

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [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...
C If the plan is a collectively-bargained plan, check here... [X]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension...
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 ACDS 403(B) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 02/01/2013
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) ACDS, INC. 4 FERN PLACE PLAINVIEW, NY 11803
2b Employer Identification Number (EIN) 23-7175975
2c Plan Sponsor's telephone number 516-933-4700
2d Business code (see instructions) 624100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for plan administrator and employer/plan sponsor.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	905
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	873
	<b>6a(2)</b>	1183
	<b>6b</b>	0
	<b>6c</b>	34
	<b>6d</b>	1217
	<b>6e</b>	0
	<b>6f</b>	1217
	<b>6g(1)</b>	107
<b>6g(2)</b>	109	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  2  </u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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**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**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>ACDS 403(B) PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ACDS, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>23-7175975</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>71-0294708</b>	<b>86509</b>	<b>VF7351</b>	<b>65</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>3517</b>	<b>(b)</b> Total amount of fees paid <b>8</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**STEPHAN COLES**

**STE 1C01  
1 HUNTINGTON QUADRANGLE  
MELVILLE, NY 11747**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>1925</b>	<b>8</b>	<b>ALLOCATED NON-CASH COMP</b>	<b>3</b>

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

**STEPHEN GRANDE**

**STE 1C01  
1 HUNTINGTON QUADRANGLE  
MELVILLE, NY 11747**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>1592</b>	<b>0</b>		<b>3</b>

(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	678738
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	1996354

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**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 ▶ UNALLOCATED ANNUITY CONTRACT

**b** Balance at the end of the previous year ..... **7b** 936453

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	74733
	<b>7c(2)</b>	
	<b>7c(3)</b>	19273
	<b>7c(4)</b>	
	<b>7c(5)</b>	1688
▶ LOAN REPAYMENTS		

(6) Total additions ..... **7c(6)** 95694

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 832147

<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	39868
	<b>7e(2)</b>	
	<b>7e(3)</b>	113541
	<b>7e(4)</b>	
▶		

(5) Total deductions ..... **7e(5)** 153409

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 678738

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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 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**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>ACDS 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ACDS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7175975</b>

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

**1 Coverage Information:**

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

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-1050034</b>	<b>93629</b>	<b>GA 63161</b>	<b>10</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

**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.

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

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

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	117317
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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 ▶ GENERAL ACCOUNT

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	75996	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	41895	
	<b>7c(2)</b>		
	<b>7c(3)</b>	1916	
	<b>7c(4)</b>		
	<b>7c(5)</b>	2111	
	▶ LOAN PAYMENTS		
(6) Total additions .....	<b>7c(6)</b>	45922	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	121918	
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
	(2) Administration charge made by carrier .....	<b>7e(2)</b>	
	(3) Transferred to separate account.....	<b>7e(3)</b>	
	(4) Other (specify below) .....	<b>7e(4)</b>	4601
▶ LOAN DISTRIBUTION			
(5) Total deductions .....	<b>7e(5)</b>	4601	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	117317	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>ACDS 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ACDS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7175975</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**VOYA RETIREMENT INSURANCE & ANNUITY**

**71-0294708**

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

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

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

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

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

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

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

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

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**(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)

THE PINNACLE FINANCIAL GROUP

9 SOUTH LONG BEACH ROAD  
ROCKVILLE CENTRE, NY 11570

(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?
28 51	FINANCIAL ADVISOR	5434	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	61	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name: GRASSI & CO.	<b>b</b> EIN: 11-3266576
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 50 JERICO QUADRANGLE, SUITE 200 JERICO, NY 11753	<b>e</b> Telephone: 516-256-3500

Explanation: ACDS SWITCHED TO CERINI & ASSOCIATES BECAUSE OF THEIR EXPERIENCE IN THE NON-PROFIT SECTOR AND THEIR EXCELLENT REPUTATION.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>ACDS 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ACDS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-7175975</u>
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<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC R4

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

<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9158</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FND R4

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

<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>323296</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NW PRSPCTV R4

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

<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7218</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASH MTUAL R4

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

<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16673</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPG SPEC SMCP VL FD A

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

<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26644</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT VP SRI BALANCED PORT

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

<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30838</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND PT I

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

<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>411372</u>
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQTY-INC PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5645
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VAL VIP 2		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32084
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INV DEV MRKTS FD A		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62913
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI AMR FRANCHISE FD I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87820
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY AMCEN SM-MDCP VL PT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 255
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR CAP APPREC PORT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR DIVR MDCP GR PT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65027
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR GRW EQTY PT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80052
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA BALANCED PORTFOLIO I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15309
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VY COL CONTR CORE PORT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11823

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLOBAL BOND PORT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17543
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GROWTH AND INCOME PORT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75836
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA HIGH YIELD PORT INS		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16263
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS MIDCAP PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19883
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERMEDIATE BOND PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53192
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GOV MONEY MARKET PORT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132807
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH PRT INS		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3404
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LC VL IND PRT S		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2716
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LCP GR IND PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL MC GR IND PRT S		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6398

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL SMCP INDX PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12274

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMCP OPPORT PORT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10618

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS LARGE CAP PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4579

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS SMALLCAP PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1044

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LGCP INDX PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164435

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2025 PORT SRV		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 287

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VOYA STRATEGIC ALLOC GRW PRT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236758

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TCW TOTAL RETURN BOND FUND N		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12174

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI CORE EQTY FUND SI		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11377

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORT I		
<b>b</b> Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12644

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE IVY SCI & TECH FND Y

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

<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3325
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA SEL MID CAP VALUE A

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

<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5235
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK HLTH SCI OPPORT PRT IA

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

<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2629
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FDMNTL INV R4

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

<b>c</b> EIN-PN 71-0294708-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4806
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>ACDS 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ACDS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7175975</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	17505	17045
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		19074
<b>(3)</b> Other .....	<b>1b(3)</b>	555	955
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	22039	33029
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	1518721	1996354
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	953588	1227574
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	812450	796055
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	3324858	4090086
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	980	1443
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	980	1443
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	3323878	4088643

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	17045	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	449247	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		466292
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	2301	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	21189	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		23490
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	18394	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		18394
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		350613
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		126822
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		985611

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	215022	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		215022
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	390	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	5434	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		5824
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		220846

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		764765
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**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: **CERINI & ASSOCIATES, LLP**

(2) EIN: **11-3066459**

**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
<b>a</b> 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	64136
<b>b</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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>ACDS 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ACDS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-7175975</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> 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): <u>75-3182674</u> <u>71-0294708</u> <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

<b>Part II</b>	<b>Funding Information</b> (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.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> 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		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

<b>9</b> 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. ....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

<b>Part IV</b>	<b>ESOPs</b> (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.
----------------	---

<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500560A.

***ACDS, INC. 403(B) PLAN***

***PLAN SPONSOR EIN: 23-7175975***

***PLAN NUMBER: 001***

***FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT***

***FOR THE YEAR ENDED JUNE 30, 2024***

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*&*  
**ASSOCIATES** LLP  
CERTIFIED PUBLIC ACCOUNTANTS

Connected  
to your business  
goals  
success

**FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT**  
**FOR THE YEAR ENDED JUNE 30, 2024**  
**TABLE OF CONTENTS**

---

Independent Auditors' Report ..... 1

**Audited Financial Statements**

Statements of Net Assets Available for Benefits as of June 30, 2024 and 2023 ..... 5  
Statement of Changes in Net Assets Available for Benefits for the Year Ended June 30, 2024 ..... 6  
Notes to Financial Statements ..... 7

**Supplemental Schedules**

Schedule of Assets (Held at End of Year) as of June 30, 2024 ..... 15-16  
Schedule of Delinquent Participant Contributions for the Year Ended June 30, 2024 ..... 17

## INDEPENDENT AUDITORS' REPORT



To the Trustees of the  
ACDS, Inc. 403(b) Plan  
Plainview, New York

### *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the FY 2024 Financial Statements*

We have performed an audit of the financial statements of the ACDS, Inc. 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of June 30, 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2024, and the related notes to the financial statements (the "FY 2024 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's FY 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion on the FY 2024 Financial Statements*

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the FY 2024 Financial Statements section:

- The amounts and disclosures in the accompanying FY 2024 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 FY 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion on the FY 2024 Financial Statements***

We conducted our audit 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 Auditors’ Responsibilities for the Audit of the FY 2024 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the FY 2024 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 the Plan’s ability to continue as a going concern for one year after the date that the financial statements are issued.

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

### ***Auditors’ Responsibilities for the Audit of the FY 2024 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with 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.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, 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 Matter - Supplemental Schedules Required by ERISA***

The supplemental Schedule of Assets (Held At End of Year) as of June 30, 2024 and Schedule of Delinquent Participant Contributions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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).

*Other Matter - Auditors' Report on the FY 2023 Financial Statements*

Predecessor auditors performed an audit of the FY 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated April 15, 2024 indicated that (a) the amounts and disclosures in the FY 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with U.S. GAAP, and (b) the information in the FY 2023 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). Their report also indicated that the form and content of the FY 2023 supplemental schedules, other than the information in the FY 2023 supplemental schedules that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the FY 2023 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

*Cerin & Associates LLP*

Bohemia, New York  
April 14, 2025

**ACDS, INC. 403(B) PLAN**  
**PLAN SPONSOR EIN: 23-7175975**  
**PLAN NUMBER: 001**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**JUNE 30,**

	2024	2023
<b>ASSETS</b>		
<b>INVESTMENTS, AT FAIR VALUE:</b>		
Pooled separate accounts.....	\$ 1,996,354	\$ 1,518,721
Guaranteed income funds.....	796,055	812,449
Mutual funds.....	<u>1,227,574</u>	<u>953,589</u>
<b>TOTAL INVESTMENTS</b>	4,019,983	3,284,759
<b>RECEIVABLES:</b>		
Employer contributions receivable.....	17,045	17,505
Participant contributions receivable.....	19,074	-
Notes receivable from participants.....	33,029	22,039
Other receivables.....	<u>955</u>	<u>555</u>
<b>TOTAL RECEIVABLES</b>	<u>70,103</u>	<u>40,099</u>
<b>TOTAL ASSETS</b>	4,090,086	3,324,858
<b>LIABILITIES</b>		
Accrued expenses.....	<u>1,443</u>	<u>980</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 4,088,643</u>	<u>\$ 3,323,878</u>

**ACDS, INC. 403(B) PLAN**  
**PLAN SPONSOR EIN: 23-7175975**  
**PLAN NUMBER: 001**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**ADDITIONS:**

Additions to net assets attributed to:

Investment income:		
Net appreciation in fair value of investments.....	\$	477,435
Interest and dividend income.....		39,583
<b>TOTAL INVESTMENT INCOME</b>		517,018
Participant contributions.....		449,247
Employer contributions.....		17,045
Interest on notes receivable from participants.....		2,301
<b>TOTAL ADDITIONS</b>		985,611

**DEDUCTIONS:**

Deductions from net assets attributed to:

Benefits paid to participants.....		215,022
Administrative expenses.....		5,824
<b>TOTAL DEDUCTIONS</b>		220,846
<b>NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS</b>		764,765

**NET ASSETS AVAILABLE FOR BENEFITS:**

Beginning of year.....		3,323,878
End of year.....	\$	4,088,643

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

This summary of significant accounting policies of the ACDS, Inc. 403(b) Plan (the “Plan”) is presented to assist in understanding the Plan’s financial statements and supplemental information. These financial statements, supplemental information, and notes are representations of ACDS, Inc.’s (hereinafter, the “Plan Sponsor” or “Employer”) management, who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America (“U.S. GAAP”) and have been consistently applied in the preparation of the financial statements and supplemental schedules.

Basis of Accounting: The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. GAAP.

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan’s investments are stated at fair value. Pooled separate accounts are reported at the value reported to the Plan by Voya Retirement Insurance and Annuity Company (“Voya”), which represents the fair value of the underlying investments comprising the accounts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Investment Committee determines the Plan’s valuation policies utilizing information provided by the Plan’s investment advisers. See Note 5 for discussions of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year. During the year ended June 30, 2024, the Plan’s net investment gains (including gains and losses on investments bought and sold, as well as held during the year) were \$477,435.

Participant Notes Receivable: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2024 or 2023. Delinquent notes receivable from participants are reclassified as distributions once the participant is no longer employed by the Plan Sponsor. There were no delinquent notes receivable at June 30, 2024 or 2023.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

Payment of Benefits: Benefits are recorded when paid to the Plan's participants.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments. Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

Events Occurring After Report Date: The Plan Sponsor has evaluated events and transactions that occurred between July 1, 2024 and April 14, 2025, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

**NOTE 2 - DESCRIPTION OF THE PLAN**

The following brief description of the Plan provides general information. Participants should refer to the Plan document, which is available from the plan administrator, for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established under the Internal Revenue Code Section 403(b) covering all salaried and hourly employees of the Employer. Employees are eligible upon hire to begin making elective deferrals to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Investments of the Plan are held by the Plan's custodians, Voya, Invesco Trust Company ("Invesco"), Matrix Trust Company ("Matrix"), and American Funds ("American") (together, the "Custodians"). The Custodians invest all contributions as directed by participants and allocate to each participant's account its proportionate share of investment income. The Plan administrator is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan administrator. The record-keeper for the Plan is PenServ Plan Services, Inc. ("PenServ" or the "Record-Keeper").

Contributions: Each year, participants may contribute to the Plan specific dollar amounts of compensation, as defined by the Plan. Participants may also contribute amounts distributed from other qualified plans. In addition, the Plan offers catch-up contributions to those participants who have attained age 50 before the end of the Plan year. Participants direct the investment of their contributions into various investment options offered by the Plan. These contributions are subject to IRS limitations and adjusted annually.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 2 - DESCRIPTION OF THE PLAN (continued)**

Participants who are union employees are eligible for matching contributions upon completion of one year of service. The Employer matches participants' contributions, including catch-up contributions, at 50% up to an annual maximum amount per year, as follows:

<u>Years of Service</u>	<u>Maximum Employer Match</u>
1 but less than 3	Up to \$150
3 but less than 7	Up to \$500
7 but less than 10	Up to \$750
10 or more	Up to \$1,000

The matching contribution is invested as directed by the participant. For the year ended June 30, 2024, the Employer made matching contributions of \$17,045. These contributions are also subject to IRS limitations and adjusted annually.

Participant Accounts: The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited with each participant's contributions, employer match contributions, and earnings thereon. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan based on participant earnings, account balances, or specific participant transactions, as defined. As a participant-directed plan, each participant's investment choices determine their share of earnings or losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions and Employer match contributions plus allocated earnings thereon.

Notes Receivable from Participants: Participants may borrow from their accounts a minimum amount of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may only have a maximum of one outstanding loan at a time. The maximum payment term allowed for any loan is five years unless the loan qualifies as a residential mortgage loan, in which case the term may not exceed 10 years. The loans are secured by the participant's vested account balance and bear interest at rates that range from 5.05% to 10.50%, which are commensurate with local prevailing rates at the time the loans were taken as determined by the plan administrator. Principal and interest are paid ratably directly by the participant.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 2 - DESCRIPTION OF THE PLAN (continued)**

In-Service Withdrawals: In-service withdrawals are permitted by the Plan for active employees when they reach the age of 59 ½ or normal retirement age, as defined by the Plan as reaching the age of 65. The Plan also allows for in-service withdrawals in the event of financial hardship. Hardship withdrawals are subject to restrictions as to use of the proceeds.

Payment of Benefits: Upon termination of service due to death, disability, or retirement, a participant or beneficiary 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 annual installments over a period not to exceed the life expectancy of the beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Required minimum distributions, as mandated by IRS regulations, will commence when a participant attains age 70 ½. Participants who attain age 70 ½ may elect to defer distributions until April 1<sup>st</sup> following the calendar year in which they reach age 70 ½ or, if later, terminate employment. Due to changes made by the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act"), effective January 1, 2020, if a participant's 70<sup>th</sup> birthday is July 1, 2019 or later, required minimum distributions may be deferred until the participant reaches age 72. Due to changes made by the SECURE 2.0 Act of 2022, effective January 1, 2023, the required minimum distributions age increases to age 73.

Investment Options: Upon enrollment in the Plan, participants may direct their contributions to any of the various investment options available by the Plan. Participants may change their contribution investment options, transfer part or all of past investments to other funds, and change their deferral amounts at any time during the Plan year.

Plan Amendments: The Employer has the right under the Plan to amend the Plan at any time. The Plan was initially established on January 1, 2009, amended and restated on February 1, 2013, and amended again on January 1, 2022 to include necessary provisions of ERISA and include a provision for after-tax (Roth) deferral contributions.

Plan Termination: Although it has not expressed any intent to do so, the Employer has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed pursuant to the Plan document.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 3 - INFORMATION CERTIFIED BY THE CUSTODIANS**

Investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule as of June 30, 2024 and 2023, and net appreciation in fair value of investments and interest on notes receivable from participants for the year ended June 30, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya, Matrix, and Invesco.

The following information regarding assets in custody of Voya, Matrix, and Invesco was certified for the years ended June 30,:

	<b>2024</b>	<b>2023</b>
Investments, at fair value:		
Pooled separate accounts .....	\$ 1,996,354	\$ 1,518,721
Guaranteed income funds .....	796,055	812,449
Mutual funds.....	1,183,236	913,184
Total certified investments.....	<u>\$ 3,975,645</u>	<u>\$ 3,244,354</u>
Participant notes receivable .....	<u>\$ 33,029</u>	<u>\$ 22,039</u>
Investment income:		
Net appreciation in fair value of investments .....	\$ 474,588	\$ 290,859
Interest and dividend income.....	38,485	44,014
Total certified investment income.....	<u>\$ 513,073</u>	<u>\$ 334,873</u>
Interest income on participant notes receivable.....	<u>\$ 2,301</u>	<u>\$ 1,423</u>

The following information regarding assets in custody of American was not certified for the years ended June 30,:

	<b>2024</b>	<b>2023</b>
Investments, at fair value:		
Mutual funds.....	<u>\$ 44,338</u>	<u>\$ 40,405</u>
Investment income:		
Net appreciation in fair value of investments .....	\$ 2,847	\$ 1,150
Interest and dividend income.....	1,098	931
Total.....	<u>\$ 3,945</u>	<u>\$ 2,081</u>

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 4 - GUARANTEED INCOME FUNDS**

The Plan invests in guaranteed income funds with Voya and Matrix, which maintain the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income funds are not fully benefit-responsive. Therefore, they are presented on the face of the statements of net assets available for benefits at fair value. Also see Note 5.

The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The crediting interest rate is based on a formula agreed upon with the issuer and is reviewed periodically for resetting.

**NOTE 5 - FAIR VALUE MEASUREMENTS**

Accounting standards establish a framework for measuring fair value, providing 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 lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the value hierarchy 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.
- 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 asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset and liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at June 30, 2024 and 2023.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 5 - FAIR VALUE MEASUREMENTS (continued)**

Pooled Separate Accounts: Pooled separate accounts consist of investments in mutual funds and are valued at the net asset value (“NAV”) at which the mutual fund shares are actively traded. The NAV is determined by Voya and is based upon the fair value of the underlying assets held by the fund.

Guaranteed Income Funds: The Plan invests in guaranteed income funds with Voya and Matrix, which maintain the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income funds are not fully benefit-responsive. Therefore, they are presented on the face of the statements of net assets available for benefits at fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (“SEC”). These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of June 30, 2024 and 2023:

	<b>Assets at Fair Value as of June 30, 2024</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Investments, at fair value:				
Pooled separate accounts .....	\$ -	\$ 1,996,354	\$ -	\$ 1,996,354
Guaranteed income funds.....	-	796,055	-	796,055
Mutual funds .....	1,227,574	-	-	1,227,574
Total investments, at fair value.....	\$ 1,227,574	\$ 2,792,409	\$ -	\$ 4,019,983

	<b>Assets at Fair Value as of June 30, 2023</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Investments, at fair value:				
Pooled separate accounts .....	\$ -	\$ 1,518,721	\$ -	\$ 1,518,721
Guaranteed income funds.....	-	812,449	-	812,449
Mutual funds .....	953,589	-	-	953,589
Total investments, at fair value.....	\$ 953,589	\$ 2,331,170	\$ -	\$ 3,284,759

***NOTES TO FINANCIAL STATEMENTS***  
***FOR THE YEAR ENDED JUNE 30, 2024***

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**NOTE 6 - TRANSACTIONS WITH PARTIES-IN-INTEREST**

At June 30, 2024 and 2023, certain Plan investments were managed by the Custodians and the Record-Keeper and therefore, these transactions qualify as party-in-interest transactions. Certain fees paid by the Plan for the investment management services are included in net appreciation in fair value of investments. Participant loans also qualify as party-in-interest transactions.

**NOTE 7 - INCOME TAX STATUS**

The Plan Sponsor elected to adopt the Record-Keeper's prototype plan, which received a favorable opinion letter from the IRS, which states that the Plan is designed in accordance with the applicable requirements of the IRC.

U.S. GAAP requires the Plan Sponsor to evaluate uncertain 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 Department of Labor and IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**NOTE 8 - RISKS AND UNCERTAINTIES**

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

**NOTE 9 - DELINQUENT PARTICIPANT CONTRIBUTIONS**

During the year ended June 30, 2024, the Plan Sponsor did not submit employee contributions of \$64,136 in a timely manner. The Plan Sponsor will file notice with the IRS and the Department of Labor, pay excise tax, and pay interest for the delinquent period on or before May 31, 2025.

## **SUPPLEMENTAL SCHEDULES**

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN  
 Schedule H, Line 4(i): Page 1 of 2  
 Schedule of Assets (Held at End of Year) as of June 30, 2024

(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
	<i>Mutual Funds:</i>			
*	Invesco	Invesco Value Opportunities Fund Class A	{+}	\$ 451
*	Invesco	Invesco Value Opportunities Fund Class C	{+}	10,219
*	Invesco	Invesco Active Allocation Fund Class A	{+}	5,961
*	Invesco	Invesco Intermediate Bond Factor Fund Class A	{+}	28
*	Invesco	Invesco Global Strategic Income Fund Class A	{+}	425
*	Invesco	Invesco Discovery Fund Class A	{+}	606
*	Invesco	Invesco Discovery Mid Cap Growth Fund Class A	{+}	1,088
*	American Funds	American Funds 2020 Target Date A	{+}	44,338
*	Invesco	Invesco Main Street Y	{+}	128,763
*	Invesco	Invesco Discovery Y	{+}	40,746
*	Invesco	Invesco Developing Markets Y	{+}	33,839
*	Invesco	Invesco Emerging Markets Local Debt Y	{+}	16,365
*	Invesco	Invesco Gold & Special Minerals Y	{+}	8,419
*	Invesco	Invesco Senior Floating Rate Y	{+}	54,105
*	Invesco	Invesco Main Street Mid Cap Y	{+}	51,890
	PGIM	PGIM Jennison Mid-Cap Growth Z	{+}	44,505
	PGIM	PGIM Jennison Health Sciences Z	{+}	188,669
	PGIM	PGIM Jennison Natural Resources Z	{+}	50,136
	PGIM	PGIM Global Real Estate Z	{+}	112,483
	PGIM	PGIM Global Total Return Z	{+}	61,072
*	American Funds	American Funds AMCAP R5	{+}	142,654
*	American Funds	American Funds Europacific Growth R5	{+}	19,699
*	American Funds	American Funds American Mutual R5	{+}	146,708
*	American Funds	American Funds New Economy R5	{+}	13,712
*	American Funds	American Funds New Perspective R5	{+}	27,911
*	American Funds	American Funds SMALLCAP World R5	{+}	5,069
	Touchstone	Touchstone Active Bond A	{+}	17,713
		Total mutual funds		\$ 1,227,574

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN  
Schedule H, Line 4(i): Page 2 of 2  
Schedule of Assets (Held at End of Year) as of June 30, 2024

(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
	<b>Pooled Separate Accounts:</b>			
	AllSpring	Allspg Spec SmCp VI Fd A	{+}	\$ 26,644
*	American Funds	American Funds EuroPacific R4	{+}	9,158
*	American Funds	American Funds Fdmntl Inv R4	{+}	4,806
*	American Funds	American Funds Growth Fnd R4	{+}	323,296
*	American Funds	American Funds Nw Prspctv R4	{+}	7,218
*	American Funds	American Funds Wash Mutual R4	{+}	16,673
	BlackRock	BlkRck Hlth Sci Opport Prt IA	{+}	2,629
	Calvert	Calvert VP SRI Balanced Port	{+}	30,838
	Columbia	Columbia Sel Mid Cap Value A	{+}	5,235
	Delaware Ivy S&T	Delaware Ivy Sci & Tech Fnd Y	{+}	3,325
	Fidelity	Fidelity VIP Contrafund Pt I	{+}	411,372
	Fidelity	Fidelity VIP Eqty-Inc Prt I	{+}	5,645
	Fidelity	Fidelity VIP Growth Port I	{+}	12,644
	Franklin Temp Inv	Franklin Small Cap Val VIP 2	{+}	32,084
*	Invesco	Inv Dev Mrkts Fd A	{+}	62,913
*	Invesco	Invesco VI Amr Franchise Fd I	{+}	87,820
*	Invesco	Invesco VI Core Eqty Fund SI	{+}	11,377
	TCW Group	TCW Total Return Bond Fund N	{+}	12,174
*	Voya	VY AmCen Sm-MdCp VI Pt Srv	{+}	255
*	Voya	VY Col Contr Core Port Srv	{+}	11,823
*	Voya	VY TRwPr Divr MdCp Gr Pt I	{+}	65,027
*	Voya	VY TRwPr Grw Eqty Pt I	{+}	80,052
*	Voya	Voya Balanced Portfolio I	{+}	15,309
*	Voya	Voya Global Bond Port I	{+}	17,543
*	Voya	Voya Gov Money Market Port I	{+}	132,807
*	Voya	Voya Growth and Income Port I	{+}	75,836
*	Voya	Voya High Yield Port Ins	{+}	16,263
*	Voya	Voya Index Plus LargeCap Prt I	{+}	4,579
*	Voya	Voya Index Plus MidCap Prt I	{+}	19,883
*	Voya	Voya Index Plus SmallCap Prt I	{+}	1,044
*	Voya	Voya Intermediate Bond Prt I	{+}	53,192
*	Voya	Voya Large Cap Growth Prt Ins	{+}	3,404
*	Voya	Voya Russell LC VI Ind Prt S	{+}	2,716
*	Voya	Voya Russell LgCp Indx Prt I	{+}	164,435
*	Voya	Voya Russell MC Gr Ind Prt S	{+}	6,398
*	Voya	Voya Russell SmCp Indx Prt I	{+}	12,274
*	Voya	Voya SmCp Opport Port I	{+}	10,618
*	Voya	Voya Solution 2025 Port Srv	{+}	287
*	Voya	Voya Strategic Alloc Grw Prt I	{+}	236,758
		Total pooled separate accounts		\$ 1,996,354
	<b>Guaranteed Income Funds:</b>			
*	Voya	Voya Fixed Account 4660	{+}	\$ 678,738
	Prudential	Prudential Guaranteed Income Fund 6	{+}	117,317
		Total guaranteed income funds		\$ 796,055
	<b>Notes Receivable:</b>			
*	Notes receivable from participants - Matrix	Interest rates ranging from 5.25% - 10.50%	N/A	\$ 23,374
*	Notes receivable from participants - Voya	Interest rates ranging from 5.05% - 5.88%	N/A	9,655
		Total notes receivable		\$ 33,029
	Total			\$ 4,053,012

{+} Note: Cost information has been omitted, as such information was not available.  
\* Denotes party-in-interest.

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN  
 Schedule H, Line 4(a)  
 Schedule of Delinquent Participant Contributions for the Year Ended June 30, 2024

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 64,136 *	\$ 16,799	\$ 47,337	-	-

\* Delinquent participant contributions of \$51,226 relate to the Plan for the year ended June 30, 2024.

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024
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. [ X ]
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 ACDS 403(b) Plan
1b Three-digit plan number (PN) 001
1c Effective date of plan 02/01/2013
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) ACDS, Inc.
4 Fern Place Plainview NY 11803
2b Employer Identification Number (EIN) 23-7175975
2c Plan Sponsor's telephone number (516) 933-4700
2d Business code (see instructions) 624100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Row 1: Chris Campbell, CAO, 4/15/25, Chris Campbell. Row 2: Chris Campbell, CAO, 4/15/25, Chris Campbell. Row 3: Empty.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023) v. 230728

***ACDS, INC. 403(B) PLAN***

***PLAN SPONSOR EIN: 23-7175975***

***PLAN NUMBER: 001***

***FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT***

***FOR THE YEAR ENDED JUNE 30, 2024***

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*&*  
**ASSOCIATES** LLP  
CERTIFIED PUBLIC ACCOUNTANTS

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success

**FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT**  
**FOR THE YEAR ENDED JUNE 30, 2024**  
**TABLE OF CONTENTS**

---

Independent Auditors' Report ..... 1

**Audited Financial Statements**

Statements of Net Assets Available for Benefits as of June 30, 2024 and 2023 ..... 5

Statement of Changes in Net Assets Available for Benefits for the Year Ended June 30, 2024 ..... 6

Notes to Financial Statements ..... 7

**Supplemental Schedules**

Schedule of Assets (Held at End of Year) as of June 30, 2024 ..... 15-16

Schedule of Delinquent Participant Contributions for the Year Ended June 30, 2024 ..... 17

## INDEPENDENT AUDITORS' REPORT



To the Trustees of the  
ACDS, Inc. 403(b) Plan  
Plainview, New York

### *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the FY 2024 Financial Statements*

We have performed an audit of the financial statements of the ACDS, Inc. 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of June 30, 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2024, and the related notes to the financial statements (the "FY 2024 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's FY 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion on the FY 2024 Financial Statements*

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the FY 2024 Financial Statements section:

- The amounts and disclosures in the accompanying FY 2024 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 FY 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion on the FY 2024 Financial Statements***

We conducted our audit 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 Auditors’ Responsibilities for the Audit of the FY 2024 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the FY 2024 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 the Plan’s ability to continue as a going concern for one year after the date that the financial statements are issued.

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

### ***Auditors’ Responsibilities for the Audit of the FY 2024 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with 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.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, 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 Matter - Supplemental Schedules Required by ERISA***

The supplemental Schedule of Assets (Held At End of Year) as of June 30, 2024 and Schedule of Delinquent Participant Contributions for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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).

*Other Matter - Auditors' Report on the FY 2023 Financial Statements*

Predecessor auditors performed an audit of the FY 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated April 15, 2024 indicated that (a) the amounts and disclosures in the FY 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with U.S. GAAP, and (b) the information in the FY 2023 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). Their report also indicated that the form and content of the FY 2023 supplemental schedules, other than the information in the FY 2023 supplemental schedules that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the FY 2023 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

*Cerin & Associates LLP*

Bohemia, New York  
April 14, 2025

**ACDS, INC. 403(B) PLAN**  
**PLAN SPONSOR EIN: 23-7175975**  
**PLAN NUMBER: 001**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**JUNE 30,**

	2024	2023
<b>ASSETS</b>		
<b>INVESTMENTS, AT FAIR VALUE:</b>		
Pooled separate accounts.....	\$ 1,996,354	\$ 1,518,721
Guaranteed income funds.....	796,055	812,449
Mutual funds.....	1,227,574	953,589
<b>TOTAL INVESTMENTS</b>	4,019,983	3,284,759
<b>RECEIVABLES:</b>		
Employer contributions receivable.....	17,045	17,505
Participant contributions receivable.....	19,074	-
Notes receivable from participants.....	33,029	22,039
Other receivables.....	955	555
<b>TOTAL RECEIVABLES</b>	70,103	40,099
<b>TOTAL ASSETS</b>	4,090,086	3,324,858
<b>LIABILITIES</b>		
Accrued expenses.....	1,443	980
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	\$ 4,088,643	\$ 3,323,878

**ACDS, INC. 403(B) PLAN**  
**PLAN SPONSOR EIN: 23-7175975**  
**PLAN NUMBER: 001**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**ADDITIONS:**

Additions to net assets attributed to:

Investment income:		
Net appreciation in fair value of investments.....	\$	477,435
Interest and dividend income.....		39,583
<b>TOTAL INVESTMENT INCOME</b>		517,018
Participant contributions.....		449,247
Employer contributions.....		17,045
Interest on notes receivable from participants.....		2,301
<b>TOTAL ADDITIONS</b>		985,611

**DEDUCTIONS:**

Deductions from net assets attributed to:

Benefits paid to participants.....		215,022
Administrative expenses.....		5,824
<b>TOTAL DEDUCTIONS</b>		220,846

**NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS** 764,765

**NET ASSETS AVAILABLE FOR BENEFITS:**

Beginning of year.....		3,323,878
End of year.....	\$	4,088,643

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

This summary of significant accounting policies of the ACDS, Inc. 403(b) Plan (the “Plan”) is presented to assist in understanding the Plan’s financial statements and supplemental information. These financial statements, supplemental information, and notes are representations of ACDS, Inc.’s (hereinafter, the “Plan Sponsor” or “Employer”) management, who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America (“U.S. GAAP”) and have been consistently applied in the preparation of the financial statements and supplemental schedules.

Basis of Accounting: The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. GAAP.

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan’s investments are stated at fair value. Pooled separate accounts are reported at the value reported to the Plan by Voya Retirement Insurance and Annuity Company (“Voya”), which represents the fair value of the underlying investments comprising the accounts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Investment Committee determines the Plan’s valuation policies utilizing information provided by the Plan’s investment advisers. See Note 5 for discussions of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year. During the year ended June 30, 2024, the Plan’s net investment gains (including gains and losses on investments bought and sold, as well as held during the year) were \$477,435.

Participant Notes Receivable: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2024 or 2023. Delinquent notes receivable from participants are reclassified as distributions once the participant is no longer employed by the Plan Sponsor. There were no delinquent notes receivable at June 30, 2024 or 2023.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

Payment of Benefits: Benefits are recorded when paid to the Plan's participants.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments. Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

Events Occurring After Report Date: The Plan Sponsor has evaluated events and transactions that occurred between July 1, 2024 and April 14, 2025, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

**NOTE 2 - DESCRIPTION OF THE PLAN**

The following brief description of the Plan provides general information. Participants should refer to the Plan document, which is available from the plan administrator, for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established under the Internal Revenue Code Section 403(b) covering all salaried and hourly employees of the Employer. Employees are eligible upon hire to begin making elective deferrals to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Investments of the Plan are held by the Plan's custodians, Voya, Invesco Trust Company ("Invesco"), Matrix Trust Company ("Matrix"), and American Funds ("American") (together, the "Custodians"). The Custodians invest all contributions as directed by participants and allocate to each participant's account its proportionate share of investment income. The Plan administrator is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan administrator. The record-keeper for the Plan is PenServ Plan Services, Inc. ("PenServ" or the "Record-Keeper").

Contributions: Each year, participants may contribute to the Plan specific dollar amounts of compensation, as defined by the Plan. Participants may also contribute amounts distributed from other qualified plans. In addition, the Plan offers catch-up contributions to those participants who have attained age 50 before the end of the Plan year. Participants direct the investment of their contributions into various investment options offered by the Plan. These contributions are subject to IRS limitations and adjusted annually.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 2 - DESCRIPTION OF THE PLAN (continued)**

Participants who are union employees are eligible for matching contributions upon completion of one year of service. The Employer matches participants' contributions, including catch-up contributions, at 50% up to an annual maximum amount per year, as follows:

<u>Years of Service</u>	<u>Maximum Employer Match</u>
1 but less than 3	Up to \$150
3 but less than 7	Up to \$500
7 but less than 10	Up to \$750
10 or more	Up to \$1,000

The matching contribution is invested as directed by the participant. For the year ended June 30, 2024, the Employer made matching contributions of \$17,045. These contributions are also subject to IRS limitations and adjusted annually.

Participant Accounts: The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited with each participant's contributions, employer match contributions, and earnings thereon. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan based on participant earnings, account balances, or specific participant transactions, as defined. As a participant-directed plan, each participant's investment choices determine their share of earnings or losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions and Employer match contributions plus allocated earnings thereon.

Notes Receivable from Participants: Participants may borrow from their accounts a minimum amount of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may only have a maximum of one outstanding loan at a time. The maximum payment term allowed for any loan is five years unless the loan qualifies as a residential mortgage loan, in which case the term may not exceed 10 years. The loans are secured by the participant's vested account balance and bear interest at rates that range from 5.05% to 10.50%, which are commensurate with local prevailing rates at the time the loans were taken as determined by the plan administrator. Principal and interest are paid ratably directly by the participant.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 2 - DESCRIPTION OF THE PLAN (continued)**

In-Service Withdrawals: In-service withdrawals are permitted by the Plan for active employees when they reach the age of 59 ½ or normal retirement age, as defined by the Plan as reaching the age of 65. The Plan also allows for in-service withdrawals in the event of financial hardship. Hardship withdrawals are subject to restrictions as to use of the proceeds.

Payment of Benefits: Upon termination of service due to death, disability, or retirement, a participant or beneficiary 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 annual installments over a period not to exceed the life expectancy of the beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Required minimum distributions, as mandated by IRS regulations, will commence when a participant attains age 70 ½. Participants who attain age 70 ½ may elect to defer distributions until April 1<sup>st</sup> following the calendar year in which they reach age 70 ½ or, if later, terminate employment. Due to changes made by the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act"), effective January 1, 2020, if a participant's 70<sup>th</sup> birthday is July 1, 2019 or later, required minimum distributions may be deferred until the participant reaches age 72. Due to changes made by the SECURE 2.0 Act of 2022, effective January 1, 2023, the required minimum distributions age increases to age 73.

Investment Options: Upon enrollment in the Plan, participants may direct their contributions to any of the various investment options available by the Plan. Participants may change their contribution investment options, transfer part or all of past investments to other funds, and change their deferral amounts at any time during the Plan year.

Plan Amendments: The Employer has the right under the Plan to amend the Plan at any time. The Plan was initially established on January 1, 2009, amended and restated on February 1, 2013, and amended again on January 1, 2022 to include necessary provisions of ERISA and include a provision for after-tax (Roth) deferral contributions.

Plan Termination: Although it has not expressed any intent to do so, the Employer has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed pursuant to the Plan document.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 3 - INFORMATION CERTIFIED BY THE CUSTODIANS**

Investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule as of June 30, 2024 and 2023, and net appreciation in fair value of investments and interest on notes receivable from participants for the year ended June 30, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya, Matrix, and Invesco.

The following information regarding assets in custody of Voya, Matrix, and Invesco was certified for the years ended June 30,:

	<b>2024</b>	<b>2023</b>
Investments, at fair value:		
Pooled separate accounts .....	\$ 1,996,354	\$ 1,518,721
Guaranteed income funds .....	796,055	812,449
Mutual funds.....	1,183,236	913,184
Total certified investments.....	\$ 3,975,645	\$ 3,244,354
Participant notes receivable .....	\$ 33,029	\$ 22,039
Investment income:		
Net appreciation in fair value of investments .....	\$ 474,588	\$ 290,859
Interest and dividend income.....	38,485	44,014
Total certified investment income.....	\$ 513,073	\$ 334,873
Interest income on participant notes receivable.....	\$ 2,301	\$ 1,423

The following information regarding assets in custody of American was not certified for the years ended June 30,:

	<b>2024</b>	<b>2023</b>
Investments, at fair value:		
Mutual funds.....	\$ 44,338	\$ 40,405
Investment income:		
Net appreciation in fair value of investments .....	\$ 2,847	\$ 1,150
Interest and dividend income.....	1,098	931
Total.....	\$ 3,945	\$ 2,081

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 4 - GUARANTEED INCOME FUNDS**

The Plan invests in guaranteed income funds with Voya and Matrix, which maintain the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income funds are not fully benefit-responsive. Therefore, they are presented on the face of the statements of net assets available for benefits at fair value. Also see Note 5.

The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The crediting interest rate is based on a formula agreed upon with the issuer and is reviewed periodically for resetting.

**NOTE 5 - FAIR VALUE MEASUREMENTS**

Accounting standards establish a framework for measuring fair value, providing 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 lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the value hierarchy 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.
- 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 asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset and liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at June 30, 2024 and 2023.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 5 - FAIR VALUE MEASUREMENTS (continued)**

Pooled Separate Accounts: Pooled separate accounts consist of investments in mutual funds and are valued at the net asset value (“NAV”) at which the mutual fund shares are actively traded. The NAV is determined by Voya and is based upon the fair value of the underlying assets held by the fund.

Guaranteed Income Funds: The Plan invests in guaranteed income funds with Voya and Matrix, which maintain the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income funds are not fully benefit-responsive. Therefore, they are presented on the face of the statements of net assets available for benefits at fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (“SEC”). These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of June 30, 2024 and 2023:

<b>Assets at Fair Value as of June 30, 2024</b>				
Investments, at fair value:	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Pooled separate accounts .....	\$ -	\$ 1,996,354	\$ -	\$ 1,996,354
Guaranteed income funds .....	-	796,055	-	796,055
Mutual funds .....	1,227,574	-	-	1,227,574
Total investments, at fair value .....	\$ 1,227,574	\$ 2,792,409	\$ -	\$ 4,019,983

<b>Assets at Fair Value as of June 30, 2023</b>				
Investments, at fair value:	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Pooled separate accounts .....	\$ -	\$ 1,518,721	\$ -	\$ 1,518,721
Guaranteed income funds .....	-	812,449	-	812,449
Mutual funds .....	953,589	-	-	953,589
Total investments, at fair value .....	\$ 953,589	\$ 2,331,170	\$ -	\$ 3,284,759

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2024**

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**NOTE 6 - TRANSACTIONS WITH PARTIES-IN-INTEREST**

At June 30, 2024 and 2023, certain Plan investments were managed by the Custodians and the Record-Keeper and therefore, these transactions qualify as party-in-interest transactions. Certain fees paid by the Plan for the investment management services are included in net appreciation in fair value of investments. Participant loans also qualify as party-in-interest transactions.

**NOTE 7 - INCOME TAX STATUS**

The Plan Sponsor elected to adopt the Record-Keeper's prototype plan, which received a favorable opinion letter from the IRS, which states that the Plan is designed in accordance with the applicable requirements of the IRC.

U.S. GAAP requires the Plan Sponsor to evaluate uncertain 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 Department of Labor and IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**NOTE 8 - RISKS AND UNCERTAINTIES**

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

**NOTE 9 - DELINQUENT PARTICIPANT CONTRIBUTIONS**

During the year ended June 30, 2024, the Plan Sponsor did not submit employee contributions of \$64,136 in a timely manner. The Plan Sponsor will file notice with the IRS and the Department of Labor, pay excise tax, and pay interest for the delinquent period on or before May 31, 2025.

## **SUPPLEMENTAL SCHEDULES**

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN  
 Schedule H, Line 4(i): Page 1 of 2  
 Schedule of Assets (Held at End of Year) as of June 30, 2024

(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
	<i>Mutual Funds:</i>			
*	Invesco	Invesco Value Opportunities Fund Class A	{+}	\$ 451
*	Invesco	Invesco Value Opportunities Fund Class C	{+}	10,219
*	Invesco	Invesco Active Allocation Fund Class A	{+}	5,961
*	Invesco	Invesco Intermediate Bond Factor Fund Class A	{+}	28
*	Invesco	Invesco Global Strategic Income Fund Class A	{+}	425
*	Invesco	Invesco Discovery Fund Class A	{+}	606
*	Invesco	Invesco Discovery Mid Cap Growth Fund Class A	{+}	1,088
*	American Funds	American Funds 2020 Target Date A	{+}	44,338
*	Invesco	Invesco Main Street Y	{+}	128,763
*	Invesco	Invesco Discovery Y	{+}	40,746
*	Invesco	Invesco Developing Markets Y	{+}	33,839
*	Invesco	Invesco Emerging Markets Local Debt Y	{+}	16,365
*	Invesco	Invesco Gold & Special Minerals Y	{+}	8,419
*	Invesco	Invesco Senior Floating Rate Y	{+}	54,105
*	Invesco	Invesco Main Street Mid Cap Y	{+}	51,890
	PGIM	PGIM Jennison Mid-Cap Growth Z	{+}	44,505
	PGIM	PGIM Jennison Health Sciences Z	{+}	188,669
	PGIM	PGIM Jennison Natural Resources Z	{+}	50,136
	PGIM	PGIM Global Real Estate Z	{+}	112,483
	PGIM	PGIM Global Total Return Z	{+}	61,072
*	American Funds	American Funds AMCAP R5	{+}	142,654
*	American Funds	American Funds Europacific Growth R5	{+}	19,699
*	American Funds	American Funds American Mutual R5	{+}	146,708
*	American Funds	American Funds New Economy R5	{+}	13,712
*	American Funds	American Funds New Perspective R5	{+}	27,911
*	American Funds	American Funds SMALLCAP World R5	{+}	5,069
	Touchstone	Touchstone Active Bond A	{+}	17,713
		Total mutual funds		\$ 1,227,574

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN  
Schedule H, Line 4(i): Page 2 of 2  
Schedule of Assets (Held at End of Year) as of June 30, 2024

(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
	<b>Pooled Separate Accounts:</b>			
	AllSpring	Allspg Spec SmCp VI Fd A	{+}	\$ 26,644
*	American Funds	American Funds EuroPacific R4	{+}	9,158
*	American Funds	American Funds Fdmntl Inv R4	{+}	4,806
*	American Funds	American Funds Growth Fnd R4	{+}	323,296
*	American Funds	American Funds Nw Prspctv R4	{+}	7,218
*	American Funds	American Funds Wash Mutual R4	{+}	16,673
	BlackRock	BlkRck Hlth Sci Opport Prt IA	{+}	2,629
	Calvert	Calvert VP SRI Balanced Port	{+}	30,838
	Columbia	Columbia Sel Mid Cap Value A	{+}	5,235
	Delaware Ivy S&T	Delaware Ivy Sci & Tech Fnd Y	{+}	3,325
	Fidelity	Fidelity VIP Contrafund Pt I	{+}	411,372
	Fidelity	Fidelity VIP Eqty-Inc Prt I	{+}	5,645
	Fidelity	Fidelity VIP Growth Port I	{+}	12,644
	Franklin Temp Inv	Franklin Small Cap Val VIP 2	{+}	32,084
*	Invesco	Inv Dev Mrkts Fd A	{+}	62,913
*	Invesco	Invesco VI Amr Franchise Fd I	{+}	87,820
*	Invesco	Invesco VI Core Eqty Fund SI	{+}	11,377
	TCW Group	TCW Total Return Bond Fund N	{+}	12,174
*	Voya	VY AmCen Sm-MdCp VI Pt Srv	{+}	255
*	Voya	VY Col Contr Core Port Srv	{+}	11,823
*	Voya	VY TRwPr Divr MdCp Gr Pt I	{+}	65,027
*	Voya	VY TRwPr Grw Eqty Pt I	{+}	80,052
*	Voya	Voya Balanced Portfolio I	{+}	15,309
*	Voya	Voya Global Bond Port I	{+}	17,543
*	Voya	Voya Gov Money Market Port I	{+}	132,807
*	Voya	Voya Growth and Income Port I	{+}	75,836
*	Voya	Voya High Yield Port Ins	{+}	16,263
*	Voya	Voya Index Plus LargeCap Prt I	{+}	4,579
*	Voya	Voya Index Plus MidCap Prt I	{+}	19,883
*	Voya	Voya Index Plus SmallCap Prt I	{+}	1,044
*	Voya	Voya Intermediate Bond Prt I	{+}	53,192
*	Voya	Voya Large Cap Growth Prt Ins	{+}	3,404
*	Voya	Voya Russell LC VI Ind Prt S	{+}	2,716
*	Voya	Voya Russell LgCp Indx Prt I	{+}	164,435
*	Voya	Voya Russell MC Gr Ind Prt S	{+}	6,398
*	Voya	Voya Russell SmCp Indx Prt I	{+}	12,274
*	Voya	Voya SmCp Opport Port I	{+}	10,618
*	Voya	Voya Solution 2025 Port Srv	{+}	287
*	Voya	Voya Strategic Alloc Grw Prt I	{+}	236,758
		Total pooled separate accounts		\$ 1,996,354
	<b>Guaranteed Income Funds:</b>			
*	Voya	Voya Fixed Account 4660	{+}	\$ 678,738
	Prudential	Prudential Guaranteed Income Fund 6	{+}	117,317
		Total guaranteed income funds		\$ 796,055
	<b>Notes Receivable:</b>			
*	Notes receivable from participants - Matrix	Interest rates ranging from 5.25% - 10.50%	N/A	\$ 23,374
*	Notes receivable from participants - Voya	Interest rates ranging from 5.05% - 5.88%	N/A	9,655
		Total notes receivable		\$ 33,029
	Total			\$ 4,053,012

{+} Note: Cost information has been omitted, as such information was not available.  
\* Denotes party-in-interest.

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN  
 Schedule H, Line 4(a)  
 Schedule of Delinquent Participant Contributions for the Year Ended June 30, 2024

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 64,136 *	\$ 16,799	\$ 47,337	-	-

\* Delinquent participant contributions of \$51,226 relate to the Plan for the year ended June 30, 2024.

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN  
 Schedule H, Line 4(i): Page 1 of 2  
 Schedule of Assets (Held at End of Year) as of June 30, 2024

(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
	<i>Mutual Funds:</i>			
*	Invesco	Invesco Value Opportunities Fund Class A	{+}	\$ 451
*	Invesco	Invesco Value Opportunities Fund Class C	{+}	10,219
*	Invesco	Invesco Active Allocation Fund Class A	{+}	5,961
*	Invesco	Invesco Intermediate Bond Factor Fund Class A	{+}	28
*	Invesco	Invesco Global Strategic Income Fund Class A	{+}	425
*	Invesco	Invesco Discovery Fund Class A	{+}	606
*	Invesco	Invesco Discovery Mid Cap Growth Fund Class A	{+}	1,088
*	American Funds	American Funds 2020 Target Date A	{+}	44,338
*	Invesco	Invesco Main Street Y	{+}	128,763
*	Invesco	Invesco Discovery Y	{+}	40,746
*	Invesco	Invesco Developing Markets Y	{+}	33,839
*	Invesco	Invesco Emerging Markets Local Debt Y	{+}	16,365
*	Invesco	Invesco Gold & Special Minerals Y	{+}	8,419
*	Invesco	Invesco Senior Floating Rate Y	{+}	54,105
*	Invesco	Invesco Main Street Mid Cap Y	{+}	51,890
	PGIM	PGIM Jennison Mid-Cap Growth Z	{+}	44,505
	PGIM	PGIM Jennison Health Sciences Z	{+}	188,669
	PGIM	PGIM Jennison Natural Resources Z	{+}	50,136
	PGIM	PGIM Global Real Estate Z	{+}	112,483
	PGIM	PGIM Global Total Return Z	{+}	61,072
*	American Funds	American Funds AMCAP R5	{+}	142,654
*	American Funds	American Funds Europacific Growth R5	{+}	19,699
*	American Funds	American Funds American Mutual R5	{+}	146,708
*	American Funds	American Funds New Economy R5	{+}	13,712
*	American Funds	American Funds New Perspective R5	{+}	27,911
*	American Funds	American Funds SMALLCAP World R5	{+}	5,069
	Touchstone	Touchstone Active Bond A	{+}	17,713
		Total mutual funds		\$ 1,227,574

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN  
Schedule H, Line 4(i): Page 2 of 2  
Schedule of Assets (Held at End of Year) as of June 30, 2024

(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
	<b>Pooled Separate Accounts:</b>			
	AllSpring	Allspg Spec SmCp VI Fd A	{+}	\$ 26,644
*	American Funds	American Funds EuroPacific R4	{+}	9,158
*	American Funds	American Funds Fdmntl Inv R4	{+}	4,806
*	American Funds	American Funds Growth Fnd R4	{+}	323,296
*	American Funds	American Funds Nw Prspctv R4	{+}	7,218
*	American Funds	American Funds Wash Mutual R4	{+}	16,673
	BlackRock	BlkRck Hlth Sci Opport Prt IA	{+}	2,629
	Calvert	Calvert VP SRI Balanced Port	{+}	30,838
	Columbia	Columbia Sel Mid Cap Value A	{+}	5,235
	Delaware Ivy S&T	Delaware Ivy Sci & Tech Fnd Y	{+}	3,325
	Fidelity	Fidelity VIP Contrafund Pt I	{+}	411,372
	Fidelity	Fidelity VIP Eqty-Inc Prt I	{+}	5,645
	Fidelity	Fidelity VIP Growth Port I	{+}	12,644
	Franklin Temp Inv	Franklin Small Cap Val VIP 2	{+}	32,084
*	Invesco	Inv Dev Mrkts Fd A	{+}	62,913
*	Invesco	Invesco VI Amr Franchise Fd I	{+}	87,820
*	Invesco	Invesco VI Core Eqty Fund SI	{+}	11,377
	TCW Group	TCW Total Return Bond Fund N	{+}	12,174
*	Voya	VY AmCen Sm-MdCp VI Pt Srv	{+}	255
*	Voya	VY Col Contr Core Port Srv	{+}	11,823
*	Voya	VY TRwPr Divr MdCp Gr Pt I	{+}	65,027
*	Voya	VY TRwPr Grw Eqty Pt I	{+}	80,052
*	Voya	Voya Balanced Portfolio I	{+}	15,309
*	Voya	Voya Global Bond Port I	{+}	17,543
*	Voya	Voya Gov Money Market Port I	{+}	132,807
*	Voya	Voya Growth and Income Port I	{+}	75,836
*	Voya	Voya High Yield Port Ins	{+}	16,263
*	Voya	Voya Index Plus LargeCap Prt I	{+}	4,579
*	Voya	Voya Index Plus MidCap Prt I	{+}	19,883
*	Voya	Voya Index Plus SmallCap Prt I	{+}	1,044
*	Voya	Voya Intermediate Bond Prt I	{+}	53,192
*	Voya	Voya Large Cap Growth Prt Ins	{+}	3,404
*	Voya	Voya Russell LC VI Ind Prt S	{+}	2,716
*	Voya	Voya Russell LgCp Indx Prt I	{+}	164,435
*	Voya	Voya Russell MC Gr Ind Prt S	{+}	6,398
*	Voya	Voya Russell SmCp Indx Prt I	{+}	12,274
*	Voya	Voya SmCp Opport Port I	{+}	10,618
*	Voya	Voya Solution 2025 Port Srv	{+}	287
*	Voya	Voya Strategic Alloc Grw Prt I	{+}	236,758
		Total pooled separate accounts		\$ 1,996,354
	<b>Guaranteed Income Funds:</b>			
*	Voya	Voya Fixed Account 4660	{+}	\$ 678,738
	Prudential	Prudential Guaranteed Income Fund 6	{+}	117,317
		Total guaranteed income funds		\$ 796,055
	<b>Notes Receivable:</b>			
*	Notes receivable from participants - Matrix	Interest rates ranging from 5.25% - 10.50%	N/A	\$ 23,374
*	Notes receivable from participants - Voya	Interest rates ranging from 5.05% - 5.88%	N/A	9,655
		Total notes receivable		\$ 33,029
	Total			\$ 4,053,012

{+} Note: Cost information has been omitted, as such information was not available.  
\* Denotes party-in-interest.