

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: LITMANGERSON ASSOCIATES, LLP SALARY REDUCTION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1990
2a Plan sponsor's name (employer, if for a single-employer plan): LITMANGERSON ASSOCIATES, LLP SALARY REDUCTION PLAN
2b Employer Identification Number (EIN): 04-2694095
2c Plan Sponsor's telephone number: 781-569-4700
2d Business code (see instructions): 541211

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for 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 | 147 |
| 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) | 122 |
| | 6a(2) | 146 |
| | 6b | 2 |
| | 6c | 27 |
| | 6d | 175 |
| | 6e | 0 |
| | 6f | 175 |
| | 6g(1) | 132 |
| 6g(2) | 148 | |
| 6h | 0 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2J 2K 2F 2G 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 type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
|--|--|---|
| 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. |
|--|--|---|

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

| | | |
|---|---|-----|
| A Name of plan LITMANGERSON ASSOCIATES, LLP SALARY REDUCTION PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 LITMANGERSON ASSOCIATES, LLP SALARY REDUCTION PLAN | D Employer Identification Number (EIN) 04-2694095 | |

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

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

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)

INTEGRATED WEALTH CONCEPTS LLC

81-3433658

| (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 | 33360 | 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 37 64 65 | RECORDKEEPER | 14913 | 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)

STRATEGIC ADVISORS, INC.

04-2654524

| (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 | 936 | 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 |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|---|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <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 <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A Name of plan <u>LITMANGERSON ASSOCIATES, LLP SALARY REDUCTION PLAN</u> | B Three-digit plan number (PN) ▶ <u>002</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LITMANGERSON ASSOCIATES, LLP SALARY REDUCTION PLAN</u> | D Employer Identification Number (EIN) <u>04-2694095</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) |
|---------------|--|

| | | |
|--|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STD STABLE ASSET 2</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC</u> | | |
| c EIN-PN <u>04-2647786-000</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>23497</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRK LP IDX 2065 K</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC</u> | | |
| c EIN-PN <u>04-2647786-000</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>159865</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DODGE & COX INCOME I</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC</u> | | |
| c EIN-PN <u>04-2647786-000</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>181134</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIRST EAGLE GLBL R6</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC</u> | | |
| c EIN-PN <u>04-2647786-000</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>5231</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRK LP IDX 2060 K</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC</u> | | |
| c EIN-PN <u>04-2647786-000</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>692070</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>C&S REAL ESTATE A</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC</u> | | |
| c EIN-PN <u>04-2647786-000</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>103330</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRK HI YLD INST</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC</u> | | |
| c EIN-PN <u>04-2647786-000</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>57583</u> |

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|---|------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL VALUE I | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85807 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANG VALUE IDX ADM | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 364928 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANG INTL GROWTH ADM | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256998 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRP MID CAP VALUE | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83045 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AF BALANCED R6 | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139441 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AM CENT EMG MKTS R6 | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 785133 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GRTH R6 | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69969 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AF US GOVT SEC R6 | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164775 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JPM LG CAP GROWTH R6 | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 644366 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANG SMCP GR IDX ADM | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66834 |

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|---|------------------------|---|---------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANG SMCPVL IDX ADM | | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 202249 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK LP IDX RTMT K | | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4620885 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK LP IDX 2030 K | | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2273671 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK LP IDX 2040 K | | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3803478 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK LP IDX 2050 K | | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1063449 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK LP IDX 2035 K | | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1630340 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK LP IDX 2045 K | | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 90045 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK LP IDX 2055 K | | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 559540 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FID 500 INDEX | | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1159860 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FID MID CAP IDX | | | |
| b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | | | |
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 221900 |

a Name of MTIA, CCT, PSA, or 103-12 IE: FID SM CAP IDX

b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC

| | | |
|--------------------------------|------------------------|--|
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118610 |
|--------------------------------|------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: FID GOVT MMKT K6

b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC

| | | |
|--------------------------------|------------------------|--|
| c EIN-PN 04-2647786-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1310 |
|--------------------------------|------------------------|--|

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) |
|-----------------|----------------------|---|

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) |
|-----------------|----------------------|---|

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) |
|-----------------|----------------------|---|

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) |
|-----------------|----------------------|---|

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) |
|-----------------|----------------------|---|

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) |
|-----------------|----------------------|---|

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) |
|-----------------|----------------------|---|

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) |
|-----------------|----------------------|---|

| | | |
|--|--|---|
| 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 |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan LITMANGERSON ASSOCIATES, LLP SALARY REDUCTION PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 LITMANGERSON ASSOCIATES, LLP SALARY REDUCTION PLAN | D Employer Identification Number (EIN) 04-2694095 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| Assets | (a) Beginning of Year | (b) End of Year |
|--|------------------------------|------------------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | 576968 641656 |
| (2) Participant contributions | 1b(2) | 72440 0 |
| (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) | 39405 39128 |
| (9) Value of interest in common/collective trusts | 1c(9) | 603354 23497 |
| (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) | 15880293 19605846 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | |
| (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 | 17172460 | 20310127 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 17172460 | 20310127 |

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) | 641656 | |
| (B) Participants..... | 2a(1)(B) | 1530820 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 1057981 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 3230457 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 54 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | 2528 | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 2582 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | 537283 | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (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) | | 1394578 |
| (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) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 5164900 |

Expenses

| | | | |
|---|--------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1978024 | |
| (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) | | 1978024 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 14913 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 34296 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 49209 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 2027233 |

Net Income and Reconciliation

| | | | |
|---|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 3137667 |
| 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: **WOJESKI & COMPANY CPAS, P.C.**

(2) EIN: **14-1798364**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

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

| | | |
|--|--|------------|
| A Name of plan <u>LITMANGERSON ASSOCIATES, LLP SALARY REDUCTION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>LITMANGERSON ASSOCIATES, LLP SALARY REDUCTION PLAN</u> | D Employer Identification Number (EIN) <u>04-2694095</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

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

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-2647786

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 Q702438A.

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

**Financial Statements and
Independent Auditor's Report**

December 31, 2024 and 2023

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

December 31, 2024 and 2023

Financial Statements

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of
LitmanGerson Associates, LLP Salary Reduction Plan

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

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

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

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

Opinion on the 2024 Financial Statements

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

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

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

Responsibilities of Management for the 2024 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on the Compilation of the 2023 Financial Statement

Plan management is responsible for the financial statements of the Plan, which comprise the statement of net assets available for benefits as of December 31, 2023, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements as of December 31, 2023.

Supplemental Schedules Required by ERISA

The supplemental schedule, as listed in the accompanying index as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information

included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Wojeski & Company, CPAs, P.C.

Albany, New York
October 8, 2025

LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN

Statements of Net Assets Available for Benefits

| | December 31, | |
|---------------------------------------|--------------------------|--------------------------|
| | <u>2024</u> | <u>2023</u> |
| ASSETS | | |
| Investments, at fair value | \$ 19,629,433 | \$ 16,483,647 |
| Receivables: | | |
| Employer contributions | 641,656 | 576,968 |
| Participants' contributions | - | 72,440 |
| Notes receivable from participants | <u>39,128</u> | <u>39,405</u> |
| | <u>680,784</u> | <u>688,813</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 20,310,217</u> | <u>\$ 17,172,460</u> |

See accompanying notes to financial statements.

LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2024

ADDITIONS:

Additions to net assets attributed to:

Investment income:

| | |
|---|------------------|
| Net appreciation in fair value of investments | \$ 1,394,577 |
| Interest and dividends | 537,337 |
| | <u>1,931,914</u> |

| | |
|---|--------------|
| Interest income on notes receivable from participants | <u>2,528</u> |
|---|--------------|

Contributions:

| | |
|---------------|------------------|
| Participants' | 1,530,820 |
| Rollovers | 1,057,981 |
| Employer | 641,656 |
| | <u>3,230,457</u> |

| | |
|-----------------|------------------|
| TOTAL ADDITIONS | <u>5,164,899</u> |
|-----------------|------------------|

DEDUCTIONS:

Deductions from net assets attributed to:

| | |
|----------------------------------|------------------|
| Benefit payments to participants | 1,978,024 |
| Administrative expenses | 49,208 |
| | <u>2,027,232</u> |

| | |
|------------------|------------------|
| TOTAL DEDUCTIONS | <u>2,027,232</u> |
|------------------|------------------|

| | |
|------------|-----------|
| NET CHANGE | 3,137,667 |
|------------|-----------|

NET ASSETS AVAILABLE FOR BENEFITS

| | |
|-------------------|-------------------|
| Beginning of year | <u>17,172,460</u> |
|-------------------|-------------------|

| | |
|-------------|-----------------------------|
| END OF YEAR | <u><u>\$ 20,310,127</u></u> |
|-------------|-----------------------------|

See accompanying notes to financial statements.

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

NOTE A--DESCRIPTION OF THE PLAN

The LitmanGerson Associates, LLP Salary Reduction Plan (the "Plan") was formed on January 1, 1990.

Plan assets are currently held by Fidelity Management Trust Company, the Trustee of the Plan. Plan Trustees are responsible for oversight of the Plan and for determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

The following description of the Plan provides only general information. Participants should refer to the Plan document and adoption agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, covering all eligible employees of LitmanGerson Associates, LLP (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company serves as the plan sponsor and plan administrator. The plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, establishing procedures, maintaining records, controlling expenses of the administration, interpreting provisions of the Plan, and making determinations regarding questions which may affect the eligibility for benefits.

Plan Eligibility

Employees are eligible to participate in the Plan after completing three (3) months of service with the Company and enter the Plan on the first day of month following the satisfaction of the service requirement. Employees are eligible to receive a discretionary nonelective contribution if they are employed on the last day of or have more than 500 hours of services during the plan year.

Contributions

Each year, participants may contribute a percentage of their pretax and/or Roth post tax annual compensation to the Plan, subject to certain limitations as defined by the Plan and the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make "catch-up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company contributes a safe harbor matching contribution to the Plan in an amount equal to 100% of the first 3% of eligible compensation deferred plus 50% of the next 2% deferred, for a maximum match of 4% of eligible compensation.

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

Notes to Financial Statements--Continued

NOTE A--DESCRIPTION OF THE PLAN--Continued

Contributions--Continued

The Company, at its discretion, may also make a discretionary nonelective contributions. Such contributions are determined by the Company and are allocated to the account balances of eligible employees in the same proportion that each participant's eligible compensation bears to the eligible compensation earned by all participants. The Company did not make discretionary nonelective contributions in 2024.

Participant Accounts

Each participant's account is credited with the participant's contribution and the Company's safe harbor matching contribution and allocations of (a) the Company's discretionary profit sharing contributions (if any), (b) the Plan's investment earnings (losses), net of investment expenses, and (c) administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are 100% vested immediately in their elective deferral amounts, rollover contributions, and the Company's safe harbor matching contribution, plus actual earnings thereon.

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. Notes receivable from participants are collateralized by the balance in the participant's accounts and bear interest at a rate to commensurate with the local prevailing rates, which ranged from 4.25% to 10.50% as determined by the Plan Administrator. Principal and interest are paid ratably through regular payroll deductions.

Payment of Benefits

On termination of service, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account, elect to receive distributions in installment payments if an account balance exceeds \$1,000, elect to be paid over a period not greater than the joint life expectancy of the participant and their designated beneficiary, or elect to rollover funds into an IRA or other retirement account.

If the participant does not elect a distribution upon termination and their vested account balance is between \$1,000 and \$5,000, the balance will be directed into an IRA or annuity.

Prior to termination, a participant may withdraw their pretax contributions in the event of undue financial hardship. The Plan also provides for in-service distributions for participants who have attained age 59½.

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

Notes to Financial Statements--Continued

NOTE A--DESCRIPTION OF THE PLAN--Continued

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions to be invested in any of the investment choices available under the Plan. Investment fund choices include registered investment companies and a stable value collective trust fund. Participants may change the mix of investments from one fund to another on a daily basis.

All investments are participant-directed.

Forfeited Accounts

When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures will be used to reduce employer contributions and for administrative expenses of the Plan. As of December 31, 2024 and 2023, the Plan had no unallocated forfeitures.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are stated at their unpaid principal balance plus any accrued, but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

Notes to Financial Statements--Continued

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--Continued

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain Plan fees are paid from Plan assets, and other administrative expenses of the Plan are paid directly by the Company. Management fees charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees are reflected as a reduction of investment return.

Subsequent Events

In accordance with U.S. GAAP, the Plan has evaluated for subsequent events between the statement of net assets available for benefits date of December 31, 2024 and October 8, 2025, the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted market prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

Mutual Funds

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded. Mutual funds are classified as Level 1 investments within fair value hierarchy.

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

Notes to Financial Statements--Continued

NOTE C--FAIR VALUE MEASUREMENTS--Continued

Collective Trust Fund

The Plan invests in a common collective trust fund for which quoted prices are not available in active markets for identical instruments. The Plan utilizes the net asset value ("NAV") provided by the custodian as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. There are no unfunded commitments or withdrawal restrictions.

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

| <u>December 31, 2024</u> | <u>Fair Value</u> | <u>Fair Value Measurements Using: Significant Other Observable Inputs (Level 1)</u> |
|--|----------------------|---|
| Mutual funds | \$ 19,605,846 | \$ 19,605,846 |
| Total assets in the fair value hierarchy | 19,605,846 | <u>\$ 19,605,846</u> |
| Investments measured at NAV (a) | <u>23,497</u> | |
| | <u>\$ 19,629,343</u> | |
| | | |
| <u>December 31, 2023</u> | - | |
| Mutual funds | \$ 15,880,292 | \$ 15,880,292 |
| Total assets in the fair value hierarchy | 15,880,292 | <u>\$ 15,880,292</u> |
| Investments measured at NAV (a) | <u>603,355</u> | |
| | <u>\$ 16,483,647</u> | |

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

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

Notes to Financial Statements--Continued

NOTE D--CERTIFIED INVESTMENT INFORMATION

Certain information related to investments disclosed in the financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, dividends and interest for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

NOTE E--RELATED PARTY TRANSACTIONS

The Plan invests in shares of mutual funds managed by Fidelity. Fidelity Management Trust Company is the trustee and custodian of the Plan and Fidelity Investment Institutional Operations Company is the record keeper of the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from prohibited transaction rules.

NOTE F--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 will become 100% vested in their employer contributions.

NOTE G--TAX STATUS

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

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or the U.S. Department of Labor. The Plan is subject to routine audits by federal taxing authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to tax examinations for years prior to 2021.

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

Notes to Financial Statements--Continued

NOTE H--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 statements of net assets available for benefits.

SUPPLEMENTAL SCHEDULE

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

Supplemental Schedule--Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #04-2694095 Plan #002

December 31, 2024

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost ⁽¹⁾ | (e) Current Value |
|------------------------------|--|---|-------------------------|----------------------|
| <u>Mutual Funds</u> | | | | |
| | BlackRock | BlackRock LP Index RTMT | \$ | 4,620,885 |
| | BlackRock | BlackRock LP Index 2040 | | 3,803,478 |
| | BlackRock | BlackRock LP Index 2030 | | 2,273,671 |
| | BlackRock | BlackRock LP Index 2035 | | 1,630,340 |
| * | Fidelity | Fid 500 Index | | 1,159,860 |
| | BlackRock | BlackRock LP Index 2050 | | 1,063,449 |
| | American Century | American Century Emerg Markets | | 785,133 |
| | BlackRock | Blackrock LP Index 2060 | | 692,070 |
| | JP Morgan | JP Morgan Large Cap Growth | | 644,366 |
| | BlackRock | BlackRock LP Index 2055 | | 559,540 |
| | Vanguard | Vanguard Value Index | | 364,928 |
| | Vanguard | Vanguard International Growth | | 256,998 |
| * | Fidelity | Fid Mid Cap Index | | 221,900 |
| | Vanguard | Vanguard Small Cap Value Index | | 202,249 |
| | Dodge & Cox | Dodge & Cox Income | | 181,134 |
| | American Funds | American Funds US Government | | 164,775 |
| | BlackRock | BlackRock LP Index 2065 | | 159,865 |
| | American Funds | American Funds Balanced | | 139,441 |
| * | Fidelity | Fid Small Cap Index | | 118,610 |
| | Cohen & Steers | C&S Real Estate | | 103,330 |
| | BlackRock | BlackRock LP Index 2045 | | 90,045 |
| | Dimensional Fund | DFA International Value | | 85,807 |
| | T. Rowe Price | TRP Mid Cap Value | | 83,045 |
| | MFS | MFS Mid Cap Growth | | 69,969 |
| | Vanguard | Vanguard Small Cap Growth Index | | 66,834 |
| | BlackRock | BlackRock High Yield Inst | | 57,583 |
| | First Eagle | First Eagle Global | | 5,231 |
| * | Fidelity | Fid Govt Mmkt | | 1,310 |
| | | | | <u>19,605,846</u> |
| <u>Collective Trust Fund</u> | | | | |
| | The Standard | Std Stable Asset | | 23,497 |
| | | | | <u>19,629,343</u> |
| * | Participant loans | 4.25% to 10.50%, maturities through January 2030 | \$ | - |
| | | | | <u>39,128</u> |
| | | | | <u>\$ 19,668,471</u> |

⁽¹⁾ Column (d) has been omitted as the Plan is 100% participant directed.

* Represents party-in-interest to the Plan.

**LITMANGERSON ASSOCIATES, LLP
SALARY REDUCTION PLAN**

Supplemental Schedule--Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #04-2694095 Plan #002

December 31, 2024

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost ⁽¹⁾ | (e) Current Value |
|------------------------------|--|---|-------------------------|----------------------|
| <u>Mutual Funds</u> | | | | |
| | BlackRock | BlackRock LP Index RTMT | \$ | 4,620,885 |
| | BlackRock | BlackRock LP Index 2040 | | 3,803,478 |
| | BlackRock | BlackRock LP Index 2030 | | 2,273,671 |
| | BlackRock | BlackRock LP Index 2035 | | 1,630,340 |
| * | Fidelity | Fid 500 Index | | 1,159,860 |
| | BlackRock | BlackRock LP Index 2050 | | 1,063,449 |
| | American Century | American Century Emerg Markets | | 785,133 |
| | BlackRock | Blackrock LP Index 2060 | | 692,070 |
| | JP Morgan | JP Morgan Large Cap Growth | | 644,366 |
| | BlackRock | BlackRock LP Index 2055 | | 559,540 |
| | Vanguard | Vanguard Value Index | | 364,928 |
| | Vanguard | Vanguard International Growth | | 256,998 |
| * | Fidelity | Fid Mid Cap Index | | 221,900 |
| | Vanguard | Vanguard Small Cap Value Index | | 202,249 |
| | Dodge & Cox | Dodge & Cox Income | | 181,134 |
| | American Funds | American Funds US Government | | 164,775 |
| | BlackRock | BlackRock LP Index 2065 | | 159,865 |
| | American Funds | American Funds Balanced | | 139,441 |
| * | Fidelity | Fid Small Cap Index | | 118,610 |
| | Cohen & Steers | C&S Real Estate | | 103,330 |
| | BlackRock | BlackRock LP Index 2045 | | 90,045 |
| | Dimensional Fund | DFA International Value | | 85,807 |
| | T. Rowe Price | TRP Mid Cap Value | | 83,045 |
| | MFS | MFS Mid Cap Growth | | 69,969 |
| | Vanguard | Vanguard Small Cap Growth Index | | 66,834 |
| | BlackRock | BlackRock High Yield Inst | | 57,583 |
| | First Eagle | First Eagle Global | | 5,231 |
| * | Fidelity | Fid Govt Mmkt | | 1,310 |
| | | | | <u>19,605,846</u> |
| <u>Collective Trust Fund</u> | | | | |
| | The Standard | Std Stable Asset | | 23,497 |
| | | | | <u>19,629,343</u> |
| * | Participant loans | 4.25% to 10.50%, maturities through January 2030 | \$ - | 39,128 |
| | | | | <u>\$ 19,668,471</u> |

⁽¹⁾ Column (d) has been omitted as the Plan is 100% participant directed.

* Represents party-in-interest to the Plan.