

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLISS & NYITRAY, INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan): BLISS & NYITRAY, INC.
Mailing address (include room, apt., suite no. and street, or P.O. Box): 5835 WATERFORD DISTRICT DRIVE, SUITE 400, MIAMI, FL 33126
2b Employer Identification Number (EIN): 59-1203311
2c Plan Sponsor's telephone number: 305-442-7086
2d Business code (see instructions): 541330

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	138
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)	96
	6a(2)	91
	6b	0
	6c	54
	6d	145
	6e	0
	6f	145
	6g(1)	131
6g(2)	145	
6h	15	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	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 checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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 BLISS & NYITRAY, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLISS & NYITRAY, INC.	D Employer Identification Number (EIN) 59-1203311	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

INGHAM & COMPANY

65-0170152

(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?
13 60 27 50	NONE	10815	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	167	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

(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
(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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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>BLISS & NYITRAY, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLISS & NYITRAY, INC.</u>	D Employer Identification Number (EIN) <u>59-1203311</u>
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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: PIMCO REALPATH BLEND 2065 CIT

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN <u>45-4367155-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>462687</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REALPATH BLEND COMPLET CIT IG

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN <u>45-4367155-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>732715</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REALPATH BLEND 2060 CIT IGPS

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN <u>45-4367155-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>728953</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REALPATH BLEND 2055 CIT IGPS

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN <u>45-4367155-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>670612</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REALPATH BLEND 2050 CIT IGPS

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN <u>45-4367155-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>344351</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REALPATH BLEND 2045 CIT IGPS

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN <u>45-4367155-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75577</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REALPATH BLEND 2040 CIT IGPS

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN <u>45-4367155-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>151864</u>
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

**Schedule D (Form 5500) 2024
v. 240311**

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REALPATH BLEND 2035 CIT IGPS

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN 45-4367155-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1135708
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REALPATH BLEND 2030 CIT IGPS

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN 45-4367155-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 935181
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REALPATH BLEND 2025 CIT IGPS

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN 45-4367155-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 681148
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REALPATH BLEND INCOME CIT IGP

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUSTS

c EIN-PN 45-4367155-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1251974
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 BLISS & NYTRAY, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLISS & NYTRAY, INC.	D Employer Identification Number (EIN) 59-1203311

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	436416
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	50204	20601
(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)	144330	150768
(9) Value of interest in common/collective trusts	1c(9)	0	7170770
(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)	9609738	4110445
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	30186	28556

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	9834458	11917556
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	9834458	11917556

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)	784926	
(B) Participants.....	2a(1)(B)	598932	
(C) Others (including rollovers).....	2a(1)(C)	128543	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1512401
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1942	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	10339	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		12281
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	117993	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		117993
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1183763
c Other income	2c		-1630
d Total income. Add all income amounts in column (b) and enter total	2d		2824808

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	717680	
(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)		717680
f Corrective distributions (see instructions)	2f		10476
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)	3481	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	7334	
(6) Bank or trust company trustee/custodial fees	2i(6)	2739	
(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)		13554
j Total expenses. Add all expense amounts in column (b) and enter total	2j		741710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2083098
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: **STEVEN Y. KARP, CPA, P.A.**

(2) EIN: **87-3865849**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

A Name of plan <u>BLISS & NYITRAY, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BLISS & NYITRAY, INC.</u>	D Employer Identification Number (EIN) <u>59-1203311</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): 58-1428634 65-0424584
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 01 / 25 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q704445A.

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

Financial Statements

For the Years Ended December 31, 2024 (Audited) and 2023 (Compiled)

With the Independent Auditor's Report

Bliss & Nyitray, Inc. Profit Sharing Plan

Financial Statements

For the Years Ended December 31, 2024 (Audited) and 2023 (Compiled)

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Supplemental Schedule*

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)13

** Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable*

STEVEN Y. KARP, CPA, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Bliss & Nyitray, Inc. Profit Sharing Plan

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

We have performed audit of the accompanying financial statements of Bliss & Nyitray, Inc. Profit Sharing 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). 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 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 Bliss & Nyitray, Inc. Profit Sharing 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 for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the 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

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 Bliss & Nyitray, Inc. Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 Bliss & Nyitray, Inc. Profit Sharing 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 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 Bliss & Nyitray, Inc. Profit Sharing 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 Bliss & Nyitray, Inc. Profit Sharing 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.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of or for the year ended 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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).

Report on Compiled 2023 Financial Statement

Management is responsible for the accompanying 2023 financial statement of Bliss & Nyitray, Inc. Profit Sharing Plan, which comprises the statement of net assets available for benefits as of December 31, 2023, and the related notes to the financial statement 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 American Institute of Certified Public Accountants. We did not audit or review the financial statement, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2023 financial statement.



Steven Y. Karp, CPA, P.A.
Coral Springs, Florida
October 14, 2025

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	<u>2024 (Audited)</u>	<u>2023 (Compiled)</u>
Assets:		
Investments, at fair value		
Mutual funds	\$ 4,110,445	\$ 9,609,738
Common/collective trust funds	7,170,770	-
Money market funds	20,601	50,204
Insurance contracts (held outside custodian), at cash surrender value	28,556	30,186
Total Investments, at fair value	<u>11,330,372</u>	<u>9,690,128</u>
Receivables:		
Employer contributions	436,416	-
Notes receivables from participants	150,768	144,330
Total receivables	<u>587,184</u>	<u>144,330</u>
Net Assets Available For Benefits	<u><u>\$ 11,917,556</u></u>	<u><u>\$ 9,834,458</u></u>

The accompanying notes are an integral part of these financial statements

BLISS & NYITRAY, INC. PROFIT SHARING 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	\$ 1,182,133
Interest	1,942
Dividends	117,993
Total investment income	<u>1,302,068</u>

Interest income on notes receivable from participants	<u>10,339</u>
---	---------------

Contributions:

Participants	598,932
Employer	436,416
Rollover	128,543
Total contributions	<u>1,163,891</u>

Total additions	<u>2,476,298</u>
-----------------	------------------

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	728,156
Administrative fees	13,554
Total deductions	<u>741,710</u>

Net increase	<u>1,734,588</u>
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Net Assets Available For Benefits:

Beginning of plan year (as previously reported)	9,834,458
Prior period adjustment (Note 10)	348,510
Beginning of plan year (as restated)	<u>10,182,968</u>

End of plan year	<u><u>\$ 11,917,556</u></u>
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The accompanying notes are an integral part of these financial statements

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

Notes to the Financial Statements December 31, 2024 and 2023

Note 1. Description of the Plan

The following description of Bliss & Nyitray, Inc. Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Bliss & Nyitray, Inc. (the “Company”) who work at least 30 hours per week, have attained age twenty-one, and have completed thirty days of service. Eligible employees may participate in the Plan for the purpose of making elective deferrals. Part-time, temporary, and seasonal employees working fewer than 30 hours per week are excluded from participation.

The Plan was originally effective on April 1, 1968, and was restated effective January 1, 2021. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Governance of the Plan is overseen by the Board of Trustees. The Investment Committee is responsible for determining the appropriateness of the Plan’s investment offerings, monitoring investment performance, and reporting its findings to the Board of Trustees.

Contributions

Eligible participants may elect to reduce their compensation by a specific percentage or dollar amount and have that amount contributed to the Plan on a pretax basis as an elective deferral up to the limits prescribed in the Internal Revenue Code, which were \$23,000 and \$22,500 for years ended 2024 and 2023, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions more than the statutory limits. The limit on catch-up contributions were \$7,500 for years ended 2024 and 2023.

Participants may direct their deferrals into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 3% of eligible compensation. Contributions are automatically invested in a designated balanced fund until changed by the participant.

The Company may make discretionary matching and nonelective contributions. To receive an allocation, participants must generally be employed on the last day of the plan year and have completed 1,000 hours of service, except for terminations due to death, disability, or attainment of normal retirement age.

Participant accounts

Participants direct the investment of their contributions into various investment options offered by the Plan. Each participant’s account is credited with the participant’s contributions and allocations of (a) the Company’s contribution and, (b) Plan earnings, and charged with an allocation of administration fees. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the vested portion of participant’s account.

Vesting

Vesting is the participant’s right to the contributions in their account that cannot be forfeited. Participants are 100% vested in their elective deferral, rollover and safe harbor matching contributions, plus actual earnings thereon. Vesting in the Company’s discretionary additional matching and nonelective contributions to their accounts, plus actual earnings thereon, is based on years of continuous service. Participants vest at 20% after two years of credited service, 40% after three years, 60% after four years, 80% after five years, and fully vested after six years of credited service.

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

Notes to the Financial Statements December 31, 2024 and 2023

Note 1. Description of the Plan (Continued)

Investment options

Participants direct the investment of their accounts among mutual funds, common/collective trust funds, and a money market fund held by the plan custodian. The Plan also holds participant-directed insurance contracts maintained directly with insurance carriers outside the plan's custodian.

Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to 50% of their vested account balance. The notes are secured by the balance in the participants' account and bear interest at rates ranging from 4.25% to 9.50%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited accounts

As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$20,601 and \$50,204, respectively. These accounts will be used to reduce future employer contributions or to pay Plan administrative expenses.

During 2024, the Plan recognized \$15,296 in forfeitures from nonvested accounts of terminated participants and \$1,942 in dividends earned on the forfeiture account. Employer contributions related to the 2023 plan year were reduced by \$45,846 and \$996 of Plan administrative expenses were paid from forfeited nonvested accounts.

Note 2. Summary of Significant Accounting Policies

Basis of presentation

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

Use of estimates

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

Contributions receivable

Participants and employer contributions are recorded in the period they are earned. The contributions receivable were received subsequent to years ended December 31, 2024 and 2023.

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

Notes to the Financial Statements December 31, 2024 and 2023

Note 2. Summary of Significant Accounting Policies (Continued)

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Plan uses the fair-value hierarchy defined in Accounting Standards Codification (ASC) 820, Fair Value Measurement, which prioritizes the inputs used to measure fair value into three levels: Level 1, Level 2, and Level 3 as described in Note 6.

- Mutual funds and money market funds are valued at quoted market prices in active markets and classified as Level 1.
- Common/collective trust funds are valued at net asset value (NAV) as determined by the trustee or fund manager, based on the fair value of the underlying assets, and are measured using the NAV practical expedient (excluded from the hierarchy).
- Participant-directed insurance contracts are valued at their cash-surrender value, which approximates fair value, and are classified as Level 2.
- Participant loans are valued at outstanding principal plus accrued interest, which approximates fair value, and are classified as Level 3.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments includes both realized gains and losses on sales and unrealized appreciation or depreciation in the value of investments held during the year.

Payment of benefits

Benefit payment to participants is recorded when paid.

Plan administration and fees

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

Plan termination

The Company may amend or terminate the Plan at any time. Upon termination, participants become fully vested in their accounts, and Plan assets will be distributed to participants or beneficiaries.

Dates of management's review

Subsequent events were evaluated through the independent auditor's report date, which is the date the financial statements were available to be issued.

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

Notes to the Financial Statements December 31, 2024 and 2023

Note 3. Information Prepared and Certified by Fidelity Personal Trust Company, FSB

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Fidelity Personal Trust Company, FSB.

	<u>2024</u>
Investments, at fair value:	
Mutual funds	\$ 4,110,445
Common/collective trust funds	7,170,770
Money market funds	20,601
Investment income	1,303,698

Note 4. Investments Held Outside Custodian

Certain participant-directed insurance contracts are maintained with insurance carriers outside the Plan's primary custodian. These contracts are owned by the Plan and are stated at their cash surrender value, which approximates fair value. The total cash surrender value of such contracts was \$28,556 and \$30,186 at December 31, 2024 and 2023, respectively. These assets are not included in the custodian's certification of investment completeness.

Note 5. Common/Collective Trust Funds

The Plan invests in common/collective trust funds (CCTs) that are valued at net asset value (NAV) as determined by the trustee of each fund. NAV is based on the fair value of the underlying assets held by each fund, less liabilities, divided by the number of outstanding units at year-end. The NAV practical expedient is used as a measure of fair value for these investments, and therefore, such investments are excluded from the fair-value hierarchy (Levels 1–3).

The underlying assets of the CCTs primarily include equity and fixed-income securities that are valued at quoted market prices or observable market inputs. Participant transactions (purchases and redemptions) are executed at NAV. There are generally no restrictions on participant redemptions of these investments under normal market conditions, and the funds are valued daily by the trustee.

Note 6. Fair Value Measurement

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Market Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are defined as follows:

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

Notes to the Financial Statements December 31, 2024 and 2023

Note 6. Fair Value Measurement (Continued)

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted market prices in markets that are not active; or model-derived valuations or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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

The valuation methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while plan management 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.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

	As of December 31, 2024				
	Fair Value	Level 1	Level 2	Level 3	Measured at NAV
Mutual funds	\$ 4,110,445	\$ 4,110,445	\$ -	\$ -	\$ -
Money market fund	20,601	20,601	-	-	-
Insurance contracts (cash surrender value)	28,556	-	28,556	-	-
Participant loans	150,768	-	-	150,768	-
Common/collective trust funds	7,170,770	-	-	-	7,170,770
Total investments, at fair value	\$ 11,481,140	\$ 4,131,046	\$ 28,556	\$ 150,768	\$ 7,170,770

Common/collective trust funds are measured at net asset value (NAV) as a practical expedient and are therefore excluded from the fair value hierarchy.

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

Notes to the Financial Statements December 31, 2024 and 2023

Note 6. Fair Value Measurement (Continued)

	As of December 31, 2023				Measured
	Fair Value	Level 1	Level 2	Level 3	at NAV
Mutual funds	\$ 9,609,738	\$ 9,609,738	\$ -	\$ -	\$ -
Money market fund	50,204	50,204	-	-	-
Insurance contracts (cash surrender value)	30,186	-	30,186	-	-
Participant loans	144,330	-	-	144,330	-
Total investments, at fair value	<u>\$ 9,834,458</u>	<u>\$ 9,659,942</u>	<u>\$ 30,186</u>	<u>\$ 144,330</u>	<u>\$ -</u>

There were no common/collective trust fund investments held as of December 31, 2023.

Note 7. Tax Status

The Plan operated under a Non-Standardized Profit Sharing/401(k) Plan established by Ingham Retirement Group. The Internal Revenue Service (IRS) has issued a determination letter dated January 25, 2021, accepting the form of the prototype plan. The IRS considers employers who adopt and adhere to the terms and provisions of the prototype plan as meeting the requirements for qualifications in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's trustee and the Plan Administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management has evaluated the tax positions taken by the plan and if a tax liability (or asset) exists for uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax position taken by the Plan, and has concluded that as of December 31, 2024, there were no uncertain position taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Party-In-Interest Transactions

Transactions between the Plan and the Company, the custodian, and any fiduciaries are considered party-in-interest transactions under ERISA. These include employer contributions, payment of plan expenses, and investments in funds managed by the custodian or its affiliates. Such transactions are permitted under ERISA Section 408(b)(2).

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

Notes to the Financial Statements December 31, 2024 and 2023

Note 9. Risks and Uncertainties

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

Note 10. Prior Period Adjustment

During 2024, the Company identified a prior-year error related to employer contributions for the 2023 plan year that were not accrued in the prior year's financial statements but were subsequently funded in 2024. Accordingly, beginning net assets available for benefits as of January 1, 2024, increased by \$348,510 to reflect the correction. The adjustment had no impact on ending net assets as of December 31, 2024.

Note 11. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of the net increase in net assets available for benefits as reported in the financial statements to Form 5500, Schedule H, line 2k:

	<u>2024</u>
Net increase in net assets available for benefits per the financial statements	\$ 1,734,588
Add: Prior period adjustment related to 2023 employer contribution	<u>348,510</u>
Net increase per Form 5500	<u>\$ 2,083,098</u>

The difference between the financial statements and Form 5500 is due solely to a prior period adjustment recorded in the financial statements to recognize the employer contribution for the 2023 plan year that had not been accrued previously. Form 5500 presents this contribution as an addition in the current year, resulting in a higher increase in net assets available for benefits compared to the financial statements.

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

Supplemental Schedule

For the Year Ended December 31, 2024

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

EIN: 59-1203311

Plan: 001

Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Item 4i

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investments	Cost	Current Value
Money Market Fund:				
*	Fidelity Investments	Fidelity Government Money Market		\$ 20,601
Mutual Funds:				
	Allspring Global Investments	Allspring Core Bond R6	**	174,246
	Cohen & Steers	Cohen & Steers Global Infrastructure I	**	122,434
*	Fidelity Investments	Fidelity 500 Index	**	1,074,492
*	Fidelity Investments	Fidelity Extended Market Index	**	219,093
*	Fidelity Investments	Fidelity International Index	**	302,484
	PGIM	PGIM Total Return Bond R6	**	174,377
	Pacific Investment Management Company	PIMCO Income Fund Institutional	**	116,120
	Vanguard Group	Vanguard Growth Index Admiral	**	714,138
	Vanguard Group	Vanguard Mid-Cap Growth Index Admiral	**	61,175
	Vanguard Group	Vanguard Mid-Cap Value Index Admiral	**	44,752
	Vanguard Group	Vanguard Short-Term Bond Index Adm	**	116,432
	Vanguard Group	Vanguard Small Cap Growth Index Admiral	**	63,002
	Vanguard Group	Vanguard Small Cap Value Index Admiral	**	61,747
	Vanguard Group	Vanguard Total World Stock Index Admiral	**	483,310
	Vanguard Group	Vanguard Value Index Adm	**	382,642
Common/Collective Trust Funds:				
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2025 CIT	**	681,148
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2030 CIT	**	935,181
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2035 CIT	**	1,135,708
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2040 CIT	**	151,864
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2045 CIT	**	75,577
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2050 CIT	**	344,351
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2055 CIT	**	670,612
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2060 CIT	**	728,953
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2065 CIT	**	462,687
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend Completion CIT	**	732,715
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend Income CIT	**	1,251,974
Participant Directed Insurance Contracts (Held Outside Plan Custodian):				
	Jackson National Life Insurance	Cash Surrender Value of Participant Life Insurance Policies	**	3,175
	Equitable Financial Life Insurance Company	Cash Surrender Value of Participant Life Insurance Policies	**	25,381
Total investments, at Fair Value				<u>\$ 11,330,372</u>
*	Participants	Participant Loans (interest rates 4.25% - 9.50%, maturities through 2029, secured by participant account balances)	**	<u>\$ 150,768</u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant-directed investments.

BLISS & NYITRAY, INC. PROFIT SHARING PLAN

EIN: 59-1203311

Plan: 001

Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Item 4i

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Description of Investments	Cost	Current Value
Money Market Fund:				
*	Fidelity Investments	Fidelity Government Money Market		\$ 20,601
Mutual Funds:				
	Allspring Global Investments	Allspring Core Bond R6	**	174,246
	Cohen & Steers	Cohen & Steers Global Infrastructure I	**	122,434
*	Fidelity Investments	Fidelity 500 Index	**	1,074,492
*	Fidelity Investments	Fidelity Extended Market Index	**	219,093
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	PGIM	PGIM Total Return Bond R6	**	174,377
	Pacific Investment Management Company	PIMCO Income Fund Institutional	**	116,120
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	Vanguard Group	Vanguard Small Cap Value Index Admiral	**	61,747
	Vanguard Group	Vanguard Total World Stock Index Admiral	**	483,310
	Vanguard Group	Vanguard Value Index Adm	**	382,642
Common/Collective Trust Funds:				
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2025 CIT	**	681,148
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2030 CIT	**	935,181
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2035 CIT	**	1,135,708
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2040 CIT	**	151,864
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2045 CIT	**	75,577
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2050 CIT	**	344,351
	Ivesco Great Plans Solution Trust (PIMCO)	PIMCO RealPath Blend 2055 CIT	**	670,612
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Participant Directed Insurance Contracts (Held Outside Plan Custodian):				
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Total investments, at Fair Value				<u>\$ 11,330,372</u>
*	Participants	Participant Loans (interest rates 4.25% - 9.50%, maturities through 2029, secured by participant account balances)	**	<u>\$ 150,768</u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant-directed investments.