

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) HURRICANE BERYL RELIEF
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 COKINOS & YOUNG, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1990
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) COKINOS & YOUNG, A PROFESSIONAL 1221 LAMAR STREET 16TH FLOOR HOUSTON, TX 77010-3039
2b	Employer Identification Number (EIN) 76-0288148
2c	Plan Sponsor's telephone number 713-535-5590
2d	Business code (see instructions) 541110

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.	02/05/2025	TODD GRUBE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 235
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 146 6a(2) 152 6b 0 6c 14 6d 166 6e 0 6f 166 6g(1) 229 6g(2) 155 6h 12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2A 2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan COKINOS & YOUNG, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COKINOS & YOUNG, A PROFESSIONAL	D Employer Identification Number (EIN) 76-0288148	

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.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B2-LP9W	155	01/01/2023	12/31/2023

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	171650
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 ▶**b** Balance at the end of the previous year**7b**

168587

c Additions: (1) Contributions deposited during the year**7c(1)**

0

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

3063

(4) Transferred from separate account.....

7c(4)

0

(5) Other (specify below)

7c(5)

0

▶ **FIXED ACCOUNT**

(6) Total additions

7c(6)

3063

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

171650

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

0

(2) Administration charge made by carrier

7e(2)

0

(3) Transferred to separate account.....

7e(3)

0

(4) Other (specify below)

7e(4)

0

▶ **FIXED ACCOUNT**

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

171650

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan COKINOS & YOUNG, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COKINOS & YOUNG, A PROFESSIONAL	D Employer Identification Number (EIN) 76-0288148

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

(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)

NATIONWIDE INSURANCE COMPANY

31-4156830

(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?
15 23 37 58 64 99	TRUST RECORDKEEPER	59994	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>		
A Name of plan <u>COKINOS & YOUNG, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COKINOS & YOUNG, A PROFESSIONAL</u>		
		D Employer Identification Number (EIN) <u>76-0288148</u>

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

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)	<u>457577</u>	<u>463477</u>
(2) Participant contributions	1b(2)	<u>15997</u>	<u>39262</u>
(3) Other	1b(3)	<u>0</u>	<u>0</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>1396269</u>	<u>0</u>
(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)	<u>233127</u>	<u>250947</u>
(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)	<u>23583354</u>	<u>29972824</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	<u>168587</u>	<u>171650</u>
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25854911	30898160
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25854911	30898160

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)	923844	
(B) Participants	2a(1)(B)	1726222	
(C) Others (including rollovers)	2a(1)(C)	6470	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2656536
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5155	
(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)	12550	
(F) Other	2b(1)(F)	3063	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20768
(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)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		4496632
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7173936

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2113537	
(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)		2113537
f Corrective distributions (see instructions)	2f		3418
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)		
(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)	13732	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		13732
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2130687

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5043249
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WRINKLE, GARDNER & COMPANY, PC.**

(2) EIN: **76-0361151**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan COKINOS & YOUNG, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COKINOS & YOUNG, A PROFESSIONAL		D Employer Identification Number (EIN) 76-0288148
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): 31-1592130		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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
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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
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☒ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702763A</u> .	

**COKINOS & YOUNG 401(k)
PROFIT SHARING PLAN
Financial Statements and Schedule**

*As of December 31, 2023 and 2022 and for the year ended December 31, 2023
with Report of Independent Auditors*

Cokinos & Young 401(k) Profit Sharing Plan

Financial Statements and Schedule

Contents

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.



Wrinkle, Gardner & Company, P.C.
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
the Cokinos & Young 401(k) Profit Sharing Plan

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

We have performed an audit of the financial statements of Cokinos & Young 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Cokinos & Young 401(k) Profit Sharing 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 the bank or similar institution or insurance carrier 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 a certification from Nationwide Insurance Company ("Nationwide") as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").
- the information in the accompanying financial statements related to assets held by and certified to Nationwide 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).

INDEPENDENT AUDITOR'S REPORT, continued

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Cokinos & Young 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cokinos & Young 401(k) Profit Sharing 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 U.S. 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 U.S. GAAS, we:

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

INDEPENDENT AUDITOR'S REPORT, continued

- 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 Cokinos & Young 401(k) Profit Sharing 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 Cokinos & Young 401(k) Profit Sharing 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 U.S. GAAP.

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023, is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 U.S. GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

INDEPENDENT AUDITOR'S REPORT, continued

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, was 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 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).

Winkler, Gundersen & Company, P.C.

Friendswood, Texas

February 3, 2025

Cokinos & Young 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits

	December 31	
	2023	2022
Assets:		
Investments at fair value	\$ 29,972,824	\$ 24,979,623
Investments at contract value	<u>171,650</u>	<u>168,587</u>
Total investments	<u>30,144,474</u>	<u>25,148,210</u>
Employer contributions receivable	463,477	457,577
Participant contributions receivable	39,262	15,997
Notes receivable from participants	<u>250,947</u>	<u>233,127</u>
Total receivables	<u>753,686</u>	<u>706,701</u>
Total assets	<u>30,898,160</u>	<u>25,854,911</u>
Net assets available for benefits	<u><u>\$ 30,898,160</u></u>	<u><u>\$ 25,854,911</u></u>

The accompanying notes are an integral part of these financial statements

Cokinos & Young 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2023

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments - mutual funds	\$ 4,496,632
Dividends and interest	<u>5,155</u>
Total investment income	4,501,787

Interest income on notes receivable from participants	15,613
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Contributions:

Contributions from employer	923,844
Contributions from participants	1,726,222
Rollover contributions	<u>6,470</u>
Total contributions	<u>2,656,536</u>
Total additions	7,173,936

Deductions:

Deductions from net assets attributed to:

Benefit payments directly to participants or beneficiaries	2,116,955
Administrative fees	<u>13,732</u>
Total deductions	<u>2,130,687</u>
Increase in net assets	5,043,249

Net assets available for benefits at beginning of year	25,854,911
Net assets available for benefits at end of year	\$ <u><u>30,898,160</u></u>

The accompanying notes are an integral part of these financial statements

Cokinos Young Profit Sharing 401(k) Plan
Notes to Financial Statements
December 31, 2023

1. Description of the Plan

The following description of the Cokinos & Young 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Cokinos & Young 401(k) Profit Sharing Plan was established January 1, 1990. The latest amended provisions became effective in 2022. The Plan is a defined-contribution plan covering all eligible employees of Cokinos & Young (the "Employer"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Trustees have the responsibility of supervising and directing the administrative activities of the Plan and are the plan fiduciaries.

Eligibility

All employees are eligible to participate in the Plan on their hire date. An employee may begin contributing to the Plan on the first day of the quarter after the eligibility requirements have been met.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's contribution and, (b) Plan earnings, and charged with transaction and service-based fees and an allocation of administrative expenses, if applicable. 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. Participants have the option to direct the investment of their accounts into any combination of funds which are available within the Plan.

Contributions

Each year, participants may contribute up to 80% of pretax annual compensation, as defined in the Plan. In addition, participants may separately elect to defer up to 80% of any bonuses paid to them during the year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers multiple funds as investment options for participants.

Cokinos Young 401(k) Profit Sharing Plan
Notes to Financial Statements - Continued
December 31, 2023

1. Description of the Plan, continued

The Employer may make a discretionary pretax matching contribution to each participant's account. The discretionary matching contribution is determined annually by the Trustees and participants will share in the matching contribution regardless of the amount of service they completed during the Plan Year. Additionally, the Employer may make discretionary profit sharing contributions on behalf of each participant in an amount to be determined by the Trustees at the end of the Plan Year. Participants must meet certain conditions to share in the profit sharing contribution.

Vesting

Each participant's contributions and allocated earnings thereon are fully vested and non-forfeitable. Participants acquire a vested interest in their employer contribution accounts based upon completed years of service as follows:

<u>Years of Service for Vesting</u>	<u>Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Regardless of the vesting schedule, the Employer contribution account of an employed participant shall become fully vested upon the attainment of normal retirement age (65), total or permanent disability, or death.

Notes Receivable From Participants

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 balance. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest determined by the Plan Administrator based on prevailing interest rates. The interest rate remains fixed throughout the duration of the loan. Principal and interest is paid ratably through after-tax payroll deduction.

Payment of Benefits

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments over a period of time. Vested account balances of less than \$5,000 will be distributed in a single lump-sum payment.

Cokinos Young 401(k) Profit Sharing Plan
Notes to Financial Statements - Continued
December 31, 2023

1. Description of the Plan, continued

Forfeited Accounts

As of December 31, 2023 and 2022, forfeited nonvested accounts totaled \$41,509 and \$46,227, respectively. These accounts can be used to pay administrative expenses of the Plan or to reduce future Employer contributions. During 2023, \$46,227 was used to reduce Employer contributions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accounting records of the Plan and the Form 5500 prepared by Nationwide Insurance Company are maintained and presented under the accrual method of accounting in accordance with generally accepted accounting principles in the United States of America ("U.S. GAAP").

Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded when earned. No allowance for credit losses has been recorded as of December 31, 2023 or 2022. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Cokinos Young 401(k) Profit Sharing Plan
Notes to Financial Statements - Continued
December 31, 2023

2. Summary of Significant Accounting, continued

Benefits and Withdrawals

Benefits are recorded when paid.

Administrative Fees

The Plan incurred administrative fees of \$13,372 in 2023.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk, and credit risk. 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 the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Subsequent Events

The Plan has evaluated subsequent events through February 3, 2025, which is the date the financial statements were available to be issued, and has concluded that there are no significant events to be reported.

3. Income Tax Status

The Internal Revenue Service has determined and informed the Employer by a letter dated June 30, 2020 that the Plan and related trust as amended are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires the Company to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Furthermore, 2020 and later remain subject to examination by the IRS.

Cokinos Young 401(k) Profit Sharing Plan
Notes to Financial Statements - Continued
December 31, 2023

4. Information Certified by Trustee (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Insurance Company ("NIC"), the Plan's trustee for 2023, has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

December 31,	2023	2022
Money market fund	\$ 2,296,302	\$ 1,396,269
Mutual funds	\$ 27,320,182	\$ 23,280,395
Self-Directed Brokerage Account	356,340	302,959
Guaranteed investment contract	\$ 171,650	\$ 168,587
Year Ended December 31, 2023		
Net appreciation in fair value of investments	\$ 4,496,632	
Dividends and interest	\$ 5,155	

In addition, the information contained in the Schedule of Assets (Held at End of Year), December 31, 2023 has also been certified as complete and accurate by NIC.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

5. Fair Value Measurements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures* ("ASC 820"), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Cokinos Young 401(k) Profit Sharing Plan
Notes to Financial Statements - Continued
December 31, 2023

5. Fair Value Measurements (Continued)

- Level 2** Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
 - If the assets or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

In determining the fair value of assets, the Plan generally uses the market approach, which uses prices and other relevant data based on market transactions involving identical or comparable assets and liabilities.

Following is a description of the valuation methodologies used for assets measured at fair value.

Money market fund: Valued using daily published floating net asset values ("NAV") of fund shares.

Mutual funds: Valued at the quoted NAV of the shares held by the Plan at year end.

Cokinos Young 401(k) Profit Sharing Plan
Notes to Financial Statements - Continued
December 31, 2023

5. Fair Value Measurements, continued

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2023 and 2022:

Investments at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,296,302	\$ -	\$ -	\$ 2,296,302
Mutual funds	27,320,182	-	-	27,320,182
Self-Directed Brokerage account	356,340			356,340
Total investments at fair value	<u>\$ 29,972,824</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 29,972,824</u>

Investments at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 1,396,269	\$ -	\$ -	\$ 1,396,269
Mutual funds	23,280,395	-	-	23,280,395
Self-Directed Brokerage account	302,959			302,959
Total investments at fair value	<u>\$ 24,979,623</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 24,979,623</u>

6. Investment in Group Annuity Contract

The contract value of the group annuity contract (the "Contract"), approximating the fair value, was \$171,650 and \$168,587 as of December 31, 2023 and 2022, respectively. There are no reserves against contract value for credit risk of the contract issuer.

Cokinos Young 401(k) Profit Sharing Plan
Notes to Financial Statements - Continued
December 31, 2023

6. Investment in Group Annuity Contract, continued

The average yield on the Contract was 1.84% for the year ended December 31, 2023. Crediting interest rates are reset annually, with the reset based on formulas that may use market value, book value, duration and yield. There is no minimum crediting rate.

The Contract does not specify any events that would limit the ability of the Plan to transact at contract value with the issuer or any events that would allow the issuer to terminate the contract and settle for an amount different from contract value. The Contract provides various payment options for surrendering the Contract at contract value, however, the Plan Sponsor does not intend to surrender the Contract.

7. Party-in-Interest Transactions

Certain Plan investments are managed by Nationwide Insurance Company ("NIC"). NIC is the custodian and recordkeeper as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid directly to NIC by the Plan or Plan Sponsor for administrative services totaled \$70,333 for 2022 and are recorded in Net depreciation in fair value of investments on the Statement of Changes in Net Assets Available for Benefits.

The Plan issues notes receivable from participants and certain fees to the Trustee for the daily operational services of the Plan. These transactions qualify as party-in-interest transactions, as defined by ERISA. However, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

8. Plan Termination

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

Cokinos Young 401(k) Profit Sharing Plan
Notes to Financial Statements - Continued
December 31, 2023

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of investments as of December 31, 2023 and 2022 to the Form 5500:

	<u>2023</u>	<u>2022</u>
Total investments, at fair value per the financial statements	\$ 29,972,824	\$ 24,979,623
Less: Money market funds	-	(1,396,269)
Investments per Form 5500	<u>\$ 29,972,824</u>	<u>\$ 23,583,354</u>

The following is a reconciliation of net assets available per the financial statements as of December 31, 2023 and 2022 to the Form 5500:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 30,898,160	\$ 25,854,911
Plus: Excess contributions	-	-
Net assets available for benefits per Form 5500	<u>\$ 30,898,160</u>	<u>\$ 25,854,911</u>

Cokinos & Young 401(k) Profit Sharing Plan
EIN - 76-0288148; Plan Number 001
Schedule H, Line 4i -
Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Money market trusts and cash:			
*	Nationwide Life Insurance Company	Money market/cash	\$	2,296,302
	Total money market trusts and cash			2,296,302
	Mutual funds:			
	Fidadv Gr Oppr Inst	Mutual fund		2,832,587
*	Nw Inv Dest Mod Aggr R6	Mutual fund		2,043,134
	Vngrd Hi Yld Corp Adml	Mutual fund		1,850,206
*	Nw Inv Dest Mod R6	Mutual fund		1,273,838
	Dest Lgcap Eq Z	Mutual fund		1,214,173
*	Nw S P 500 Indx R6	Mutual fund		1,079,080
	Amfds 2045 Trgtdtrtrmt R6	Mutual fund		817,852
	Dest Intl Eq Z	Mutual fund		780,745
	Pimco Ttl Rtn Inst	Mutual fund		760,842
	Prncpl Mdcap A	Mutual fund		740,515
	Blkrk Eq Divd Inst	Mutual fund		738,987
	Dfa St Govt	Mutual fund		709,755
	Dfa Glbl Alloc 60 40 Inst	Mutual fund		696,239
	Mfs Val R6	Mutual fund		588,050
	Invsco Glbl Y	Mutual fund		546,523
	Dest Cor Fxd Inc Z	Mutual fund		511,650
	Amfds New Prspct R6	Mutual fund		469,991
	Heartland Val Pls Inst	Mutual fund		452,773
	Vngrd Explr Adml	Mutual fund		447,553
	Jpm Mdcap Val R6	Mutual fund		428,115
*	Nw Inv Dest Aggr R6	Mutual fund		405,247
	Okmrk Intl Inv	Mutual fund		398,799
	Dfa Us Lgcap Gr Inst	Mutual fund		381,393
	Jnshndrsn Frty T	Mutual fund		358,151
	Amcent Smcap Val R6	Mutual fund		317,359
	Dfa Emrg Mkt	Mutual fund		312,362
	Fidadv Bal I	Mutual fund		279,748
	Vngrd Lt Trsry Adml	Mutual fund		266,057
	Vngrd Strat Eq Inv	Mutual fund		261,022

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Identity of issue, borrower, lessor, or similar party			
	Dest Smmidcap Eq Z	Mutual fund		254,727
	Amfds 2060 Trgtddtrtrmt R6	Mutual fund		242,989
	Vngrd 500 Index Fd As	Mutual fund		239,791
	Fidadv Stksel Mdcap Inst	Mutual fund		225,663
	Trowepr Spectrm Mod Alloc	Mutual fund		223,379
	Vngrd Ttl Stmkt Indx Fd As	Mutual fund		209,452
	Jnshndrsn Bal N	Mutual fund		198,550
	Trowepr Scnc Tech	Mutual fund		191,154
	Fidadv Strat Divd Inc Inst	Mutual fund		188,898
	Amfds 2040 Trgtddtrtrmt R6	Mutual fund		178,583
	Thrnbrg Ltd Trm Inc R5	Mutual fund		164,648
*	Nw Inv Dest Mod Cnsrv R6	Mutual fund		164,520
	Dest Mult Strat Altrnatv Z	Mutual fund		158,155
	Amfds 2055 Trgtddtrtrmt R6	Mutual fund		156,420
	Dest Glbl Fxd Inc Oppr Z	Mutual fund		153,347
	Vngrd Wlsly Inc Adml	Mutual fund		150,369
	Amcent Ultra R6	Mutual fund		146,886
	Prncpl Hi Yld Inst	Mutual fund		111,305
	Amfds 2050 Trgtddtrtrmt R6	Mutual fund		109,783
	Dest Eq Inc Z	Mutual fund		98,205
	Vngrd Ttl Intlstkindx Adml	Mutual fund		94,560
	Dfa Us Lgcap Val Inst	Mutual fund		92,691
	Vngrd Gr Indx Adml	Mutual fund		89,209
	Neuber Eq Inc Inst	Mutual fund		86,898
	Col Emrg Mkt Bd Inst2	Mutual fund		86,833
	Dfa Us Sncap Val Inst	Mutual fund		86,325
	Vaneck Intl Inv Gold Inst	Mutual fund		73,874
	Pionr Hi Yld Y	Mutual fund		73,326
	Pimco Real Rtn Inst	Mutual fund		72,650
	Jnshndrsn Rsrch N	Mutual fund		70,380
	Pionr Strat Inc Y	Mutual fund		63,863
	Invsco Comstk R5	Mutual fund		63,259
	Virtus Nfj Mdcapval Inst	Mutual fund		61,945
	Dest Low Dur Fxd Inc Z	Mutual fund		58,186
	Invsco Goldspecmnrsls Y	Mutual fund		55,305
	Amfds Gr Fd Am R6	Mutual fund		53,463
	Amfds 2025 Trgtddtrtrmt R6	Mutual fund		53,398
	Natixis Gateway Y	Mutual fund		49,178
*	Nw Bnymel Dynmc Us Cor R6	Mutual fund		47,003

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Pgim Jnism Natrl Rsrc Z	Mutual fund		41,857
	Amfds Am Hi Inc Tr R6	Mutual fund		37,768
	Vngrd Mdcap Gr Indx Adml	Mutual fund		37,459
	Dws Hi Inc S	Mutual fund		37,048
	Dws Croci Us S	Mutual fund		35,185
	Invsco Eq Inc Y	Mutual fund		33,684
	Fnklntrmp Forgn Adv	Mutual fund		32,340
	Amfds 2020 Trgtddtrtrmt R6	Mutual fund		31,394
	Amfds 2035 Trgtddtrtrmt R6	Mutual fund		28,305
	Dfa Us Lgcap Eq Inst	Mutual fund		25,111
*	Nw Inv Dest Cnsrv R6	Mutual fund		23,886
	Gdmnses Shrt Dur Govt Inst	Mutual fund		21,078
	Fed Hrms Corp Bd Inst	Mutual fund		19,638
	Pimco Low Dur Inst	Mutual fund		18,617
	Neuber Realest Inst	Mutual fund		7,567
	Amfds 2010 Trgtddtrtrmt R6	Mutual fund		6,670
	Fid 500 Indx	Mutual fund		6,595
	Fed Hrms Prudnt Bear Inst	Mutual fund		4,788
	Amfds 2030 Trgtddtrtrmt R6	Mutual fund		2,989
	Dest Shltr Z	Mutual fund		2,611
	Fidadv Enrgy I	Mutual fund		1,392
	Amfds 2065 Trgtddtrtrmt R6	Mutual fund		835
	Tcw Ttl Rtn Bd I	Mutual fund		565
	Thrnbrg Intl Eq R6	Mutual fund		379
	Ab Hi Inc I	Mutual fund		236
	Leggm Wstras Corplsbd I	Mutual fund		169
	Pimco Forgn Unhdg Inst	Mutual fund		99
	Total mutual funds			<u>27,320,182</u>
	Self-Directed Brokerage Account:			
	Common stocks	Various Securities		348,579
	Investment trusts	Various Securities		<u>7,761</u>
	Total Self-Directed Brokerage Account:			<u>356,340</u>
	Guaranteed investment contract:			
*	Nationwide Life Insurance Company	Custodial Fixed		<u>171,650</u>
	Total guaranteed investment contract			<u>171,650</u>
*	Participant loans	4.25% to 7.50% various maturity		<u>250,947</u>
	Total	dates through 2026	\$	<u><u>30,395,421</u></u>

* Party-in-interest

Note: Cost information is not required as all investments are participant-directed.

See Report of Independent Auditors.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► COKINOS & YOUNG, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN

Employer Identification Number: ► 76-0288148
For plan year (beginning/ending): ► 01/01/23 - 12/31/23

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AB HI INC I	MUTUAL FUNDS		236.00
	VIRTUS NFJ MDCAPVAL INST	MUTUAL FUNDS		61,945.00
	AMCENT SMCAP VAL R6	MUTUAL FUNDS		317,359.00
	AMCENT ULTRA R6	MUTUAL FUNDS		146,886.00
	AMFDS 2010 TRGTDTRTRMT R6	MUTUAL FUNDS		6,670.00
	AMFDS 2020 TRGTDTRTRMT R6	MUTUAL FUNDS		31,394.00
	AMFDS 2025 TRGTDTRTRMT R6	MUTUAL FUNDS		53,398.00
	AMFDS 2030 TRGTDTRTRMT R6	MUTUAL FUNDS		2,989.00
	AMFDS 2035 TRGTDTRTRMT R6	MUTUAL FUNDS		28,305.00
	AMFDS 2040 TRGTDTRTRMT R6	MUTUAL FUNDS		178,583.00
	AMFDS 2045 TRGTDTRTRMT R6	MUTUAL FUNDS		817,852.00
	AMFDS 2050 TRGTDTRTRMT R6	MUTUAL FUNDS		109,783.00
	AMFDS 2055 TRGTDTRTRMT R6	MUTUAL FUNDS		156,420.00
	AMFDS 2060 TRGTDTRTRMT R6	MUTUAL FUNDS		242,989.00
	AMFDS 2065 TRGTDTRTRMT R6	MUTUAL FUNDS		835.00
	AMFDS AM HI INC TR R6	MUTUAL FUNDS		37,768.00
	AMFDS GR FD AM R6	MUTUAL FUNDS		53,463.00
	AMFDS NEW PRSPCT R6	MUTUAL FUNDS		469,991.00
	BLKRK EQ DIVD INST	MUTUAL FUNDS		738,987.00
	COL EMRG MKT BD INST2	MUTUAL FUNDS		86,833.00
	DFA EMRG MKT	MUTUAL FUNDS		312,362.00
	DFA GLBL ALL OC 60 40 INST	MUTUAL FUNDS		696,239.00
	DFA ST GOVT	MUTUAL FUNDS		709,755.00
	DFA US LGCAP EQ INST	MUTUAL FUNDS		25,111.00
	DFA US LGCAP GR INST	MUTUAL FUNDS		381,393.00
	DFA US LGCAP VAL INST	MUTUAL FUNDS		92,691.00
	DFA US SMCAP VAL INST	MUTUAL FUNDS		86,325.00
	DWS CROCI US S	MUTUAL FUNDS		35,185.00
	DWS HI INC S	MUTUAL FUNDS		37,048.00
	FED HRMS CORP BD INST	MUTUAL FUNDS		19,638.00
	FED HRMS GOV OBLGTNS PRMR	MUTUAL FUNDS		2,296,301.00
	FED HRMS PRUDNT BEAR INST	MUTUAL FUNDS		4,788.00
	FID 500 INDX	MUTUAL FUNDS		6,595.00
	FIDADV BAL I	MUTUAL FUNDS		279,748.00
	FIDADV ENRCY I	MUTUAL FUNDS		1,392.00
	FIDADV GR OPFR INST	MUTUAL FUNDS		2,832,587.00
	FIDADV STKSEL MDCAP INST	MUTUAL FUNDS		225,663.00
	FIDADV STRAT DIVD INC INST	MUTUAL FUNDS		188,898.00
	FNKLNTPM FORGN ADV	MUTUAL FUNDS		32,340.00
	GDMSNCS SHRT DUR GOVT INST	MUTUAL FUNDS		21,078.00
	HEARTLAND VAL PLS INST	MUTUAL FUNDS		452,773.00
	INVSCO COMSTK R5	MUTUAL FUNDS		63,259.00
	INVSCO GLBL Y	MUTUAL FUNDS		546,523.00
	INVSCO GOLDSPECMNRLS Y	MUTUAL FUNDS		55,305.00
	JNSHNDRSN BAL N	MUTUAL FUNDS		198,550.00
	JNSHNDRSN FRTY T	MUTUAL FUNDS		358,151.00
	JNSHNDRSN RSRCH N	MUTUAL FUNDS		70,380.00
	JPM MDCAP VAL R6	MUTUAL FUNDS		428,115.00
	LEGGM WSTRAS CORPLSBD I	MUTUAL FUNDS		169.00
	MFS VAL R6	MUTUAL FUNDS		588,050.00
	NATIXIS GATEWAY Y	MUTUAL FUNDS		49,178.00
	NEUBER EQ INC INST	MUTUAL FUNDS		86,898.00
	NEUBER REALEST INST	MUTUAL FUNDS		7,567.00
	NW INV DEST AGGR R6	MUTUAL FUNDS		405,247.00
	NW INV DEST CNSRV R6	MUTUAL FUNDS		23,886.00
	NW INV DEST MOD AGGR R6	MUTUAL FUNDS		2,043,134.00
	NW INV DEST MOD CNSRV R6	MUTUAL FUNDS		164,520.00
	NW INV DEST MOD R6	MUTUAL FUNDS		1,273,839.00
	NW MEL DYNMC US COR R6	MUTUAL FUNDS		47,003.00
	NW S P 500 INDX R6	MUTUAL FUNDS		1,079,080.00
	OKMRK INTL I	MUTUAL FUNDS		398,799.00
	PIMCO FORGN UNHDG INST	MUTUAL FUNDS		99.00
	PIMCO LOW DUR INST	MUTUAL FUNDS		18,617.00
	PIMCO REAL RTN INST	MUTUAL FUNDS		72,650.00
	PIMCO TTL RTN INST	MUTUAL FUNDS		760,842.00
	PIONR HI YLD Y	MUTUAL FUNDS		73,326.00
	PIONR STRAT INC Y	MUTUAL FUNDS		63,863.00
	PRNCPL HI YLD INST	MUTUAL FUNDS		111,305.00
	TCW TTL RTN BD I	MUTUAL FUNDS		565.00
	THRNBRG INTL VAL R6	MUTUAL FUNDS		379.00
	THRNBRG LTD TRM INC R5	MUTUAL FUNDS		164,648.00
	TROWEPR SCNC TECH	MUTUAL FUNDS		191,154.00
	TROWEPR SPCTRM MOD ALLOC	MUTUAL FUNDS		223,379.00
	VANECK INTL INV GOLD INST	MUTUAL FUNDS		73,874.00
	VNGRD 500 INDEX FD AS	MUTUAL FUNDS		239,791.00
	VNGRD EXPLR ADML	MUTUAL FUNDS		447,553.00
	VNGRD GR INDX ADML	MUTUAL FUNDS		89,209.00
	VNGRD HI YLD CORP ADML	MUTUAL FUNDS		1,850,206.00
	VNGRD LT TRSRY ADML	MUTUAL FUNDS		266,057.00
	VNGRD MDCAP GR INDX ADML	MUTUAL FUNDS		37,459.00
	VNGRD STRAT EQ INV	MUTUAL FUNDS		261,022.00
	VNGRD TTL INTLSTKINDX ADML	MUTUAL FUNDS		94,560.00
	VNGRD TTL STMKT INDX FD AS	MUTUAL FUNDS		209,452.00
	VNGRD WLSLY INC ADML	MUTUAL FUNDS		150,369.00
	SELF DIRECTED BROKERAGE ACCOUNT	MUTUAL FUNDS		356,340.00
	DESTINATIONS CORE FIXED INCOME FUND - CL	MUTUAL FUNDS		511,650.00
	DESTINATIONS EQUITY INCOME FUND - CLASS	MUTUAL FUNDS		98,205.00
	DESTINATIONS GLOBAL FIXED INCOME OPPORTU	MUTUAL FUNDS		153,347.00
	DESTINATIONS INTERNATIONAL EQUITY FUND -	MUTUAL FUNDS		780,745.00
	DESTINATIONS LARGE CAP EQUITY FUND - CLA	MUTUAL FUNDS		1,214,173.00
	DESTINATIONS LOW DURATION FIXED INCOME F	MUTUAL FUNDS		58,186.00
	DESTINATIONS MULTI STRATEGY ALTERNATIVES	MUTUAL FUNDS		158,155.00
	DESTINATIONS SMALL-MID CAP EQUITY FUND -	MUTUAL FUNDS		254,727.00
	DEST SHLTR Z	MUTUAL FUNDS		2,611.00
	INVSCO EQ INC Y	MUTUAL FUNDS		33,684.00
	PRNCPL MDCAP A	MUTUAL FUNDS		740,515.00
	PRUDNTL JNISN NATRL RSRCH Z	MUTUAL FUNDS		41,857.00
	BEST OF AMERICA-FIXED	UNALLOCATED CONTRACT		171,650.00
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 3.50% - 7.50%		250,947.00