A
Fidelity Advisor Strategic Dividend & Income Fund
Fidelity Advisor Strategic Income A
Fidelity Hereford Street Trust – Fidelity Government Money Market Fund
Fidelity LargeCap Growth Index
Fidelity MidCap Value Index
Fidelity SmallCap Index
Fidelity Total Market Index

F. Unaudited Information Certified by the Trustee – *continued*

Certified Investments as of December 31, 2024:

Fidelity 500 Index
Fidelity Advisor Freedom 2010 Z
Fidelity Advisor Freedom 2015 Z
Fidelity Advisor Freedom 2020 Z
Fidelity Advisor Freedom 2025 Z
Fidelity Advisor Freedom 2030 Z
Fidelity Advisor Freedom 2035 Z
Fidelity Advisor Freedom 2040 Z
Fidelity Advisor Freedom 2045 Z
Fidelity Advisor Freedom 2050 Z
Fidelity Advisor Freedom 2055 Z
Fidelity Advisor Freedom 2060 Z
Fidelity Advisor Freedom 2065 Z
Fidelity Advisor Freedom Retirement Z
Fidelity Advisor International Discovery A
Fidelity Advisor Leveraged CoStock A
Fidelity Advisor MidCap II A
Fidelity Advisor New Insights A
Fidelity Advisor SmallCap A
Fidelity Advisor SmallCap Growth Fund
Fidelity Advisor Stock Select Allocation Cap A
Fidelity Advisor Strategic Dividend & Income Fund
Fidelity Advisor Strategic Income A
Fidelity Hereford Street Trust – Fidelity Government Money Market Fund
Fidelity LargeCap Growth Index

G. Subsequent Events

Management evaluated subsequent events through October 13, 2026, the date on which the financial statements were available to be issued.

Subsequent to December 31, 2025, the Sponsor elected to change their payroll administrator to ADP, effective October 2026. The change in Trustee does not require adjustment to the Plan's financial statements as of and for the year ended December 31, 2025.

SUPPLEMENTAL SCHEDULES

LEE LEWIS CONSTRUCTION 401(k) PLAN
EIN 75-1680801
Plan Number 001
Plan Year 1/1/2025 to 12/31/2025

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

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
	BlackRock	BlackRock Global Allocation Fund	$ 107,760	$ 107,760
	BlackRock	BlackRock High Equity Income Investor A	22,521	22,521
	Columbia	Columbia SmallCap Valuation and Inflection A	20,189	20,189
	Invesco	Invesco Emerging Markets ex-China A	79,995	79,995
	John Hancock Financial Services	Jhankcock Disciplined Value A	94,852	94,852
	T. Rowe Price	T. Rowe Price Equity Income R	115,147	115,147
	Thornburg	Thornburg American Opportunities R4	85,796	85,796
	Pioneer	Victory Pioneer Bond A	80,700	80,700
	Virtus NFJ	Virtus NFJ Dividend Value A	75,271	75,271
*	Fidelity Management Trust Company	Fidelity 500 Index	627,897	627,897
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2010 Z	146,804	146,804
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2015 Z	1,464,793	1,464,793
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2020 Z	1,870,126	1,870,126
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2025 Z	815,877	815,877
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2030 Z	1,895,561	1,895,561
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2035 Z	812,378	812,378
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2040 Z	708,314	708,314
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2045 Z	1,596,028	1,596,028
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2050 Z	1,303,736	1,303,736
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2055 Z	829,854	829,854
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2060 Z	324,599	324,599
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2065 Z	270,253	270,253
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2070 Z	29,221	29,221
*	Fidelity Management Trust Company	Fidelity Advisor Freedom Retirement Z	159,105	159,105
*	Fidelity Management Trust Company	Fidelity Advisor International Discovery A	165,265	165,265
*	Fidelity Management Trust Company	Fidelity Advisor Leveraged CoStock A	446,710	446,710
*	Fidelity Management Trust Company	Fidelity Advisor MidCap II A	39,983	39,983
*	Fidelity Management Trust Company	Fidelity Advisor New Insights A	883,513	883,513
*	Fidelity Management Trust Company	Fidelity Advisor SmallCap A	439,001	439,001
*	Fidelity Management Trust Company	Fidelity Advisor SmallCap Growth Fund	364,361	364,361
*	Fidelity Management Trust Company	Fidelity Advisor Stock Selector A	202,167	202,167
*	Fidelity Management Trust Company	Fidelity Advisor Strategic Dividend & Income Fund	16,397	16,397
*	Fidelity Management Trust Company	Fidelity Advisor Strategic Income A	179,541	179,541
*	Fidelity Management Trust Company	Fidelity Hereford Street Trust - Fidelity Government Money Market Fund	539,103	539,103
*	Fidelity Management Trust Company	Fidelity LargeCap Growth Index	449,878	449,878
*	Fidelity Management Trust Company	Fidelity MidCap Value Index	237	237
*	Fidelity Management Trust Company	Fidelity SmallCap Index	1,754	1,754
*	Fidelity Management Trust Company	Fidelity Total Market Index	520,093	520,093
			$ 17,784,780	$ 17,784,780

See accompanying *Independent Auditor's Report* and *Notes to the Financial Statements* .

LEE LEWIS CONSTRUCTION 401(k) PLAN
EIN 75-1680801
Plan Number 001
Plan Year 1/1/2024 to 12/31/2024

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

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
	BlackRock	BlackRock Global Allocation Fund	$ 89,720	$ 89,720
	BlackRock	BlackRock High Equity Income Investor A	15,156	15,156
	Columbia	Columbia SmallCap Valuation and Inflection A	13,469	13,469
	Invesco	Invesco Emerging Markets ex-China A	51,996	51,996
	John Hancock Financial Services	Jhankcock Disciplined Value A	68,300	68,300
	T. Rowe Price	T. Rowe Price Equity Income R	97,255	97,255
	Thornburg	Thornburg American Opportunities R4	81,978	81,978
	Pioneer	Victory Pioneer Bond A	69,935	69,935
	Virtus NFJ	Virtus NFJ Dividend Value A	91,440	91,440
*	Fidelity Management Trust Company	Fidelity 500 Index	502,138	502,138
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2010 Z	124,105	124,105
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2015 Z	1,329,001	1,329,001
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2020 Z	1,657,033	1,657,033
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2025 Z	609,464	609,464
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2030 Z	1,593,908	1,593,908
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2035 Z	1,018,895	1,018,895
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2040 Z	583,935	583,935
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2045 Z	1,292,557	1,292,557
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2050 Z	959,361	959,361
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2055 Z	556,152	556,152
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2060 Z	234,363	234,363
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2065 Z	148,640	148,640
*	Fidelity Management Trust Company	Fidelity Advisor Freedom Retirement Z	152,959	152,959
*	Fidelity Management Trust Company	Fidelity Advisor International Discovery A	127,577	127,577
*	Fidelity Management Trust Company	Fidelity Advisor Leveraged CoStock A	396,825	396,825
*	Fidelity Management Trust Company	Fidelity Advisor MidCap II A	38,547	38,547
*	Fidelity Management Trust Company	Fidelity Advisor New Insights A	739,815	739,815
*	Fidelity Management Trust Company	Fidelity Advisor SmallCap A	364,520	364,520
*	Fidelity Management Trust Company	Fidelity Advisor SmallCap Growth A	412,798	412,798
*	Fidelity Management Trust Company	Fidelity Advisor Stock Select Allocation Cap A	175,803	175,803
*	Fidelity Management Trust Company	Fidelity Advisor Strategic Dividend & Income Fund	14,072	14,072
*	Fidelity Management Trust Company	Fidelity Advisor Strategic Income A	72,507	72,507
*	Fidelity Management Trust Company	Fidelity Hereford Street Trust - Fidelity Government Money Market Fund	775,767	775,767
*	Fidelity Management Trust Company	Fidelity LargeCap Growth Index	339,003	339,003
			$ 14,798,993	$ 14,798,993

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EIN 75-1680801
Plan Number 001
Plan Year 1/1/2025 to 12/31/2025

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	BlackRock	BlackRock Global Allocation Fund	$ 107,760	$ 107,760
	BlackRock	BlackRock High Equity Income Investor A	22,521	22,521
	Columbia	Columbia SmallCap Valuation and Inflection A	20,189	20,189
	Invesco	Invesco Emerging Markets ex-China A	79,995	79,995
	John Hancock Financial Services	Jhankcock Disciplined Value A	94,852	94,852
	T. Rowe Price	T. Rowe Price Equity Income R	115,147	115,147
	Thornburg	Thornburg American Opportunities R4	85,796	85,796
	Pioneer	Victory Pioneer Bond A	80,700	80,700
	Virtus NFJ	Virtus NFJ Dividend Value A	75,271	75,271
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*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2020 Z	1,870,126	1,870,126
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2025 Z	815,877	815,877
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2030 Z	1,895,561	1,895,561
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2035 Z	812,378	812,378
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2040 Z	708,314	708,314
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2045 Z	1,596,028	1,596,028
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2050 Z	1,303,736	1,303,736
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2055 Z	829,854	829,854
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2060 Z	324,599	324,599
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2065 Z	270,253	270,253
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2070 Z	29,221	29,221
*	Fidelity Management Trust Company	Fidelity Advisor Freedom Retirement Z	159,105	159,105
*	Fidelity Management Trust Company	Fidelity Advisor International Discovery A	165,265	165,265
*	Fidelity Management Trust Company	Fidelity Advisor Leveraged CoStock A	446,710	446,710
*	Fidelity Management Trust Company	Fidelity Advisor MidCap II A	39,983	39,983
*	Fidelity Management Trust Company	Fidelity Advisor New Insights A	883,513	883,513
*	Fidelity Management Trust Company	Fidelity Advisor SmallCap A	439,001	439,001
*	Fidelity Management Trust Company	Fidelity Advisor SmallCap Growth Fund	364,361	364,361
*	Fidelity Management Trust Company	Fidelity Advisor Stock Selector A	202,167	202,167
*	Fidelity Management Trust Company	Fidelity Advisor Strategic Dividend & Income Fund	16,397	16,397
*	Fidelity Management Trust Company	Fidelity Advisor Strategic Income A	179,541	179,541
*	Fidelity Management Trust Company	Fidelity Hereford Street Trust - Fidelity Government Money Market Fund	539,103	539,103
*	Fidelity Management Trust Company	Fidelity LargeCap Growth Index	449,878	449,878
*	Fidelity Management Trust Company	Fidelity MidCap Value Index	237	237
*	Fidelity Management Trust Company	Fidelity SmallCap Index	1,754	1,754
*	Fidelity Management Trust Company	Fidelity Total Market Index	520,093	520,093
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