

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND & AFFILIATES 401(K) PROFIT SHARING PLAN & TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1993
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 04-3142739
2c Plan Sponsor's telephone number: 607-559-5042
2d Business code (see instructions): 236200

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include 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	415
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)	239
	6a(2)	227
	6b	0
	6c	134
	6d	361
	6e	0
	6f	361
	6g(1)	360
	6g(2)	361
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:
2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND & AFFILIATES 401(K) PROFIT SHARING PLAN & TRUST</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND, INC.</p>	<p>D Employer Identification Number (EIN) 04-3142739</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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	D58-19649	398	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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(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	2297346
5	Current value of plan's interest under this contract in separate accounts at year end.....	69827192
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 checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 3375575
c	Additions: (1) Contributions deposited during the year	7c(1) 145137
	(2) Dividends and credits.....	7c(2) 1212
	(3) Interest credited during the year.....	7c(3) 45625
	(4) Transferred from separate account	7c(4) 11302429
	(5) Other (specify below)..... ▶ LOAN REPAYMENT	7c(5) 4639
	(6) Total additions	7c(6) 11499042
d	Total of balance and additions (add lines 7b and 7c(6))	7d 14874617
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 964588
	(2) Administration charge made by carrier.....	7e(2) 1486
	(3) Transferred to separate account	7e(3) 11607830
	(4) Other (specify below)..... ▶ LOAN WITHDRAWAL	7e(4) 3365
(5) Total deductions	7e(5) 12577269	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 2297348

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 NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND & AFFILIATES 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND, INC.	D Employer Identification Number (EIN) 04-3142739	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

CAMBRIDGE INVESTMENT RESEARCH

1776 PLEASANT PLAIN RD
FAIRFIELD, MA 52556

42-1445429

(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?
		0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	54216	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ARDITO TOSCANO AND MCCOLLUM PC

40 BAYFIELD DRIVE
NORTH ANDOVER, MA 01845

(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?
10	ACCOUNTANT	40000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 64		35572	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

IRON FIDUCIARY

99-9552241

(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?
27	ADVISOR	28372	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHNSON O'CONNOR FERON & CARUCCI LL

101 EDGEWATER DRIVE, SUITE 210
WAKEFIELD, MA 01880

(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?
17 37	THIRD PARTY FEE	22169	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONWIDE LIFE INSURANCE COMPANY

10 W NATIONWIDE BLVD 5-05-111V
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 64		7093	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
NATIONWIDE	15 19 64	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAMBRIDGE INVESTMENT RESEARCH		54216
(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.
CAMBRIDGE INVESTMENT RESEARC	1776 PLEASANT PLAIN RD FAIRFIELD, IA 52556	
42-1445429		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAMBRIDGE INVESTMENT RESEARCH		2151
(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.
CAMBRIDGE INVESTMENT RESEARC	1776 PLEASANT PLAIN RD FAIRFIELD, MA 52556	

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> 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>NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND & AFFILIATES 401(K) PROFIT SHARING PLAN & TRUST</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>NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND, INC.</u>	D Employer Identification Number (EIN) <u>04-3142739</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>AMFDS NEW WLD R6</u>		
b Name of sponsor of entity listed in (a): <u>AMERICAN FUNDS</u>		
c EIN-PN <u>31-4156830-000</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>2409612</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARTISAN INTL VAL INST</u>		
b Name of sponsor of entity listed in (a): <u>ARTISAN</u>		
c EIN-PN <u>31-4156830-000</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>5557625</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BAIRD AGGREGATE BD INST</u>		
b Name of sponsor of entity listed in (a): <u>BAIRD FUNDS</u>		
c EIN-PN <u>31-4156830-000</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>43971</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BAIRD COR PLS BD INST</u>		
b Name of sponsor of entity listed in (a): <u>BAIRD FUNDS</u>		
c EIN-PN <u>31-4156830-000</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>1379867</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BARON OPFR INST</u>		
b Name of sponsor of entity listed in (a): <u>BARON FUNDS</u>		
c EIN-PN <u>31-4156830-000</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>51394</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRK 80/20 TRGTALOC INST</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK</u>		
c EIN-PN <u>31-4156830-000</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>87102</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRK STRAT INC OPFR I</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK</u>		
c EIN-PN <u>31-4156830-000</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>27872</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: COHENSTRS REALEST SEC INST		
b Name of sponsor of entity listed in (a): COHEN & STEERS FUNDS		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325069
a Name of MTIA, CCT, PSA, or 103-12 IE: COL CONV SEC INST2		
b Name of sponsor of entity listed in (a): COLUMBIA		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1940
a Name of MTIA, CCT, PSA, or 103-12 IE: DBLINE TTL RTN BD N		
b Name of sponsor of entity listed in (a): DOUBLELINE		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44124
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMRG MKTS CORE EQ 2 PORTFOLIO		
b Name of sponsor of entity listed in (a): DFA		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54179
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL LGCAP GR		
b Name of sponsor of entity listed in (a): DFA		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 220365
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US CORE EQ 2 INST		
b Name of sponsor of entity listed in (a): DFA		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 693308
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US SMCAP INST		
b Name of sponsor of entity listed in (a): DFA		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30465
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGECOX INTL STK CLASS I		
b Name of sponsor of entity listed in (a): DODGE & COX		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120415
a Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS GOV OBLGTNS PRMR		
b Name of sponsor of entity listed in (a): FEDERATED HERMES		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21740
a Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS INST HIYLDBD INST		
b Name of sponsor of entity listed in (a): FEDERATED HERMES		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127687

a Name of MTIA, CCT, PSA, or 103-12 IE: **FED HRMS SHINTDTRLTBD INST**

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10422
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FID 500 INDX**

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9284978
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FID EXTD MKT INDX**

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	72493
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FID INFL PRTCT BD INDX**

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	256447
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FID INTMD TRSRY BD INDX**

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40880
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FID REALEST INDX**

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28074
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FID US BD INDX**

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1033453
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDADV CHINA REG INST**

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23938
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GDMNSCS CQCPTNRINTLOPPR R6**

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	73931
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GDMNSCS INSMCPINSIGHT INST**

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17322
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPM EQ INC R5		
b Name of sponsor of entity listed in (a): JP MORGAN		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101
a Name of MTIA, CCT, PSA, or 103-12 IE: LEGGM CLRBRDG LGCAP GR I		
b Name of sponsor of entity listed in (a): LEGG MASON		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65524
a Name of MTIA, CCT, PSA, or 103-12 IE: NW GENEVA SMCAPGR INST SVC		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4645029
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INTL BDUSDLRHDGINST		
b Name of sponsor of entity listed in (a): PIMCO		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1174235
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): PUTNAM		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6390450
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2010 FUND		
b Name of sponsor of entity listed in (a): NUVEEN		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 385
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2020 FUND		
b Name of sponsor of entity listed in (a): NUVEEN		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24478
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2025 FUND		
b Name of sponsor of entity listed in (a): NUVEEN		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 545203
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2030 FUND		
b Name of sponsor of entity listed in (a): NUVEEN		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2323398
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2035 FUND		
b Name of sponsor of entity listed in (a): NUVEEN		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5101460

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2040 FUND			
b Name of sponsor of entity listed in (a): NUVEEN			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	648325
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2045 FUND			
b Name of sponsor of entity listed in (a): NUVEEN			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	803895
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2050 FUND			
b Name of sponsor of entity listed in (a): NUVEEN			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1885805
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2055 FUND			
b Name of sponsor of entity listed in (a): NUVEEN			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1479051
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2060 FUND			
b Name of sponsor of entity listed in (a): NUVEEN			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1179391
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX RETIREMENT			
b Name of sponsor of entity listed in (a): NUVEEN			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	66346
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LGCAP GROWTH INDEX FND			
b Name of sponsor of entity listed in (a): NUVEEN			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	182717
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWEPR BLUE CHIP GR			
b Name of sponsor of entity listed in (a): T ROWE PRICE			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	945260
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD 500 INDEX FD AS			
b Name of sponsor of entity listed in (a): VANGUARD			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	621035
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EMRG MKT STKINDXADML			
b Name of sponsor of entity listed in (a): VANGUARD			
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	497193

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD FTSE SOC INDX ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 898591
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD GNMA ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3097
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD INFO TECH INDX ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41715
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD INTL GR ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD LT INVMT GRD ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59372
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD REALEST INDX ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26838
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD AMCAP VAL INDX ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126312
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TAXMGD SMCAP ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85954
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2030 INV		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30167
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2035 INV		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 257672

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2045 INV		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40460

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2050 INV		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 260

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2055 INV		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 201192

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TRGT RTRMT 2060 INV		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7886

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL BND MKT LDX ADM		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1025

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL INTL BD INX ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51173

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL INTLSTKINDX ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 889405

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL STMKT INDX FD AS		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2352553

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD WLSLY INC ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180298

a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD WNDSR ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8837856

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2065 FUND

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93456
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a Name of MTIA, CCT, PSA, or 103-12 IE: VIC SYC ESTBLSHD VAL I

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3253472
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-JPM EMRG MKT EQ A

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53939
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL MDCAP R6

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231802
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET BALANCED INDEX FUND

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

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1484723
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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.	OMB No. 1210-0110 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>NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND & AFFILIATES 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND, INC.</u>	D Employer Identification Number (EIN) <u>04-3142739</u>

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

		(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)	48485	43512
(2) Participant contributions	1b(2)	161995	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	501655	469572
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	66203356	69827194
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3375575	2297346
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	70291066	72637624
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	70291066	72637624

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)	1018942	
(B) Participants.....	2a(1)(B)	2933412	
(C) Others (including rollovers).....	2a(1)(C)	791969	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4744323
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)	37175	
(F) Other.....	2b(1)(F)	34201	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		71376
(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)	1177196	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1177196
(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)		8280941
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14273836

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11787919	
(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)		11787919
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		41618
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	97741	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		97741
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11927278

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2346558
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: **ARDITO, TOSCANO & MCCOLLUM, P.C.**

(2) EIN: **04-2774968**

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.		X	

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>NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND & AFFILIATES 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND, INC.</u>	D Employer Identification Number (EIN) <u>04-3142739</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
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 31-1592130

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

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

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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 _____.

**NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND
AND AFFILIATES 401(k) AND PROFIT SHARING PLAN & TRUST**

**DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**

**NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND AND AFFILIATES
401(k) AND PROFIT SHARING PLAN & TRUST**

**DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**

TABLE OF CONTENTS

Exhibit

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Independent Auditors' Report

A	Statements of Net Assets Available for Plan Benefits December 31, 2024 and 2023
B	Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2024
C	Notes to Financial Statements
D	Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024



Ardito, Toscano & McCollum, P.C.

Certified Public Accountants

Forty Bayfield Drive ■ North Andover, MA 01845 ■ 978-688-2880 ■ Fax 978-688-2759
Portsmouth, NH Office: 603-427-0900

Independent Auditors' Report

To the Benefits Plan Committee of the
National Development Associates of New England and Affiliates 401(k)
and Profit Sharing Plan & Trust:

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

We have performed audits of the accompanying financial statements of National Development Associates of New England and Affiliates 401(k) and Profit Sharing Plan & Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 National Development Associates of New England and Affiliates 401(k) and Profit Sharing Plan & Trust, an employee benefit plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the 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 8 to the financial statements is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by Nationwide Trust Company 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 audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of National Development Associates of New England and Affiliates 401(k) and Profit Sharing Plan & Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about National Development Associates of New England and Affiliates 401(k) and Profit Sharing Plan & Trust'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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of National Development Associates of New England and Affiliates 401(k) and Profit Sharing Plan & Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about National Development Associates of New England and Affiliates 401(k) and Profit Sharing Plan & Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Exhibit D (Schedule H Line 4i - *Schedules of Assets (Held at End of Year)*, together referred to as "supplemental information", as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Very truly yours,

ARDITO, TOSCANO + McCOLLUM PC

Ardito, Toscano & McCollum, P.C.
North Andover, Massachusetts
October 3, 2025

EXHIBIT A

**NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND AND AFFILIATES
401(k) AND PROFIT SHARING PLAN & TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Cash & cash equivalents	-	-
Investments, at fair value:		
Mutual funds	69,827,194	66,203,356
Investments, at fair value:	69,827,194	66,203,356
Investment, at contract value:		
Fixed Select Contract	2,297,346	3,375,575
Investment, at contract value:	2,297,346	3,375,575
Total investments	72,124,540	69,578,931
Receivables:		
Employer contributions	43,512	48,485
Employee contributions	-	161,995
Notes receivable from participants	573,682	595,235
Total receivables	617,194	805,715
Total Assets	\$ 72,741,734	\$ 70,384,646
Liabilities:		
Administrative fees payable	-	-
Total Liabilities	-	-
Net assets available for plan benefits	\$ 72,741,734	\$ 70,384,646

See Independent Auditors' Report and Notes to Financial Statements

**NATIONAL DEVELOPMENT OF NEW ENGLAND AND AFFILIATES
401(k) AND PROFIT SHARING PLAN & TRUST**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS**

FOR THE YEAR ENDED DECEMBER 31, 2024

	2024
Additions (Reductions):	
Investment income:	
Net appreciation (depreciation)	\$ 8,280,941
Dividends	\$ 1,177,196
Interest	34,201
Total investment income (loss)	9,492,338
Interest - participant loans	37,175
Contributions:	
Participant	2,933,412
Employer match	1,018,942
Rollovers	791,969
Total contributions	4,744,323
Total additions	14,273,836
Deductions:	
Benefits paid to participants	11,819,007
Administrative fees	97,741
Total deductions	11,916,748
Net increase (decrease)	2,357,088
Transfer of assets into the plan	-
Net assets available for plan benefits, beginning of year	70,384,646
Net assets available for plan benefits, end of year	\$ 72,741,734

See Independent Auditors' Report and Notes to Financial Statements

**NATIONAL DEVELOPMENT OF NEW ENGLAND AND AFFILIATES
401(k) AND PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

1. DESCRIPTION OF THE PLAN

The following description of the National Development of New England Associates and Affiliates 401(k) and Profit Sharing Plan & Trust (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all non-temporary employees of National Development of New England (the Company) who are age 21 or older. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The effective date of the original plan was January 1, 1993. The plan document was restated January 1, 2017.

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation as defined by the Plan. The plan also allows participants to elect Roth deferrals. 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 direct the investment of their contributions into various investment options offered by the plan. The Company contributes 50% of the participant's pre-tax and after-tax contributions up to a maximum of 6% of the participant's earnings. Additional profit sharing amounts may be contributed at the option of the Company's board of directors and are allocated based on the excess integrated allocation formula. No profit sharing contribution was made for 2024.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as Plan earnings. 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.

Distribution of Benefits

Upon termination of service due to death, disability, retirement, separation of service or hardship, a participant will receive an amount equal to the value of the vested interest in their account in the form of a lump sum distribution.

Hardship withdrawals for standard "safe harbor" reasons are also permitted. Participants age 59-1/2 years and older may also withdraw their vested contributions.

NOTES TO FINANCIAL STATEMENTS – Continued

Vesting

Participants are vested immediately in their contributions, rollover contributions and any net earnings thereon. Participants vest on Company matching contributions and net earnings thereon according to the following schedule:

<u>Completed Years of Service</u>	<u>Percent Vested</u>
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

Forfeitures

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$21,508 and \$47,292 respectively. These accounts may be used to reduce employer contributions or pay plan expenses. During 2024 and 2023, \$60,000 and \$67,885 were used to pay plan expenses and \$0 and \$0 were used to reduce the 2024 and 2023 employer contributions, respectively, from forfeited non-vested accounts.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance minus any outstanding balance for the prior 12 months. The loans are secured by the balance in the participant’s account. The loan interest rate, determined monthly, is set at a rate equal to the prevailing rate of interest charged by commercial lenders (usually prime plus 2%) under similar circumstances. The maximum term of loans is five years unless for the purchase of a principle residence, with borrowed funds being repaid through payroll deductions. Loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest.

On March 27, 2020 the Coronavirus Aid Relief and Economic Security Act (CARES Act) was signed into law. The CARES Act includes provisions for loan relief to delay certain required loan repayments for one year and increase loan limits up to \$100,000 or 10% of the participant’s vested balance for Coronavirus-related loans. The CARES Act provided for the increased loan limit for Coronavirus-related loans issued from March 27, 2020 through September 22, 2020. The loan relief includes a one-year suspension of loan repayments which applies to qualified participants’ loan payments due between March 27, 2020 and December 31, 2020. Following the suspension period, these loans will be re-amortized over the remaining period of the loans, plus the suspension period.

NOTES TO FINANCIAL STATEMENTS – Continued

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements have been prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value in the accompanying statement of net assets available for plan benefits. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

In March 2020, a provision for Coronavirus-related distributions (CRD) was implemented as part of the CARES Act. Through December 30, 2020, qualified participants are permitted to take a CRD of up to \$100,000 from their account balance. Participants who take a CRD have the option to have the distribution taxed over a three-year period, with the ability to recontribute up to the full amount of the distribution within three years and not be subject to federal income tax as a result.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTES TO FINANCIAL STATEMENTS – Continued

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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	<p>Inputs to the valuation methodology include:</p> <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. <p>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.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant 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. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds – Valued at the net asset value of the shares held by the Plan at year end as determined by quoted market prices.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value for the years ended December 31:

Description	2024			
	Total	Level 1	Level 2	Level 3
Cash & cash equivalents	\$ -	\$ -	\$ -	\$ -
Mutual funds	69,827,194	\$ 69,827,194	-	-
Nationwide Fixed Select Contract	2,297,346	-	-	2,297,346
Total investments in the fair value heirarchy	<u>\$ 72,124,540</u>	<u>\$ 69,827,194</u>	<u>\$ -</u>	<u>\$ 2,297,346</u>

NOTES TO FINANCIAL STATEMENTS – Continued

Description	2023			
	Total	Level 1	Level 2	Level 3
Cash & cash equivalents	\$ -	\$ -	\$ -	\$ -
Mutual funds	66,203,356	\$ 66,203,356	-	-
Nationwide Fixed Select				
Contract	<u>3,375,575</u>	<u>-</u>	<u>-</u>	<u>3,375,575</u>
Total investments in the fair value heirarchy	<u>\$ 69,578,931</u>	<u>\$ 66,203,356</u>	<u>\$ -</u>	<u>\$ 3,375,575</u>

4. GROUP ANNUITY CONTRACT WITH NATIONWIDE INSURANCE COMPANY

In 2017, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract, Fixed Select with Nationwide Insurance Company. The contract value was \$2,297,346 in 2024 and \$3,375,575 in 2023. The Nationwide Fixed Select contract is a fixed return product with annual interest rate guarantees (after first period). Deposits are guaranteed in both principal and interest by Nationwide Life Insurance Company. Amounts are held in Nationwide Life Insurance Company's general account and are credited on a net daily basis at annual effective rates. This contract is fully benefit responsive and is reported at contract value. The fair market value is equal to the contract value. The fair market value is equal to the contract value less any Contingent Deferred Sales Charge (CDSC), if applicable, and Market Value Adjustment.

The Fair Market Value for the Fixed Select contract is equal to the Book Value less any Contingent Deferred Sales Charge (CDSC). This contract currently does not have a CDSC.

The net rate, crediting rate and average yield earned are the same. The Fixed Select contract crediting rate is reset quarterly. For 2024, the Fixed Select rates were 1.84% (first quarter), 1.72% (second quarter), 1.60% (third quarter), 1.48% (fourth quarter). For 2023, the Fixed Select rates were 1.74% (first quarter), 1.84% (second quarter), 1.84% (third quarter), 1.84% (fourth quarter).

The Fixed Select contract does not have a maturity date. The provisions do not provide for a distribution at book value at some specified future date. A contract holder can request a lump sum distribution with a market value adjustment, or an installment payout, at book value, over a period of years. The Fixed Select contract continues in force until all assets have been distributed, or no further payments are due.

5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Nationwide Trust Company, the provider of brokerage services for Plan assets and, therefore, these transactions qualify as party-in-interest transactions. Participant loans also qualify as party-in-interest transactions.

NOTES TO FINANCIAL STATEMENTS – Continued

6. PLAN TERMINATION

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

7. TAX STATUS

The IRS has opined and informed the company by a letter dated March 31, 2014, that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the plan has been amended since receiving the opinion letter, the plan administrator believes that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor or IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that, as of December 31, 2024 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

8. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, the trustee of the Plan, has certified that the following unaudited information included in the accompanying financial statements and supplemental schedule is complete and accurate:

Investments and notes receivable from participants, as reported in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023.

Net appreciation in fair value of investments, interest and dividend income, interest income from notes receivable from participants, and other income as shown in the Statement of Changes in Net Assets Available for Benefits

All investment information included in the Supplemental Schedule – Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024

Accordingly, at the request of the plan administrator, this information has not been audited by the Plan's independent auditors, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTES TO FINANCIAL STATEMENTS – Continued

9. RISKS AND UNCERTAINTIES

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

On March 11, 2020, the World Health Organization categorized Coronavirus Disease 2019 (“COVID-19”) as a pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets and has affected, and may continue to affect, the Plan's financial investments. The potential impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and the Company is not able at this time to estimate its full impact on the Plan's financial statements.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of note receivable from participants per the financial statements to the Form 5500 as of and for the year ended December 31, 2024:

Note receivable from participants per the financial statements	\$ 573,682
Less: 2024 Participants loan considered as deemed distribution	\$ (41,618)
Less: Prior year Participants loan considered as deemed distribution	\$ (62,492)
Note receivable from participant per the Form 5500	<u>\$ 469,572</u>

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500 as of and for the year ended December 31, 2024:

Net assets available for plan benefits per the financial statements	\$ 72,741,734
Less: 2024 Participants loan considered as deemed distribution	\$ (41,618)
Less: Prior year Participants loan considered as deemed distribution	\$ (62,492)
Net assets available for plan benefits per the Form 5500	<u>\$ 72,637,624</u>

NOTES TO FINANCIAL STATEMENTS – Continued

The following is a reconciliation of Benefits paid per the financial statements to the Form 5500 as of and for the year ended December 31, 2024:

Benefit paid per financial statements	\$ 11,819,007
Less: Previously deemed distribution corrected	\$ (18,785)
Less: Loan offset previously been deemed	\$ (12,303)
Benefits paid per the Form 5500	<u>\$ 11,787,919</u>

The following is a reconciliation of deemed distribution of participant loans per the financial statements to the Form 5500 as of and for the year ended December 31, 2024:

Deemed distributions of participants' loans per financial statements	\$ -		
Add: 2024 deemed distributions of participants' loans	41,618		
Deemed distribution of participants' loans per the Form 5500	<u>\$ 41,618</u>		

The following is a reconciliation of net income per the financial statements to the Form 5500 as of and for the year ended December 31, 2024:

Net increase (decrease) per financial statements	\$ 2,357,088		
Less: 2024 deemed distribution of participants' loans	\$ (41,618)		
Add: Previously deemed distribution corrected	\$ 18,785		
Add: Loan offset previously been deemed	\$ 12,303		
Net income per the Form 5500	<u>\$ 2,346,558</u>		

11. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 3, 2025, the date on which the financial statements were available to be issued.

EXHIBIT D

**NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND AND AFFILIATES
401(k) AND PROFIT SHARING PLAN & TRUST
EIN: 04-3142739
PLAN 001**

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	American Fund New World R6	Mutual fund	**	2,409,612
	Artisan International Value Fund Inst. Class	Mutual fund	**	5,557,625
	Baird Aggregate Plus Bond Fund Class Instit	Mutual fund	**	43,971
	Baird Core Plus Bond Fund Class Instit	Mutual fund	**	1,379,867
	Baron Oppr Inst	Mutual fund	**	51,394
	Blkrk 80/20 Trgtalloc Ins	Mutual fund	**	87,102
	Blkrk Strategic Income Opprtunity I	Mutual fund	**	27,872
	Cohen & Steers Real Estate Sec Fund Inc.	Mutual fund	**	325,069
	Columbia Convertible Securities Fund Instit.	Mutual fund	**	1,940
	Double Line Total Return Bond N Fund	Mutual fund	**	44,124
	DFA Emerging Market Core Equity 2 Portfolio	Mutual fund	**	54,179
	DFA International Large Cap Growth Portfolio	Mutual fund	**	220,365
	DFA U.S. Core Equity II Portfolio Institutional Class	Mutual fund	**	693,308
	DFA US Small Cap Inst	Mutual fund	**	30,465
	Dodge & Cox International Stock Fund Class 1	Mutual fund	**	120,415
	Federal Hermes Government Obligations Premier Fun	Mutual fund	**	21,740
	Federated Hermes Instit. High Yield Bond Fund Instl	Mutual fund	**	127,687
	Federated Herms Instit. Short-Intermediate Total Retu	Mutual fund	**	10,422
	Fid 500 Index	Mutual fund	**	9,284,978
	Fid Extended Market Index	Mutual fund	**	72,493
	Fid Inflatio Pract BD Index	Mutual fund	**	256,447
	Fid Intermediate Treasury Bond Index	Mutual fund	**	40,880
	Fid Real Estate Index Fund	Mutual fund	**	28,074
	Fid US Bd index	Mutual fund	**	1,033,453
	Fidadv China Reg Inst	Mutual fund	**	23,938
	Goldman Sachs GQG Partners International Oppertuni	Mutual fund	**	73,931
	Goldman Sachs Int Small Cap Insight Inst	Mutual fund	**	17,322
	JP Morgan Equity Income Fund Class R5	Mutual fund	**	101
	Legg Mason Clear Bridge Large Cap Growth Fund C	Mutual fund	**	65,524

EXHIBIT D

**NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND AND AFFILIATES
401(k) AND PROFIT SHARING PLAN & TRUST
EIN: 04-3142739
PLAN 001**

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Current Value	
Nationwide Geneva Small Cap Growth Fund; Inst Svc	Mutual fund	**	4,645,029	
PIMCO International Bond Fund	Mutual fund	**	1,174,235	
Putnam Large Cap Growth Fund - Class Y	Mutual fund	**	6,390,450	
Nuveen Lifecycle Index 2010 Fund Instit. Class	Mutual fund	**	385	
Nuveen Lifecycle Index 2020 Fund Instit. Class	Mutual fund	**	24,478	
Nuveen Lifecycle Index 2025 Fund Instit. Class	Mutual fund	**	545,203	
Nuveen Lifecycle Index 2030 Fund Instit. Class	Mutual fund	**	2,323,398	
Nuveen Lifecycle Index 2035 Fund Instit. Class	Mutual fund	**	5,101,460	
Nuveen Lifecycle Index 2040 Fund Instit. Class	Mutual fund	**	648,325	
Nuveen Lifecycle Index 2045 Fund Instit. Class	Mutual fund	**	803,895	
Nuveen Lifecycle Index 2050 Fund Instit. Class	Mutual fund	**	1,885,805	
Nuveen Lifecycle Index 2055 Fund Instit. Class	Mutual fund	**	1,479,051	
Nuveen Lifecycle Index 2060 Fund Instit. Class	Mutual fund	**	1,179,391	
Nuveen Lifecycle Index Retirement Income Fund -CLASS R6	Mutual fund	**	66,346	
Nuveen Large Cap Growth Index Fund - CLASS R6 +	Mutual fund	**	182,717	
T. Rowe Price Blue Chip Growth Fund	Mutual fund	**	945,260	
Vanguard 500 Index Fund Admiral Shares	Mutual fund	**	621,035	
Vanguard Emerging Markets Stock Index Fund Admiral	Mutual fund	**	497,193	
Vanguard FTSE Social Index Fund Investor Shares	Mutual fund	**	898,591	
Vanguard GNMA Fund Admiral	Mutual fund	**	3,097	
Vanguard Info Tech Indx Adml	Mutual fund	**	41,715	
Vanguard International Growth Fund Admiral Shares	Mutual fund	**	20	
Vanguard Lt Investment Grd Adml	Mutual fund	**	59,372	

EXHIBIT D

**NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND AND AFFILIATES
401(k) AND PROFIT SHARING PLAN & TRUST
EIN: 04-3142739
PLAN 001**

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

DECEMBER 31, 2024

Identity of Issue	Description of Investment	Cost	Current Value
Vanguard Realest Index Adml	Mutual fund	**	26,838
Vanguard Small Cap Value Index Admiral Shares	Mutual fund	**	126,312
Vanguard Taxmgsd Small Cap Admiral Shares	Mutual fund	**	85,954
Vanguard Target Retirement 2030 Investor	Mutual fund	**	30,167
Vanguard Target Retirement 2035 Investor	Mutual fund	**	257,672
Vanguard Target Retirement 2045 Investor	Mutual fund	**	40,460
Vanguard Target Retirement 2050 Investor	Mutual fund	**	260
Vanguard Target Retirement 2055 Investor	Mutual fund	**	201,192
Vanguard Target Retirement 2060 Investor	Mutual fund	**	7,886
Vanguard Total Bond Market Index Fund Admiral Shaes	Mutual fund	**	1,025
Vanguard Total International Bond Index Fund Adm	Mutual fund	**	51,173
Vanguard Total International Stock Index Fund Adm	Mutual fund	**	889,405
Vanguard Total Stock Market Index Fund Admiral	Mutual fund	**	2,352,553
Vanguard Wellesley Income Fund Admiral Shares	Mutual fund	**	180,298
Vanguard Windsor Fund Admiral Shares	Mutual fund	**	8,837,856
Nuveen Lifecycle Index 2065 Fund Class R6	Mutual fund	**	93,456
Victory Sycamore Established Value Fund class I	Mutual fund	**	3,253,472
JP Morgan Emerging Market Equity Fund - A	Mutual fund	**	53,939
Principal MidCap Fund Class R6	Mutual fund	**	231,802
State Street Balanced Index Fund Class K	Mutual fund	**	1,484,723
* Nationwide Fixed Select Contract	Mutual fund	**	2,297,346
Total investments at fair value			72,124,538
* Participant loans	5.25-10.50%		573,682
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			<u>\$ 72,698,220</u>

* Represents a party-in-interest to the Plan

** Cost omitted for participant directed investments

EXHIBIT D

**NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND AND AFFILIATES
401(k) AND PROFIT SHARING PLAN & TRUST
EIN: 04-3142739
PLAN 001**

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	American Fund New World R6	Mutual fund	**	2,409,612
	Artisan International Value Fund Inst. Class	Mutual fund	**	5,557,625
	Baird Aggregate Plus Bond Fund Class Instit	Mutual fund	**	43,971
	Baird Core Plus Bond Fund Class Instit	Mutual fund	**	1,379,867
	Baron Oppr Inst	Mutual fund	**	51,394
	Blkrk 80/20 Trgtalloc Ins	Mutual fund	**	87,102
	Blkrk Strategic Income Opprtunity I	Mutual fund	**	27,872
	Cohen & Steers Real Estate Sec Fund Inc.	Mutual fund	**	325,069
	Columbia Convertible Securities Fund Instit.	Mutual fund	**	1,940
	Double Line Total Return Bond N Fund	Mutual fund	**	44,124
	DFA Emerging Market Core Equity 2 Portfolio	Mutual fund	**	54,179
	DFA International Large Cap Growth Portfolio	Mutual fund	**	220,365
	DFA U.S. Core Equity II Portfolio Institutional Class	Mutual fund	**	693,308
	DFA US Small Cap Inst	Mutual fund	**	30,465
	Dodge & Cox International Stock Fund Class 1	Mutual fund	**	120,415
	Federal Hermes Government Obligations Premier Fun	Mutual fund	**	21,740
	Federated Hermes Instit. High Yield Bond Fund Instl	Mutual fund	**	127,687
	Federated Herms Instit. Short-Intermediate Total Retu	Mutual fund	**	10,422
	Fid 500 Index	Mutual fund	**	9,284,978
	Fid Extended Market Index	Mutual fund	**	72,493
	Fid Inflatio Pract BD Index	Mutual fund	**	256,447
	Fid Intermediate Treasury Bond Index	Mutual fund	**	40,880
	Fid Real Estate Index Fund	Mutual fund	**	28,074
	Fid US Bd index	Mutual fund	**	1,033,453
	Fidadv China Reg Inst	Mutual fund	**	23,938
	Goldman Sachs GQG Partners International Oppertuni	Mutual fund	**	73,931
	Goldman Sachs Int Small Cap Insight Inst	Mutual fund	**	17,322
	JP Morgan Equity Income Fund Class R5	Mutual fund	**	101
	Legg Mason Clear Bridge Large Cap Growth Fund C	Mutual fund	**	65,524

EXHIBIT D

**NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND AND AFFILIATES
401(k) AND PROFIT SHARING PLAN & TRUST
EIN: 04-3142739
PLAN 001**

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Current Value	
Nationwide Geneva Small Cap Growth Fund; Inst Svc	Mutual fund	**	4,645,029	
PIMCO International Bond Fund	Mutual fund	**	1,174,235	
Putnam Large Cap Growth Fund - Class Y	Mutual fund	**	6,390,450	
Nuveen Lifecycle Index 2010 Fund Instit. Class	Mutual fund	**	385	
Nuveen Lifecycle Index 2020 Fund Instit. Class	Mutual fund	**	24,478	
Nuveen Lifecycle Index 2025 Fund Instit. Class	Mutual fund	**	545,203	
Nuveen Lifecycle Index 2030 Fund Instit. Class	Mutual fund	**	2,323,398	
Nuveen Lifecycle Index 2035 Fund Instit. Class	Mutual fund	**	5,101,460	
Nuveen Lifecycle Index 2040 Fund Instit. Class	Mutual fund	**	648,325	
Nuveen Lifecycle Index 2045 Fund Instit. Class	Mutual fund	**	803,895	
Nuveen Lifecycle Index 2050 Fund Instit. Class	Mutual fund	**	1,885,805	
Nuveen Lifecycle Index 2055 Fund Instit. Class	Mutual fund	**	1,479,051	
Nuveen Lifecycle Index 2060 Fund Instit. Class	Mutual fund	**	1,179,391	
Nuveen Lifecycle Index Retirement Income Fund -CLASS R6	Mutual fund	**	66,346	
Nuveen Large Cap Growth Index Fund - CLASS R6 +	Mutual fund	**	182,717	
T. Rowe Price Blue Chip Growth Fund	Mutual fund	**	945,260	
Vanguard 500 Index Fund Admiral Shares	Mutual fund	**	621,035	
Vanguard Emerging Markets Stock Index Fund Admiral	Mutual fund	**	497,193	
Vanguard FTSE Social Index Fund Investor Shares	Mutual fund	**	898,591	
Vanguard GNMA Fund Admiral	Mutual fund	**	3,097	
Vanguard Info Tech Indx Adml	Mutual fund	**	41,715	
Vanguard International Growth Fund Admiral Shares	Mutual fund	**	20	
Vanguard Lt Investment Grd Adml	Mutual fund	**	59,372	

EXHIBIT D

**NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND AND AFFILIATES
401(k) AND PROFIT SHARING PLAN & TRUST
EIN: 04-3142739
PLAN 001**

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

DECEMBER 31, 2024

Identity of Issue	Description of Investment	Cost	Current Value
Vanguard Realest Index Adml	Mutual fund	**	26,838
Vanguard Small Cap Value Index Admiral Shares	Mutual fund	**	126,312
Vanguard Taxmgsd Small Cap Admiral Shares	Mutual fund	**	85,954
Vanguard Target Retirement 2030 Investor	Mutual fund	**	30,167
Vanguard Target Retirement 2035 Investor	Mutual fund	**	257,672
Vanguard Target Retirement 2045 Investor	Mutual fund	**	40,460
Vanguard Target Retirement 2050 Investor	Mutual fund	**	260
Vanguard Target Retirement 2055 Investor	Mutual fund	**	201,192
Vanguard Target Retirement 2060 Investor	Mutual fund	**	7,886
Vanguard Total Bond Market Index Fund Admiral Shaes	Mutual fund	**	1,025
Vanguard Total International Bond Index Fund Adm	Mutual fund	**	51,173
Vanguard Total International Stock Index Fund Adm	Mutual fund	**	889,405
Vanguard Total Stock Market Index Fund Admiral	Mutual fund	**	2,352,553
Vanguard Wellesley Income Fund Admiral Shares	Mutual fund	**	180,298
Vanguard Windsor Fund Admiral Shares	Mutual fund	**	8,837,856
Nuveen Lifecycle Index 2065 Fund Class R6	Mutual fund	**	93,456
Victory Sycamore Established Value Fund class I	Mutual fund	**	3,253,472
JP Morgan Emerging Market Equity Fund - A	Mutual fund	**	53,939
Principal MidCap Fund Class R6	Mutual fund	**	231,802
State Street Balanced Index Fund Class K	Mutual fund	**	1,484,723
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Total investments at fair value			72,124,538
* Participant loans	5.25-10.50%		573,682
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			<u>\$ 72,698,220</u>

* Represents a party-in-interest to the Plan

** Cost omitted for participant directed investments

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: [X] a single-employer plan [] a DFE (specify)
[] the first return/report [] the final return/report
[] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program
[] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information - enter all requested information

1a Name of plan: NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND & AFFILIATES 401(K) PROFIT SHARING PLAN & TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan): NATIONAL DEVELOPMENT ASSOCIATES OF NEW ENGLAND, INC
Mailing address (include room, apt., suite no. and street, or P.O. Box): 2310 WASHINGTON STREET, NEWTON LOWER FALLS, MA 02162-1449
2b Employer Identification Number (EIN): 04-3142739
2c Plan Sponsor's telephone number: 607-559-5042
2d Business code (see instructions): 236200

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include signatures for Diane Breed as 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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	415
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	239
a (2) Total number of active participants at the end of the plan year	6a(2)	227
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	134
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	361
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	361
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	360
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	361
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	15
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:
2E 2F 2G 2J 2K 2T 3D

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

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

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