

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic 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: NISIVOCCIA LLP 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): NISIVOCCIA LLP
2b Employer Identification Number (EIN): 22-1914888
2c Plan Sponsor's telephone number: 973-328-1825
2d Business code (see instructions): 541211

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 rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	174
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	143
	6a(2)	142
	6b	4
	6c	24
	6d	170
	6e	0
	6f	170
	6g(1)	148
	6g(2)	158
h	4	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b 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)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan NISIVOCIA LLP 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NISIVOCIA LLP</p>	<p>D Employer Identification Number (EIN) 22-1914888</p>	

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	819406	158	01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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

ASCENSUS **C/O FUTURE PLAN**
PO BOX 734602
CHICAGO, IA 60673

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		5

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	772138
5	Current value of plan's interest under this contract in separate accounts at year end.....	28166073
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 600099
c	Additions: (1) Contributions deposited during the year	7c(1) 50961
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 9625
	(4) Transferred from separate account	7c(4) 563891
	(5) Other (specify below)..... ▶	7c(5) 598
	(6) Total additions	7c(6) 625075
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1225174
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 452333
	(2) Administration charge made by carrier.....	7e(2) 502
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶	7e(4) 201
(5) Total deductions	7e(5) 453036	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 772138

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NISIVOCIA LLP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NISIVOCIA LLP	D Employer Identification Number (EIN) 22-1914888	

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 AND ANNUI

71-0294708

(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)

ASCENSUS

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?
49	OTHER SERVICES	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12721	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VOYA RETIREMENT ADVISORS, LLC

02-0488491

(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?
26	INVESTMENT ADVISOR	4920	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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?
64	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	77	Yes <input type="checkbox"/> No <input checked="" 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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ASCENSUS	49	12721
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VOYA RETIREMENT INSURANCE 71-0294708		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>NISIVOCIA LLP 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NISIVOCIA LLP</u>	D Employer Identification Number (EIN) <u>22-1914888</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB HIGH INCOME FUND Z</u>		
b Name of sponsor of entity listed in (a): <u>VOYA FINANCIAL</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>292604</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB LARGE CAP GRW FND Z</u>		
b Name of sponsor of entity listed in (a): <u>VOYA FINANCIAL</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1482137</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NW PRSPCTV R6</u>		
b Name of sponsor of entity listed in (a): <u>VOYA FINANCIAL</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>264048</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CARILLON EAGLE SM CAP GRW R6</u>		
b Name of sponsor of entity listed in (a): <u>VOYA FINANCIAL</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>95826</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA SEL MID CAP VALUE I3</u>		
b Name of sponsor of entity listed in (a): <u>VOYA FINANCIAL</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11217</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA EMERGING MARKETS PT INS</u>		
b Name of sponsor of entity listed in (a): <u>VOYA FINANCIAL</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>203246</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA INFL-PROT SEC PORT INS</u>		
b Name of sponsor of entity listed in (a): <u>VOYA FINANCIAL</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46712</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA INTL CORE EQUITY PORT INS**

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	288447
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA REAL ESTATE SECS PORT INS**

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	83250
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA US TARGETED VL PORT INS**

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25935
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO DIVRSD DIVIDEND FD R6**

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	484887
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS VALUE FUND R6**

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	238823
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGRD 500 INDEX FUND ADM**

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1832794
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGRD BALANCED INDEX FND ADM**

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	198039
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGRD HEALTH CARE IND FD ADM**

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	355827
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGRD INFO TECH INDX FD ADM**

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1411196
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGRD LIFESTRAT CNS GR FD INV**

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	727224
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD LIFESTRAT GRW FD INV		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14617112
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD LIFESTRAT INC FD INV		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7546
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD LIFESTRAT MD GRW FD INV		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 682917
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD MID-CAP INDEX FUND ADM		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 567377
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD SMALL-CAP INDEX FND ADM		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 555467
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD TOT BD MKT IND FD ADM		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 328791
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD TOT INT STK IN F ADM		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 606784
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD TOT ST MKT INDX FD ADM		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 601391
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA FIXED ACCOUNT (4062)		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 772138
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GV MNY MKT F A (HLD ACCT)		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25522

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2025 P Z

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16596
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2030 P Z

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	248351
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2035 P Z

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	126939
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2040 P Z

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	174853
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2045 P Z

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	160611
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2050 P Z

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	81030
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2055 P Z

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	466554
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2060 P Z

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	218738
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2065 P Z

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42674
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERMEDIATE BOND FUND R6

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

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	215489
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NISIVOCCIA LLP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NISIVOCCIA LLP	D Employer Identification Number (EIN) 22-1914888	

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	722052	760209
(2) Participant contributions	1b(2)	0	30500
(3) Other	1b(3)	0	5179
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	195493	203038
(2) U.S. Government securities	1c(2)	67531	363840
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	339673	429112
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	31844	46216
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		28140551
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24181196	998780
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	545235	698973
(15) Other	1c(15)	3302654	3430041

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	29385678	35106439
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	29385678	35106439

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	773551	
(B) Participants.....	2a(1)(B)	1527926	
(C) Others (including rollovers).....	2a(1)(C)	432210	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2733687
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	3401	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		3401
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	14804	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		14804
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3891928
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6643820

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	915385	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		915385
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2500	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	4924	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	250	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7674
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		923059

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5720761
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **THE CJ CPA GROUP, PLLC**

(2) EIN: **27-4461251**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NISIVOCIA LLP 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NISIVOCIA LLP</u>	D Employer Identification Number (EIN) <u>22-1914888</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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(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 _____

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(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814A.

Financial Statements and Supplemental Schedule
Nisivoccia LLP 401(k) Plan
*As of December 31, 2024 and 2023, and
for the Year Ended December 31, 2024*

Financial Statements and Supplemental Schedule

Nisivoccia LLP 401(k) Plan

As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

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* All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable, or the required information is shown in the financial statements or notes thereto.



Report of Independent Auditors

To the Plan Administrator and Participants of the
Nisivoccia LLP 401(k) Plan

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

We have performed an audit of the financial statements of Nisivoccia LLP 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Nisivoccia LLP 401(k) Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Nisivoccia LLP 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we—

- Exercise professional judgment and maintain professional skepticism throughout the 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 controls 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 Nisivoccia LLP 401(k) Plan's internal controls. 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 Nisivoccia LLP 401(k) Plan's ability to continue as a going concern for a reasonable period of time.



Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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

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

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

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule, including the Schedule H, Line 4i— Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that 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 GAAS. For information included in the supplemental schedule that agreed to or are derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

The CJ CPA Group, PLLC

Frisco, Texas
August 28, 2025

6801 Gaylord Parkway, Suite 302, Frisco, TX 75034 | 972.202.8000
1200 Summit Avenue, Suite 120, Fort Worth, TX 76102 | 817.336.7373
www.TheCJGroup.com

Statements of Net Assets Available For Benefits

As of December 31,	2024	2023
Assets:		
Investments, at fair value:		
Cash (interest bearing)	\$ 102,072	\$ 66,961
Money market funds	30,382	22,476
Mutual funds	551,696	23,785,852
Exchange traded funds	447,084	395,344
Pooled separate accounts	28,140,551	-
Corporate bonds	429,112	339,673
Municipal bonds	15,596	26,414
U.S. Treasury securities	363,840	67,531
Guaranteed interest contract	698,973	545,235
Brokered certificates of deposit	70,584	106,056
Cash surrender value of variable annuities	3,414,445	3,276,240
Total investments, at fair value	<u>34,264,335</u>	<u>28,631,782</u>
Receivables:		
Employee contributions receivable	30,500	-
Employer contributions receivable	760,209	722,052
Accrued interest income	5,179	-
Notes receivable from participants	46,216	31,844
Total receivables	<u>842,104</u>	<u>753,896</u>
Net assets available for benefits	\$ 35,106,439	\$ 29,385,678

Statement of Changes in Net Assets Available For Benefits

For the Year Ended December 31,

2024

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 3,891,928
Interest and dividend income	14,804
Total investment income, net	<u>3,906,732</u>

Interest income on notes receivable from participants 3,401

Contributions:

Employee contributions	1,527,926
Employer contributions	773,551
Rollover contributions	432,210
Total contributions	<u>2,733,687</u>
Total additions	<u>6,643,820</u>

Deductions:

Benefits paid to participants	915,385
Administrative expenses	7,674
Total deductions	<u>923,059</u>

Net change 5,720,761

Net assets available for benefits:

Beginning of year	29,385,678
End of year	<u>\$ 35,106,439</u>

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

1. Description of Plan

The following description of the Nisivoccia LLP 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan established January 1, 1992, available to qualifying employees of Nisivoccia LLP (the “Company” or “Plan Sponsor”) and related employer Wealthspring Financial Partners LLC (“Wealthspring”). The Plan is subject to the provisions of the Employee Retirement Income Security Act (“ERISA”) of 1974.

SECURE 2.0 Act

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023, which included the Setting Every Community Up Retirement Act (“SECURE”) 2.0 Act. SECURE Act 2.0 contains over 90 new retirement provisions, with varying effective dates through 2033. Since the provisions of SECURE Act 2.0 include both required and optional elements, applicable provisions will be evaluated and implemented in accordance with accompanying regulations and guidance prior to the deadline, December 31, 2026. Effective January 1, 2023, the age requirement for minimum distributions was raised to 73 from 72 for any participant who turns 72 on or after January 1, 2023. Certain provisions became effective for 2024, including changes to long-term part-time eligibility. These changes had no material impact on the Plan’s 2024 financial statements.

Plan Amendment

Effective July 1, 2023, the Plan was amended to exclude employees of Wealthspring from participating in the Plan.

Eligibility

Employees of the Company who are at least 21 years of age are eligible to participate in the Plan on the first day of the month following meeting the eligibility requirements. The Plan does not have a service requirement for plan participation,

Employees are eligible for non-elective employer contributions after completing 1,000 hours of service on the first day of the month coinciding with or next following the date the age and service requirements are met. Employees must be employed on the last day of the plan year to be eligible to receive non-elective employer contributions, regardless of service. Employees are eligible for employer matching contributions after completing 1,000 hours of service on the first day of the plan year in which requirements are met.

Contributions

Participant Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined by the Plan, not to exceed limits as set by the Internal Revenue Service (“IRS”). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (“rollover”). Participants have the option of designating a portion of their elective deferral contributions as after-tax “Roth” contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

1. Description of Plan (continued)

Contributions (continued)

Discretionary Profit-sharing Contributions

At the discretion of the Company, the Plan Sponsor may choose to make a discretionary profit-sharing contribution. For the year ended December 31, 2024, the Company authorized \$785,731 in discretionary profit-sharing contributions, and is included employer contributions receivable on the statement of net assets, net of \$25,522 of forfeitures utilized.

Employer Matching Contributions

At the discretion of the Company, the Plan Sponsor may choose to make an employer matching contribution equal to a uniform percentage of plan compensation. During the year ended December 31, 2024, the Company authorized no such employer matching contributions.

Contributions from plan participants and the associated matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company's contributions. Plan earnings are allocated based on participant account balances. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are valued daily to reflect income earned.

Vesting

Participants are always fully vested in their deferral contributions and any earnings thereon. Participants vest in any employer contributions according to the table below. The Plan allows for amounts forfeited by participants to be used to reduce the Company's employer contributions or to pay expenses associated with the operation and administration of the Plan.

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may not have more than one loan outstanding at any time. The loans are secured by the balance in the participant's account. The interest rates for loans are established by the Plan Sponsor in a nondiscriminatory manner. The loans are repaid ratably through payroll deductions over a period of five years or less, unless such loan is for the purchase of a participant's primary residence.

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

1. Description of Plan (continued)

Payment of Benefits

Upon termination of service due to death, disability, retirement or termination of employment, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in the form of a lump sum payment. A participant may withdraw part of the vested interest in his or her account upon attainment of age 59 ½, subject to the Plan's provisions. For account balances less than \$5,000, a single lump sum payment will be made automatically into an individual retirement account upon termination. The Plan also permits hardship distributions to participants that can demonstrate an immediate and heavy financial need.

Forfeited Accounts and Unallocated Accounts

During the year ended December 31, 2024, participants forfeited \$24,741 in prior employer contributions. As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$25,522 and \$13,342, respectively. These amounts will be used to reduce future expenses incurred by the Plan or employer contributions.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("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 amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) 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 investment advisers, trustee, custodian, and insurance company. Refer to Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants represent loans and are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recognized on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loans to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

2. Significant Accounting Policies (continued)

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain investment and administration fees are deducted directly from participant's investment returns. Transaction costs borne by the Plan are charged to the individual participant who initiated the transaction to which the charge relates by reducing the participant's account balance.

Recently Adopted and New Accounting Principles

In June 2016, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, and subsequent amendments to the initial guidance, ASU 2019-10. This accounting standard changes the methodology for measuring credit losses on financial instruments and the timing of when such losses are recorded. ASU No. 2016-13 is effective for fiscal years, and interim periods within those years, beginning after December 15, 2022. The Plan adopted the provisions of ASU 2016-13 for the year ended December 31, 2023. The adoption of this standard did not have a material impact on the Plan's financial statements.

Subsequent Events

Subsequent events have been evaluated through the date of the report of independent auditors, which is the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

3. Information Prepared and Certified by the Trustee and Custodian (unaudited)

The following information related to investments and activities related to these investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Retirement Insurance and Annuity Company ("Voya"), a custodian of the Plan:

As of December 31,	2024	2023
Money market funds	\$ 25,522	\$ 13,342
Mutual funds	-	23,260,921
Pooled separate accounts	28,140,551	-
Guaranteed interest contract	698,973	545,235
Notes receivable from participants	46,216	31,844
 For the Year Ended December 31,		2024
Investment income, net		3,384,413
Interest and dividend income		9,625
Interest income on notes receivable from participants		3,401

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

4. Fair Value Measurements

The fair value hierarchy prioritizes the inputs used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB accounting guidance 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: <ul style="list-style-type: none">• 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 or liability.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. Other than the matter noted in the Changes in Management's Assumptions section below, there have been no changes in the methodologies used at December 31, 2024 and 2023.

Cash (interest bearing): Valued at cost, which approximates fair value.

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end money market fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value ("NAV") and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

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. 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.

Exchange traded funds: Valued at their latest sale price as reported by the fund. The exchange traded funds held by the Plan are deemed to be actively traded.

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

4. Fair Value Measurements (continued)

Pooled separate accounts: Valued at the NAV (or “unit value”) of the units held by the Plan at year-end based on information reported by the custodian. The NAV is used as a practical expedient to estimate fair value. The NAV of each of the separate accounts is calculated in a manner consistent with the U.S. GAAP for investment companies and is determinative of their fair value and represent the price at which the Plan would be able to initiate a transaction. Several of the separate accounts invest in publicly quoted mutual funds or actively managed stocks. Some of the separate accounts also invest in fixed income securities. The fair value of the underlying mutual funds or stocks and of the underlying securities, which is based on quoted prices of similar assets, is used to determine the NAV of the separate account which is not publicly traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Municipal bonds: Valued at fair value determined by reference to quoted market prices and other relevant information generated by market transactions.

U.S. Treasury securities: Valued at fair value determined by reference to quoted market prices and other relevant information generated by market transactions.

Guaranteed interest contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations, considering credit-worthiness of the issuer.

Brokered certificates of deposit: Traded on a secondary market, which generally values these instruments by discounting the related cash flows based on current yields of similar instruments with comparable durations, as reported by the custodian.

Cash surrender value of variable annuities: This asset category represents separate variable annuity accounts that offers a wide range of investment opportunities including mutual funds and common stocks listed on major U.S. exchanges and fixed-income securities. The fair value of common stocks and other exchange traded investments that are publicly traded is based on the closing price per the principal stock exchange on which they are traded. The fair value of mutual funds is based on the NAVs of shares held at year-end.

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, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

4. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Cash (interest bearing)	\$ 102,072	\$ -	\$ -	\$ 102,072
Money market fund	30,382	-	-	30,382
Mutual funds	551,696	-	-	551,696
Exchange traded funds	447,084	-	-	447,084
Corporate bonds	429,112	-	-	429,112
Municipal bonds	15,596	-	-	15,596
U.S. Treasury securities	363,840	-	-	363,840
Guaranteed interest contract	-	698,973	-	698,973
Brokered certificates of deposit	-	70,584	-	70,584
Cash surrender value of variable annuities	-	-	3,414,445	3,414,445
Total assets in fair value hierarchy	\$ 1,939,782	\$ 769,557	\$ 3,414,445	\$ 6,123,784
Investments measured at net asset value (a)				28,140,551
Total investments, at fair value				\$ 34,264,335

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amount presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Cash (interest bearing)	\$ 66,961	\$ -	\$ -	\$ 66,961
Money market fund	22,476	-	-	22,476
Mutual funds	23,785,852	-	-	23,785,852
Exchange traded funds	395,344	-	-	395,344
Corporate bonds	339,673	-	-	339,673
Municipal bonds	26,414	-	-	26,414
U.S. Treasury securities	67,531	-	-	67,531
Guaranteed interest contract	-	545,235	-	545,235
Brokered certificates of deposit	-	106,056	-	106,056
Cash surrender value of variable annuities	-	-	3,276,240	3,276,240
Total assets in fair value hierarchy	\$ 24,704,251	\$ 651,291	\$ 3,276,240	\$ 28,631,782

The following tables summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

NOTES TO FINANCIAL STATEMENTS
As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

4. Fair Value Measurements (continued)

As of December 31, 2024:

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$28,140,551	N/A	Daily	12 months

Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets:

Balance, December 31, 2023	\$ 3,276,240
Earnings	373,715
Withdrawals	(235,510)
Balance, December 31, 2024	<u>\$ 3,414,445</u>

Valuation and Quantitative Information about Significant Unobservable Inputs

The Plan has not disclosed quantitative information about the significant unobservable inputs used in the measurement of Level 3 assets as these inputs are not developed by the Plan.

In estimating fair value of the investments in level 3, the Company uses third-party pricing sources from the Plan's custodians. In substantiating the reasonableness of the pricing data provided by third parties, the Company evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

5. Guaranteed Interest Contract with Voya Retirement Insurance and Annuity Company

The Plan has a guaranteed interest contract with Voya. Voya maintains the contributions in pooled unallocated accounts. The accounts are credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Voya. The contracts are included in the financial statements at fair value because they are not considered fully benefit responsive. While they promise contract value for a benefit event, such as termination or disability, there is a possible market value adjustment when the funds are withdrawn prior to maturity.

6. Related-Party and Party in Interest Transactions

The Plan invests in a guaranteed investment contract managed by Voya, a custodian of the Plan, therefore, this transaction qualifies as a party in interest transaction.

Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment. The Plan also made direct payments to the trustee, custodian, and third-party administrator totaling \$7,674. These costs incurred by the Plan are included in administrative expense on the statement of changes in net assets available for benefits. The Plan Sponsor pays directly any other fees related to the Plan's operations.

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

7. Income Tax Status

The Plan uses a non-standardized pre-approved profit sharing plan document sponsored by Ascensus LLC. Ascensus LLC received an opinion letter from the IRS dated June 30, 2020, which states that the Voya Standard Plan document satisfies the applicable provisions of the Internal Revenue Code (“IRC”). The Plan itself has not received a determination letter from the IRS and has since been amended; however, the Plan’s management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income tax has been included in the Plan’s financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan is subject to routine audits taken 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.

8. Termination of the Plan

While it has not expressed any intent to do so, the Company has the right under the terms of the Plan to terminate the Plan at any time. In the event of termination, the Plan provides that all amounts credited to the respective accounts of the participants shall be fully vested.

9. Risks and Uncertainties

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

Supplemental Schedule
Nisivoccia LLP 401(k) Plan
As of December 31, 2024

Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

EIN: 22-1914888

As of December 31, 2024

Plan Number: 001

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Current value	
Cash and Cash Equivalents:			
	Interest-bearing cash	\$	102,072
Money Market Funds:			
Fidelity	Fidelity Government Cash Reserve		4,860
* Voya	Voya Government Money Market Fund Account		25,522
	Total money market funds		<u>30,382</u>
Mutual Funds:			
American Funds	New World Fund Class F2		13,961
American Funds	Mortgage FD CL F2		55,376
Aristotle	Core Income Fund I2		50,669
Aristotle	Strategic Income Fund Class I2		16,919
Aristotle	Core Income Fund I2		25,047
Fidelity	Fidelity Capital & Income		20,249
Goldman Sachs	GQG Partners Intl Opp I		68,211
Guggenheim	Core Bond Fund Instl		35,077
MFS	International Equity Fund CL I		72,686
Neuburger Berman	Large Cap Value Inst		39,461
Oberweis	Small Cap Opportunities Instl		27,548
Putnam	Large Cap Value Fund CL Y		30,987
Seafarer	Overseas Growth & Inc Instl		25,896
Virtus Investments	KAR Mid Cap Core Fund Class I		69,609
	Total mutual funds		<u>551,696</u>
Exchange Traded Funds:			
First Trust	Water Extchange Traded Funds		18,981
Invesco	Exchange Traded Fund TR II NASDAQ 100		153,418
Invesco	Exchange Traded Fund TR S&P MDCP		39,388
Invesco	Exchange Traded Fund TR S&P 100		22,706
Invesco	Exchange Traded Fund TR S&P 500		140,964
Ishares	Flexible Income Active ETF		17,115
Ishares	TR JP Morgan Emerging Markets ETF		8,370
Ishares	TR 3-7 Year Treasury Bond		15,022
Ishares	TR 7-10 Year Treasury Bond		24,684
Ishares	Gold TR		6,436
	Total exchange traded funds		<u>447,084</u>
Pooled Separate Accounts:			
AB	High Income Fund Z		292,604
AB	Large Cap Growth Fund Z		1,482,137
American Funds	New Perspective R6		264,048
Carllion Eagle	Small Cap Growth R6		95,826
Columbia Sel	Mid Cap Value Fund I3		11,217
DFA	Emerging Markets Portfolio Inst		203,246
DFA	Inflation-Prot Securities Port Inst		46,712
DFA	International Core Equity Port Inst		288,447

Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

EIN: 22-1914888

As of December 31, 2024

Plan Number: 001

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Current value	
Pooled Separate Accounts (continued):			
DFA	Real Estate Securities Port Inst	\$ 83,250	
DFA	U.S. Targeted Value Port Inst	25,935	
Invesco	Difersified Dividend Fund R6	484,887	
MFS	Value Fund R6	238,823	
Vanguard	500 Index Fund Admiral	1,832,794	
Vanguard	Balanced Index Fund Admiral	198,039	
Vanguard	Health Care Index Admiral	355,827	
Vanguard	Info Tech Index Fund Admiral	1,411,196	
Vanguard	LifeStrat Conservative Growth Fund Investment	727,224	
Vanguard	LifeStrat Growth Fund Investment	14,617,112	
Vanguard	LifeStrat Income Fund Investment	7,546	
Vanguard	LifeStrat Mod Growth Fund Investment	682,917	
Vanguard	Mid-Cap Index Fund Admiral	567,377	
Vanguard	Small-Cap Index Fund Admiral	555,467	
Vanguard	Total Bond Market Index Fund Admiral	328,791	
Vanguard	Total International Stock Index Fund Admiral	606,784	
Vanguard	Total Stock Market Index Fund Admiral	601,391	
* Voya	Index Solution 2025 Portfolio Z	16,596	
* Voya	Index Solution 2030 Portfolio Z	248,351	
* Voya	Index Solution 2035 Portfolio Z	126,939	
* Voya	Index Solution 2040 Portfolio Z	174,853	
* Voya	Index Solution 2045 Portfolio Z	160,611	
* Voya	Index Solution 2050 Portfolio Z	81,030	
* Voya	Index Solution 2055 Portfolio Z	466,554	
* Voya	Index Solution 2060 Portfolio Z	218,738	
* Voya	Index Solution 2065 Portfolio Z	42,674	
* Voya	Intermediate Bond Fund R6	215,489	
* Voya	MidCap Opportunities Fund R	379,119	
Total pooled separate accounts			28,140,551
Corporate Bonds:			
Advocate Health & Hospitality Corp	4.27% 8/15/2048	3,326	
American Express	3.55% Perpetual Maturity	3,845	
AT&T Inc	4.30% 12/15/2042	3,328	
Athene Holdings LTD	6.15% 4/3/2030	10,389	
Avnet Inc	6.25% 3/15/2028	10,269	
Bank New York Mellon	4.70% Perpetual Maturity	3,962	
Bank of America Corp	4.33% 3/15/2050	2,456	
Block Financial LLC	5.25% 10/1/2025	10,010	
Boston PPTYS LTD	3.40% 6/21/2029	3,671	
Broadcom Corp/Broadcom Cayman	3.88% 1/15/2027	3,938	
CF IndustryInc	5.38% 3/15/2044	2,789	
CitiGroup Global	0.00% 7/6/2027	33,808	

Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

EIN: 22-1914888

As of December 31, 2024

Plan Number: 001

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor, or similar party		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Current value
Corporate Bonds (continued):			
CitiGroup Inc		5.25% 4/28/2028	\$ 9,895
CitiGroup Inc		3.98% 3/20/2030	3,819
Comcast Corp		4.15% 10/15/2028	2,926
CommonSpirit Health		3.35% 10/1/2029	3,726
Crown Castle Inc		4.30% 2/15/2029	2,903
CVS Health Corp		5.13% 7/20/2045	3,361
Dell International LLC/EMC Corp		6.20% 7/15/2030	3,144
Diamondback Energy Inc		3.13% 3/24/2031	3,536
Discovery Communications LLC		3.95% 3/20/2028	3,787
Energy Transfer LP		3.90% 7/15/2026	3,947
Energy Transfer LP		8.25% 11/15/2029	11,225
Global Payments Inc		5.30% 8/15/2029	10,018
Goldman Sachs Group Inc		3.50% 11/16/2026	4,889
GS Fin Corp		0.00% 3/5/2029	82,890
GS Fin Corp		0.00% 4/21/2027	65,910
HCA Inc		4.13% 6/15/2029	2,861
Jackson Financial Inc		5.17% 6/8/2027	10,043
Kraft Heinz Foods Co		5.00% 6/4/2042	3,593
Metlife Inc		3.58% Perpetual Maturity	3,927
Micron Technology Inc		5.38% 4/15/2028	10,105
Microsoft Corp		2.53% 6/1/2050	3,077
Morgan Stanley		4.43% 1/23/2030	3,893
Motorola Solutions Inc.		6.50% 11/15/2028	10,230
National Rural Utils Coop Financial		3.25% 11/1/2025	3,951
Northern STS Power Co		2.90% 3/1/2050	2,559
Pacific Gas & Electric Co		5.45% 6/15/2027	10,115
Paramount Global Bond		7.88% 7/30/2030	10,824
Parker-Hannifin Corp		3.25% 6/14/2029	3,745
Pioneer Natural Resources Co		1.90% 8/15/2030	3,408
Sonoco Products Co		2.85% 2/1/2032	3,398
Unum Group		7.25% 3/15/2028	10,542
Verizon Communications		3.88% 2/8/2029	3,858
Walgreens Boots Alliance Inc		3.20% 4/15/2030	4,821
Walmart Inc		4.05% 6/29/2048	2,464
Wells Fargo & Co.		7.57% 8/1/2026	10,380
Wells Fargo & Co.		4.01% 4/4/2051	3,551
Total corporate bonds			429,112

Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

EIN: 22-1914888

As of December 31, 2024

Plan Number: 001

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor, or similar party		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Current value
Municipal Bonds:			
California State		7.55% 4/1/2039	\$ 5,910
JobsOhio Beverage System Ohio Statewide		3.99% 1/1/2029	4,944
University California Revs Gen Rev		3.35% 7/1/2029	4,742
Total municipal bonds			15,596
U.S. Treasury Securities:			
United States Treasury Bond		6.75% 8/15/2026	6,245
United States Treasury Bond		5.00% 5/15/2037	3,108
United States Treasury Bond		3.50% 2/15/2039	2,630
United States Treasury Bond		2.25% 5/15/2041	11,354
United States Treasury Bond		3.13% 5/15/2048	2,247
United States Treasury Bond		1.88% 2/15/2051	5,005
United States Treasury Notes		2.38% 5/15/2027	3,831
United States Treasury Notes		2.88% 5/15/2028	9,552
United States Treasury Notes		4.50% 5/31/2029	316,504
United States Treasury Notes		1.88% 2/15/2032	3,364
Total U.S. Treasury securities			363,840
Guaranteed Interest Contract:			
* Voya		Fixed interest account	698,973
Brokered Certificates of Deposit:			
HSBC Bank USA		Index-Linked CD	70,584
Cash Surrender Value of Variable Annuities:			
AXA		Variable annuity accounts	151,109
Brighthouse		Variable annuity accounts	1,242,275
Jackson		Variable annuity accounts	48,157
Transamerica		Variable annuity accounts	1,972,904
Total cash surrender value of variable annuities			3,414,445
Total Investments			34,264,335
* Notes receivable from participants		Interest rates from 6.00% to 9.50%	46,216
Total Assets			\$ 34,310,551

* Represents a party-in-interest, as defined by ERISA.

Note: As all investments are participant-directed, column (d), cost, has been omitted.

Supplemental Schedule
Nisivoccia LLP 401(k) Plan
As of December 31, 2024

Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

EIN: 22-1914888

As of December 31, 2024

Plan Number: 001

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Current value	
Cash and Cash Equivalents:			
	Interest-bearing cash	\$	102,072
Money Market Funds:			
Fidelity	Fidelity Government Cash Reserve	4,860	
* Voya	Voya Government Money Market Fund Account	25,522	
Total money market funds			<u>30,382</u>
Mutual Funds:			
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Putnam	Large Cap Value Fund CL Y	30,987	
Seafarer	Overseas Growth & Inc Instl	25,896	
Virtus Investments	KAR Mid Cap Core Fund Class I	69,609	
Total mutual funds			<u>551,696</u>
Exchange Traded Funds:			
First Trust	Water Extchange Traded Funds	18,981	
Invesco	Exchange Traded Fund TR II NASDAQ 100	153,418	
Invesco	Exchange Traded Fund TR S&P MDCP	39,388	
Invesco	Exchange Traded Fund TR S&P 100	22,706	
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DFA	International Core Equity Port Inst	288,447	

Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

EIN: 22-1914888

As of December 31, 2024

Plan Number: 001

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor, or similar party		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Current value
Pooled Separate Accounts (continued):			
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DFA		U.S. Targeted Value Port Inst	25,935
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Vanguard		LifeStrat Growth Fund Investment	14,617,112
Vanguard		LifeStrat Income Fund Investment	7,546
Vanguard		LifeStrat Mod Growth Fund Investment	682,917
Vanguard		Mid-Cap Index Fund Admiral	567,377
Vanguard		Small-Cap Index Fund Admiral	555,467
Vanguard		Total Bond Market Index Fund Admiral	328,791
Vanguard		Total International Stock Index Fund Admiral	606,784
Vanguard		Total Stock Market Index Fund Admiral	601,391
* Voya		Index Solution 2025 Portfolio Z	16,596
* Voya		Index Solution 2030 Portfolio Z	248,351
* Voya		Index Solution 2035 Portfolio Z	126,939
* Voya		Index Solution 2040 Portfolio Z	174,853
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* Voya		Index Solution 2050 Portfolio Z	81,030
* Voya		Index Solution 2055 Portfolio Z	466,554
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* Voya		Intermediate Bond Fund R6	215,489
* Voya		MidCap Opportunities Fund R	379,119
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Bank of America Corp		4.33% 3/15/2050	2,456
Block Financial LLC		5.25% 10/1/2025	10,010
Boston PPTYS LTD		3.40% 6/21/2029	3,671
Broadcom Corp/Broadcom Cayman		3.88% 1/15/2027	3,938
CF IndustryInc		5.38% 3/15/2044	2,789
CitiGroup Global		0.00% 7/6/2027	33,808

Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

EIN: 22-1914888

As of December 31, 2024

Plan Number: 001

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor, or similar party		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Current value
Corporate Bonds (continued):			
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CitiGroup Inc		3.98% 3/20/2030	3,819
Comcast Corp		4.15% 10/15/2028	2,926
CommonSpirit Health		3.35% 10/1/2029	3,726
Crown Castle Inc		4.30% 2/15/2029	2,903
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Dell International LLC/EMC Corp		6.20% 7/15/2030	3,144
Diamondback Energy Inc		3.13% 3/24/2031	3,536
Discovery Communications LLC		3.95% 3/20/2028	3,787
Energy Transfer LP		3.90% 7/15/2026	3,947
Energy Transfer LP		8.25% 11/15/2029	11,225
Global Payments Inc		5.30% 8/15/2029	10,018
Goldman Sachs Group Inc		3.50% 11/16/2026	4,889
GS Fin Corp		0.00% 3/5/2029	82,890
GS Fin Corp		0.00% 4/21/2027	65,910
HCA Inc		4.13% 6/15/2029	2,861
Jackson Financial Inc		5.17% 6/8/2027	10,043
Kraft Heinz Foods Co		5.00% 6/4/2042	3,593
Metlife Inc		3.58% Perpetual Maturity	3,927
Micron Technology Inc		5.38% 4/15/2028	10,105
Microsoft Corp		2.53% 6/1/2050	3,077
Morgan Stanley		4.43% 1/23/2030	3,893
Motorola Solutions Inc.		6.50% 11/15/2028	10,230
National Rural Utils Coop Financial		3.25% 11/1/2025	3,951
Northern STS Power Co		2.90% 3/1/2050	2,559
Pacific Gas & Electric Co		5.45% 6/15/2027	10,115
Paramount Global Bond		7.88% 7/30/2030	10,824
Parker-Hannifin Corp		3.25% 6/14/2029	3,745
Pioneer Natural Resources Co		1.90% 8/15/2030	3,408
Sonoco Products Co		2.85% 2/1/2032	3,398
Unum Group		7.25% 3/15/2028	10,542
Verizon Communications		3.88% 2/8/2029	3,858
Walgreens Boots Alliance Inc		3.20% 4/15/2030	4,821
Walmart Inc		4.05% 6/29/2048	2,464
Wells Fargo & Co.		7.57% 8/1/2026	10,380
Wells Fargo & Co.		4.01% 4/4/2051	3,551
Total corporate bonds			429,112

Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

EIN: 22-1914888

As of December 31, 2024

Plan Number: 001

(a)	(b)	(c)	(e)
Identity of issuer, borrower, lessor, or similar party		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Current value
Municipal Bonds:			
California State		7.55% 4/1/2039	\$ 5,910
JobsOhio Beverage System Ohio Statewide		3.99% 1/1/2029	4,944
University California Revs Gen Rev		3.35% 7/1/2029	4,742
Total municipal bonds			15,596
U.S. Treasury Securities:			
United States Treasury Bond		6.75% 8/15/2026	6,245
United States Treasury Bond		5.00% 5/15/2037	3,108
United States Treasury Bond		3.50% 2/15/2039	2,630
United States Treasury Bond		2.25% 5/15/2041	11,354
United States Treasury Bond		3.13% 5/15/2048	2,247
United States Treasury Bond		1.88% 2/15/2051	5,005
United States Treasury Notes		2.38% 5/15/2027	3,831
United States Treasury Notes		2.88% 5/15/2028	9,552
United States Treasury Notes		4.50% 5/31/2029	316,504
United States Treasury Notes		1.88% 2/15/2032	3,364
Total U.S. Treasury securities			363,840
Guaranteed Interest Contract:			
* Voya		Fixed interest account	698,973
Brokered Certificates of Deposit:			
HSBC Bank USA		Index-Linked CD	70,584
Cash Surrender Value of Variable Annuities:			
AXA		Variable annuity accounts	151,109
Brighthouse		Variable annuity accounts	1,242,275
Jackson		Variable annuity accounts	48,157
Transamerica		Variable annuity accounts	1,972,904
Total cash surrender value of variable annuities			3,414,445
Total Investments			34,264,335
* Notes receivable from participants		Interest rates from 6.00% to 9.50%	46,216
Total Assets			\$ 34,310,551

* Represents a party-in-interest, as defined by ERISA.

Note: As all investments are participant-directed, column (d), cost, has been omitted.