

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BOUSQUET HOLSTEIN PLLC EMPLOYEES' PROFIT SHARING PLAN AND TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOUSQUET HOLSTEIN PLLC</u></p> <p><u>110 WEST FAYETTE STREET, SUITE 1000</u> <u>SYRACUSE, NY 13202</u></p>	<p>1c Effective date of plan <u>07/01/1985</u></p> <p>2b Employer Identification Number (EIN) <u>16-1614892</u></p> <p>2c Plan Sponsor's telephone number <u>315-422-1500</u></p> <p>2d Business code (see instructions) <u>541110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	ALICIA MADDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	144
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)	123
	6a(2)	125
	6b	0
	6c	20
	6d	145
	6e	0
	6f	145
	6g(1)	140
	6g(2)	133
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan BOUSQUET HOLSTEIN PLLC EMPLOYEES' PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOUSQUET HOLSTEIN PLLC	D Employer Identification Number (EIN) 16-1614892	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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 60 64 65	RECORDKEEPER	14489	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARBOR CAP APP INST - HARBOR SERVI 34-1953399	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NB MID CAP GRTH INST - SS&C GLOBAL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VRTS C MDCP VAL EQ I - VIRTUS FUND 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	0.40%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan BOUSQUET HOLSTEIN PLLC EMPLOYEES' PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BOUSQUET HOLSTEIN PLLC	D Employer Identification Number (EIN) 16-1614892

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2874	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3790507	3666919
(2) U.S. Government securities	1c(2)	596201	1130414
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	167566	498732
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1247008	1201237
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	176279	131652
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19189437	21726091
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	25169872	28355045
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	25169872	28355045

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)	357988	
(B) Participants.....	2a(1)(B)	1150563	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1508551
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	172398	
(B) U.S. Government securities.....	2b(1)(B)	34513	
(C) Corporate debt instruments.....	2b(1)(C)	18714	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	10754	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		236379
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	25515	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	683811	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		709326
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1688634	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1642959	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		45675
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	196012	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		196012

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2022204
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		4718147

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1516946	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1516946
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		1539
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	14489	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		14489
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1532974

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3185173
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **GROSSMAN ST. AMOUR CPA**

(2) EIN: **46-0475780**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

A Name of plan <u>BOUSQUET HOLSTEIN PLLC EMPLOYEES' PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOUSQUET HOLSTEIN PLLC</u>	D Employer Identification Number (EIN) <u>16-1614892</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	
---	--

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): 04-6568107

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.

**BOUSQUET HOLSTEIN PLLC EMPLOYEES'
PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

December 31, 2024 and 2023

BOUSQUET HOLSTEIN PLLC EMPLOYEES' PROFIT SHARING PLAN AND TRUST

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CERTIFIED PUBLIC ACCOUNTANTS PLLC

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator
Bousquet Holstein PLLC Employees' Profit Sharing Plan and Trust
Syracuse, New York

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

We have performed audits of the financial statements of Bousquet Holstein PLLC Employees' Profit Sharing Plan and Trust (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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedule of assets held at end of year – December 31, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Grossman SA. Amour CPA

Syracuse, New York
October 9, 2025

BOUSQUET HOLSTEIN PLLC EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits

	December 31,	
	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value (see Note 3)	<u>\$ 28,223,392</u>	<u>\$ 24,993,593</u>
Receivables:		
Notes receivable from participants	131,652	176,279
Participant contributions	18,526	17,500
Employer contribution	17,855	6,563
Total receivables	<u>168,033</u>	<u>200,342</u>
Net assets available for benefits	<u>\$ 28,391,425</u>	<u>\$ 25,193,935</u>

The accompanying notes are an integral part of the financial statements.

BOUSQUET HOLSTEIN PLLC EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 2,263,891
Interest and dividends	934,951
Total investment income	<u>3,198,842</u>

Interest income on notes receivable from participants	<u>10,754</u>
---	---------------

Contributions:

Participants	1,151,589
Employer	369,280
Total contributions	<u>1,520,869</u>

Total additions	<u>4,730,465</u>
-----------------	------------------

Deductions:

Benefits paid to participants	1,518,486
Administrative expenses	<u>14,489</u>

Total deductions	<u>1,532,975</u>
------------------	------------------

Net increase	3,197,490
---------------------	------------------

Net assets available for benefits:

Beginning of year	<u>25,193,935</u>
-------------------	-------------------

End of year	<u><u>\$ 28,391,425</u></u>
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The accompanying notes are an integral part of the financial statements.

BOUSQUET HOLSTEIN, PLLC
EMPLOYEE'S PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

1. Description of Plan

The following description of the Bousquet Holstein, PLLC Employees' Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Bousquet Holstein, PLLC (the Company) who have attained age twenty-one. These employees are eligible for elective deferral contributions and become eligible for the employer safe harbor contribution after one year (1,000 hours) of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Administration

The Plan adopted and operates under a Pre-Approved Defined Contribution Plan document sponsored by Fidelity Management Trust Company. Fidelity Management Trust Company is the Plan's trustee. The Plan is administered by Bousquet Holstein, PLLC which acts as the Plan Sponsor. The Board of Managers is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Each year, participants may contribute up to 100% of their eligible compensation on a pretax basis or an after-tax basis, or a combination of the two, subject to the maximum allowed by the Internal Revenue Service (IRS) and as defined in the Plan. 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 (rollovers). The Company has elected to provide non-elective employer safe harbor contribution of 3% of the employee's eligible wages. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's elective deferrals, the Company's safe harbor contribution and allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their deferral contributions and the Company's safe harbor contributions, plus actual earnings thereon.

BOUSQUET HOLSTEIN, PLLC
EMPLOYEE'S PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

1. Description of Plan (continued)

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 reduced by the highest outstanding loan balance in their account during the prior twelve-month period or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at a reasonable rate of interest as defined by the Plan. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive the value of their account as a lump-sum amount. In service withdrawals are also permitted for qualified hardship distributions or when a participant attains age 59 ½.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. 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's 401(k) Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for discussion of fair value measurements.

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

Risk and Uncertainties

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

BOUSQUET HOLSTEIN, PLLC
EMPLOYEE'S PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

2. Summary of Accounting Policies (continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon terms of the Plan Document. Related fees are recorded as administrative expenses and expensed when they are incurred.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

3. Fair Value Measurements

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

Level 1:

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

Level 2:

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3:

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

BOUSQUET HOLSTEIN, PLLC
EMPLOYEE'S PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

3. Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2024 and 2023.

Money market fund, cash and certificates of deposit: Cash and equivalents include cash accounts, certificates of deposit and money market funds valued at amortized cost, which approximates fair value.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

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

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

U. S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 110,520	\$ -	\$ -	\$ 110,520
Mutual funds	21,273,791	-	-	21,273,791
Self directed brokerage accounts:				
Cash and certificates of deposit	3,556,398	-	-	3,556,398
Common stocks	1,201,237	-	-	1,201,237
Mutual funds	452,300	-	-	452,300
Corporate bonds	-	498,732	-	498,732
U.S. government securities	-	1,130,414	-	1,130,414
Investments at fair value	\$ 26,594,246	\$ 1,629,146	\$ -	\$ 28,223,392

BOUSQUET HOLSTEIN, PLLC
EMPLOYEE'S PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

3. Fair Value Measurements (continued)

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 155,455	\$ -	\$ -	\$ 155,455
Mutual funds	\$18,667,670	-	-	\$18,667,670
Self directed brokerage accounts:				
Cash and certificates of deposit	3,637,926	-	-	3,637,926
Common stocks	1,247,008	-	-	1,247,008
Mutual funds	521,767	-	-	521,767
Corporate bonds	-	167,566	-	167,566
U.S. government securities	-	596,201	-	596,201
Investments at fair value	\$ 24,229,826	\$ 763,767	\$ -	\$ 24,993,593

4. Information Certified by the Trustee

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023 and for the year ended December 31, 2024, included in the Plan's financial statements and ERISA-required supplemental schedule, that 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:

- Investments at fair value of \$28,223,392 and \$24,993,593 at December 31, 2024 and 2023, respectively
- Notes receivable from participants of \$131,652 and \$176,279 at December 31, 2024 and 2023, respectively
- Interest and dividends and net appreciation of investments for year ended December 31, 2024 of \$934,951 and \$2,263,891, respectively
- Interest income on notes receivable from participants of \$10,754 for the year ended December 31, 2024
- All investment information as disclosed in Note 3
- All investment information in the ERISA-required supplemental schedule.

5. Plan Termination

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

BOUSQUET HOLSTEIN, PLLC
EMPLOYEE'S PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

6. Tax Status

The IRS has determined and informed Fidelity Management Trust Company by a letter dated June 30, 2020, that the pre-approved defined contribution plan document adopted by the Plan Sponsor and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Related Party and Party in Interest Transactions

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company, a related party of Fidelity Management Trust Company (Fidelity). Fidelity is the trustee and record keeper for the Plan and, therefore, these transactions qualify as party in interest transactions. Fidelity provides certain administrative services to the Plan pursuant to a Fidelity Investments Retirement Plan Service Agreement between the Company and Fidelity.

Fidelity provides certain administrative services to the Plan pursuant to a Fidelity Investments Retirement Plan Service Agreement (Service Agreement) between the Company and Fidelity. Fidelity receives revenue from mutual fund service providers for services Fidelity provides the funds. This revenue is used to fund a Revenue Credit Account. The Company may direct Fidelity to use amounts held in the Revenue Credit Account to pay service providers, including Fidelity, and to allocate funds to participant accounts no more frequently than quarterly. During 2024, revenue credits earned used to offset administrative expenses amounted to approximately \$2,500.

8. Reconciliation of Financial Statements to Form 5500

The Form 5500 is presented on the cash basis of accounting whereas the financial statements of the Plan are presented on the accrual basis. The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 28,391,425	\$ 25,193,935
Amounts accrued for employer contributions	(17,855)	(6,563)
Amounts accrued for employee contributions	(18,526)	(17,500)
Rounding difference	1	-
Net assets per Form 5500	<u>\$ 28,355,045</u>	<u>\$ 25,169,872</u>

**BOUSQUET HOLSTEIN, PLLC
EMPLOYEE'S PROFIT SHARING PLAN AND TRUST**

Notes to Financial Statements

8. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of total contributions, per the financial statements for the year ended December 31, 2024 to Form 5500:

	2024
Total participant contributions per the financial statements	\$ 1,151,589
Accrued participant contributions - current year	(18,526)
Accrued participant contributions - prior year	17,500
Total participant contributions per Form 5500	\$ 1,150,563
Total employer contributions per the financial statements	\$ 369,280
Accrued employer contributions - current year	(17,855)
Accrued employer contributions - prior year	6,563
Total employer contributions per Form 5500	\$ 357,988

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

	2024
Net increase in net assets available for benefits per the financial statements	\$ 3,197,490
Accrued employee contributions - current year	(18,526)
Accrued employee contributions - prior year	17,500
Accrued employer contributions - current year	(17,855)
Accrued employer contributions - prior year	6,563
Rounding difference	1
Net Income per Form 5500	\$ 3,185,173

9. Subsequent Events

The Plan has evaluated subsequent events through October 9, 2025, the date the financial statements were available to be issued. There were no material subsequent events that required recognition or disclosure within these financial statements.

BOUSQUET HOLSTEIN PLLC EMPLOYEES' PROFIT SHARING PLAN AND TRUST

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

December 31, 2024

EIN 16-1444116
Plan 001

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
	HARBOR CAP APP INST	Mutual Fund	**	\$ 1,259,171
	TEMPLETON FOREIGN R6	Mutual Fund	**	410,581
	INVESCO DIVRS DIV R6	Mutual Fund	**	117,678
	JPM SM CAP VALUE R6	Mutual Fund	**	18,281
	JPM CORE PLUS BND R6	Mutual Fund	**	817,933
	VANG VALUE IDX ADM	Mutual Fund	**	1,580,941
	VANG ST BOND IDX ADM	Mutual Fund	**	326,592
	VANG TOT INTL STK AD	Mutual Fund	**	63,371
	VANG MDCPGR IDX ADM	Mutual Fund	**	571,110
	I O INTL GROWTH R6	Mutual Fund	**	651,217
	PGIM HIGH YIELD R6	Mutual Fund	**	269,125
	CBA SM CAP GR IS	Mutual Fund	**	135,192
	NB MID CAP GRTH INST	Mutual Fund	**	61,830
	VANG SMCP GR IDX ADM	Mutual Fund	**	224,890
	VANG SMCPVL IDX ADM	Mutual Fund	**	342,191
	VANG MDCPVAL IDX ADM	Mutual Fund	**	418,211
*	FIDELITY WISE ORIGIN BITCOIN FUND	Mutual Fund	**	4,487
*	FIDELITY 500 INDEX INSTITUTIONAL PREM	Mutual Fund	**	398
*	FIDELITY NASDAQ COMPOSIT INDEX	Mutual Fund	**	410
*	FID GOVT M MKT	Money Market Fund	**	110,520
*	FIDELITY NASDAQ COMPOSIT INDEX	Mutual Fund	**	968,004
*	FID 500 INDEX	Mutual Fund	**	2,822,462
*	FID EMRG MKTS IDX	Mutual Fund	**	505,461
*	FID INFL PR BD IDX	Mutual Fund	**	106,076
*	FID FDM IDX INC IPR	Mutual Fund	**	21,644
*	FID FDM IDX 2015 IPR	Mutual Fund	**	2,826
*	FID FDM IDX 2020 IPR	Mutual Fund	**	846,462
*	FID FDM IDX 2025 IPR	Mutual Fund	**	567,507
*	FID FDM IDX 2030 IPR	Mutual Fund	**	1,639,596
*	FID FDM IDX 2035 IPR	Mutual Fund	**	1,983,783
*	FID FDM IDX 2040 IPR	Mutual Fund	**	1,100,986
*	FID FDM IDX 2045 IPR	Mutual Fund	**	1,643,527
*	FID FDM IDX 2050 IPR	Mutual Fund	**	998,291
*	FID FDM IDX 2055 IPR	Mutual Fund	**	524,623
*	FID FDM IDX 2060 IPR	Mutual Fund	**	245,579
*	FID FDM IDX 2065 IPR	Mutual Fund	**	28,650
*	VANGUARD TAX MANAGED FD EUROPE PACIFIC	Mutual Fund	**	37,777
	VANGUARD INDEX TR VANGUARD EXTENDED	Mutual Fund	**	234,470
	VANGUARD INDEX TR VANGUARD TOTAL STK	Mutual Fund	**	8,819
	STRATEGY SHARES NASDAQ 7HANDL INDEX	Mutual Fund	**	5,517
	SECTOR SPDR TR SHS BEN INT ENERGY	Mutual Fund	**	5,584
	ISHARES TR S&P U S PFD STK INDEX FD	Mutual Fund	**	93,444
	ISHARES TR FTSE NAREIT REAL ESTATE	Mutual Fund	**	13,403
	WISDOMTREE TR CURRENCY HEDGED DEFA	Mutual Fund	**	44,041

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BOUSQUET HOLSTEIN PLLC EMPLOYEES' PROFIT SHARING PLAN AND TRUST

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

December 31, 2024

EIN 16-1444116
Plan 001

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
	ISHARES SILVER TR ISHARES	Mutual Fund	**	3,950
	FIDELITY CASH RESERVES	Cash	**	3,081,147
	CITY NATL BK LOS ANGELES CALIF CD	Cash	**	149,051
	ATLANTIC UN BK RICHMOND VA CD	Cash	**	75,330
	AMERICAN EXPRESS NATL BK BROK CD	Cash	**	200,500
	DISCOVER BK CD	Cash	**	50,370
	3M COMPANY NFS IS A SPECIALIST	Common Stock	**	19,554
	ABBOTT LABORATORIES NFS IS A SPECIALIST	Common Stock	**	30,856
	ABBVIE INC COM USD0.01	Common Stock	**	59,678
	AFFIRM HLDGS INC COM CL A	Common Stock	**	5,901
	ALPHABET INC CAP STK CL A	Common Stock	**	70,264
	AMAZON.COM INC NFS LLC IS A MARKET	Common Stock	**	57,041
	APPLE COMPUTER INC NFS LLC IS A MARKET	Common Stock	**	105,176
	AT&T INC COM	Common Stock	**	2,809
	BERKSHIRE HATHAWAY INC DEL CL B NEW	Common Stock	**	131,451
	CATERPILLAR INC NFS IS A SPECIALIST	Common Stock	**	67,619
	COINBASE GLOBAL INC COM CL A	Common Stock	**	7,449
	COMMUNITY BK SYS INC	Common Stock	**	24,700
	CVS CORP DEL NFS LLC IS A	Common Stock	**	16,049
	DISNEY WALT CO DEL (HOLDING COMPANY)	Common Stock	**	21,481
	EXXON MOBIL CORP NFS IS A SPECIALIST	Common Stock	**	57,923
	JOHNSON & JOHNSON NFS IS A SPECIALIST	Common Stock	**	23,139
	KELLOGG COMPANY NFS LLC IS A	Common Stock	**	30,431
	KEYCORP NEW NFS LLC IS A	Common Stock	**	31,982
	KIMBERLY CLARK CORP NFS IS A SPECIALIST	Common Stock	**	25,433
	LOCKHEED MARTIN CORP NFS LLC IS A SPECIAL	Common Stock	**	32,037
	MASTERCARD INC CL A	Common Stock	**	26,329
	MCDONALDS CORP NFS IS A SPECIALIST	Common Stock	**	42,065
	MICROSOFT CORP NFS LLC IS A MARKET	Common Stock	**	63,225
	MICRON TECHNOLOGY NFS IS A SPECIALIST	Common Stock	**	8,425
	NATIONAL GRID SPON ADR EACH REP 5 ORD	Common Stock	**	11,053
	PROCTER & GAMBLE CO NFS IS A SPECIALIST	Common Stock	**	41,985
	QUANTUMSCAPE CORP COM CL A	Common Stock	**	1,038
	SOFI TECHNOLOGIES INC COM	Common Stock	**	3,377
	SOLVENTUM CORP COM SHS	Common Stock	**	727
	SQUARE INC CL A	Common Stock	**	2,666
	STRYKER CORP NFS LLC IS A	Common Stock	**	47,346
	TOAST INC CL A	Common Stock	**	9,527
	VERIZON COMMUNICATIONS	Common Stock	**	14,796
	VISA INC COM CL A	Common Stock	**	42,665
	WAL-MART STORES INC NFS IS A SPECIALIST	Common Stock	**	64,218
	WARNER BROS DISCOVERY INC COM	Common Stock	**	264
	WK KELLOGG CO COM SHS	Common Stock	**	558
	UNITED STATES TREAS SER S-2029	U.S. Government Securities	**	73,316
	UNITED STATES TREAS SER AW-2025	U.S. Government Securities	**	234,946
	UNITED STATES TREAS SER AY-2025	U.S. Government Securities	**	195,055
	UNITED STATES TREAS SER AZ-2025	U.S. Government Securities	**	124,872

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BOUSQUET HOLSTEIN PLLC EMPLOYEES' PROFIT SHARING PLAN AND TRUST

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

December 31, 2024

EIN 16-1444116
Plan 001

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party		Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
		UNITED STATES TREAS SER BD-2025	U.S. Government Securities	** 120,289
		UNITED STATES TREAS SER BH-2025	U.S. Government Securities	** 120,626
		UNITED STATES TREAS SER BM-2025	U.S. Government Securities	** 115,029
		UNITED STATES TREAS SER AM-2027	U.S. Government Securities	** 10,050
		UNITED STATES TREAS SER AU-2025	U.S. Government Securities	** 10,019
		UNITED STATES TREAS SER M-2029	U.S. Government Securities	** 71,567
		UNITED STATES TREAS SER AQ-2025	U.S. Government Securities	** 54,645
		AMEREN CROP NOTE CALL MAKE WHOLE	Corporate Bond	** 10,015
		AON CORP/AON GLOBAL HLDGS NOTE	Corporate Bond	** 16,956
		APPALACHIAN PWR CO SER AA NOTE	Corporate Bond	** 17,264
		AUTOZONE INC NOTE CALL MAKE WHOLE	Corporate Bond	** 9,910
		BANK AMER CORP FR	Corporate Bond	** 19,945
		BIOGEN INC NOTE CALL MAKE WHOLE	Corporate Bond	** 8,645
		WELLS FARGO CO MTN BE	Corporate Bond	** 19,783
		CNA FINL CORP NOTE CALL MAKE WHOLE	Corporate Bond	** 9,671
		CITIGROUP INC BOND	Corporate Bond	** 9,970
		CLOROX CO DEL NOTE CALL MAKE WHOLE	Corporate Bond	** 9,843
		CVS HEALTH CORP NOTE CALL MAKE WHOLE	Corporate Bond	** 19,533
		DOLLAR GEN CRP NOTE ALL MAKE WHOLE	Corporate Bond	** 9,937
		DOLLAR TREE INC NOTE CALL MAKE WHOLE	Corporate Bond	** 9,721
		DUKE ENERGY CORP NEW NOTE CALL MAKE WHOLE	Corporate Bond	** 9,844
		GENERAL MTRS FINL CO INC NOTE	Corporate Bond	** 20,427
		GOLDMAN SACHS GROUP INC NOTE	Corporate Bond	** 8,858
		GOLDMAN SACHS GROUP INC NOTE	Corporate Bond	** 9,777
		HP INC NOTE CALL MAKE WHOLE	Corporate Bond	** 18,329
		INTEL CORP NOTE CALL MAKE WHOLE	Corporate Bond	** 9,912
		KEURIG DR PEPPER INC NOTE CALL MAKE WHOLE	Corporate Bond	** 9,592
		LOWES COS INC NOTE CALL MAKE WHOLE	Corporate Bond	** 9,811
		MARRIOTT INTERNATIONAL INC	Corporate Bond	** 10,217
		MIDAMERICA FDG LLC SR SECD BD	Corporate Bond	** 10,639
		MORGAN STANLEY FR	Corporate Bond	** 19,846
		OREILLY AUTOMOTIVE INC NOTE	Corporate Bond	** 9,863
		PHILLIPS 66 NOTE CALL MAKE WHOLE	Corporate Bond	** 8,483
		PIEDMONT NAT GAS CO INC SER CONSENT NOTE	Corporate Bond	** 9,426
		PUBLIC STORAGE NOTE CALL MAKE WHOLE	Corporate Bond	** 10,120
		REINSURANCE GROUP AMER INC NOTE	Corporate Bond	** 9,027
		SCHWAB CHARLES CRP NOTE CALL MAKE WHOLE	Corporate Bond	** 9,975
		SOUTHWEST AIRLS CO NOTE CALL MAKE WHOLE	Corporate Bond	** 10,045
		SOUTHWEST ELEC PWR CO SER M NOTE	Corporate Bond	** 9,703
		SYSCO CORP NOTE CALL MAKE WHOLE	Corporate Bond	** 16,778
		TRANSCONTINENTAL GAS PIPE LINE NOTE	Corporate Bond	** 18,220
		TYSON FOODS INC NOTE CALL MAKE WHOLE	Corporate Bond	** 19,397
		WHIRLPOOL CORP NOTE CALL MAKE WHOLE	Corporate Bond	** 19,904
		WILLIAMS PARTNERS L.P. NOTE	Corporate Bond	** 19,992
		VERIZON COMMUNICATIONS INC	Corporate Bond	** 9,598
		ATHENE HOLDING LTD NOTE CALL MAKE WHOLE	Corporate Bond	** 9,756
		Participant notes receivable	4.25 - 9.50% through 2032	-0- 131,652
				<u>\$ 28,355,044</u>

* Party-in-interest

** Historical cost information not required for participant directed investments

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2024

<u>Fund Name</u>	<u>Share Balance 12/31/2024</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
BROKERAGELINK		\$0.00		
CASH		\$3,081,147.43		\$3,081,147.43
COMMON STOCK		\$586,599.66		\$1,201,237.46
GOVERNMENT BOND		\$1,146,054.99		\$1,130,414.20
CORPORATE BOND		\$503,804.60		\$498,731.70
CERT. OF DEP.		\$473,000.00		\$475,250.80
UNIT		\$344,964.56		\$451,491.46
FIDELITY FUND		\$614.49		\$808.11
HARBOR CAP APP INST	11,077.423	\$978,491.91	\$113.67	\$1,259,170.67
TEMPLETON FOREIGN R6	54,963.988	\$422,811.15	\$7.47	\$410,580.99
INVESCO DIVRS DIV R6	6,603.712	\$124,341.25	\$17.82	\$117,678.15
JPM SM CAP VALUE R6	662.855	\$19,795.91	\$27.58	\$18,281.54
JPM CORE PLUS BND R6	114,878.289	\$910,576.92	\$7.12	\$817,933.42
VRTS C MDCP VAL EQ I	0.000		\$12.00	\$0.00
VANG VALUE IDX ADM	23,939.143	\$959,677.91	\$66.04	\$1,580,941.00
VANG ST BOND IDX ADM	32,240.068	\$334,347.65	\$10.13	\$326,591.89
VANG TOT INTL STK AD	1,999.708	\$60,399.63	\$31.69	\$63,370.75
VANG MDCPGR IDX ADM	5,226.592	\$393,180.75	\$109.27	\$571,109.71
I O INTL GROWTH R6	20,660.451	\$806,874.55	\$31.52	\$651,217.42
PGIM HIGH YIELD R6	56,420.363	\$295,998.11	\$4.77	\$269,125.13
CBA SM CAP GR IS	3,408.776	\$130,764.05	\$39.66	\$135,192.06
NB MID CAP GRTH INST	3,607.346	\$58,025.12	\$17.14	\$61,829.91
VANG SMCP GR IDX ADM	2,284.769	\$169,758.22	\$98.43	\$224,889.81
VANG SMCPVL IDX ADM	4,017.744	\$250,103.21	\$85.17	\$342,191.26
VANG MDCPVAL IDX ADM	4,991.176	\$314,273.60	\$83.79	\$418,210.64
FID GOVT MMKT	110,520.320	\$110,520.32	\$1.00	\$110,520.32
FID NASDAQ COMP INDX	3,954.748	\$504,348.39	\$244.77	\$968,003.67
FID 500 INDEX	13,822.725	\$1,649,645.18	\$204.19	\$2,822,462.22
FID EMRG MKTS IDX	48,323.275	\$503,780.87	\$10.46	\$505,461.46
FID INFL PR BD IDX	11,932.065	\$115,842.21	\$8.89	\$106,076.06
FID FDM IDX INC IPR	1,849.883	\$21,989.46	\$11.70	\$21,643.63
FID FDM IDX 2005 IPR	0.000		\$12.69	\$0.00
FID FDM IDX 2010 IPR	0.000		\$12.83	\$0.00
FID FDM IDX 2015 IPR	198.299	\$2,886.13	\$14.25	\$2,825.76
FID FDM IDX 2020 IPR	53,675.470	\$880,327.08	\$15.77	\$846,462.16
FID FDM IDX 2025 IPR	30,543.985	\$554,722.90	\$18.58	\$567,507.24
FID FDM IDX 2030 IPR	81,288.830	\$1,589,218.02	\$20.17	\$1,639,595.70
FID FDM IDX 2035 IPR	85,031.437	\$1,868,469.53	\$23.33	\$1,983,783.43
FID FDM IDX 2040 IPR	44,719.163	\$971,576.14	\$24.62	\$1,100,985.79

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2024

<u>Fund Name</u>	<u>Share Balance 12/31/2024</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
FID FDM IDX 2045 IPR	63,407.682	\$1,463,563.47	\$25.92	\$1,643,527.12
FID FDM IDX 2050 IPR	38,440.170	\$873,599.76	\$25.97	\$998,291.21
FID FDM IDX 2055 IPR	24,549.494	\$465,528.85	\$21.37	\$524,622.69
FID FDM IDX 2060 IPR	13,560.383	\$207,870.44	\$18.11	\$245,578.54
FID FDM IDX 2065 IPR	1,955.645	\$25,999.54	\$14.65	\$28,650.20
OUTSTANDING LOAN BALANCE				\$131,651.62

			NET ASSETS 12/31/2024:	\$28,355,044.33
				=====

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.