

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: JAWONIO, INC. 403(B)THRIFT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): JAWONIO, INC.
2b Employer Identification Number (EIN): 13-1761660
2c Plan Sponsor's telephone number: 845-639-3524
2d Business code (see instructions): 813000

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	744
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)	397
	6a(2)	600
	6b	1
	6c	354
	6d	955
	6e	0
	6f	955
	6g(1)	955
	6g(2)	955
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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 JAWONIO, INC. 403(B)THRIFT PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 JAWONIO, INC.		D Employer Identification Number (EIN) 13-1761660	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	008348-C-10	10	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4 349853
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 306884
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 44939
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 44939
d	Total of balance and additions (add lines 7b and 7c(6))	7d 351823
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1854
	(2) Administration charge made by carrier.....	7e(2) 116
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 1970	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 349853

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan JAWONIO, INC. 403(B)THRIFT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 JAWONIO, INC.</p>	<p>D Employer Identification Number (EIN) 13-1761660</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VC3612	1	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="color: blue; font-weight: bold;">540</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

OLIVE, DAVIS I
 45 KNOLLWOOD ROAD
 SUITE 204
 ELMSFORD, NY 10523

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
324			

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

SUPPO-NOTT, EILEEN
 45 KNOLLWOOD ROAD
 SUITE 204
 ELMSFORD, NY 10523

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
108			

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

ROCHE, DYLAN

45 KNOLLWOOD ROAD
SUITE 204
ELMSFORD, NY 10523

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
108			

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

STEIN, ROBERT

45 KNOLLWOOD ROAD
SUITE 204
ELMSFORD, NY 10523

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

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

LASKY, STEVEN

45 KNOLLWOOD ROAD
SUITE 204
ELMSFORD, NY 10523

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	531458
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **CONTRACT WITH UNALLOCATED FUNDS**

b Balance at the end of the previous year	7b	531740
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	21353	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	21353
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d Total of balance and additions (add lines 7b and 7c(6))	7d	553093
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	21615	
	7e(2)	20	
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	21635
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	531458
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan JAWONIO, INC. 403(B)THRIFT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 JAWONIO, INC.</p>	<p>D Employer Identification Number (EIN) 13-1761660</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829		0825094	26	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	104600
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1651006

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **CONTRACT WITH UNALLOCATED FUNDS**

b Balance at the end of the previous year **7b** 228059

c Additions: (1) Contributions deposited during the year	7c(1)	200
	7c(2)	
	7c(3)	6465
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 6665

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 234724

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	130044
(2) Administration charge made by carrier.....	7e(2)	80
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 130124

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 104600

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan JAWONIO, INC. 403(B)THRIFT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 JAWONIO, INC.</p>	<p>D Employer Identification Number (EIN) 13-1761660</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3044743	91596	N3 005 028	1	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	11500
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	11500
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	11500
(5) Total deductions	7e(5)	11500
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan JAWONIO, INC. 403(B)THRIFT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 JAWONIO, INC.	D Employer Identification Number (EIN) 13-1761660	

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

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

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

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

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

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

BENEFIT PLANS ADMIN SERVICES, INC.

6 RHODS DRIVE, SUITE 7
UTICA, NY 13502-6374

16-1503696

(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?
		140338	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FOCUSED WEALTH MANAGEMENT

11 BALMVILLE RD. SUITE 2N
NEWBURGH, NY 12550

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

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

SPECTRUM PENSION AND COMPENSATION

11 RACQUET ROAD
NEWBURGH, NY 12550

(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?
		17991	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>JAWONIO, INC. 403(B)THRIFT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JAWONIO, INC.</u>	D Employer Identification Number (EIN) <u>13-1761660</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MOA TAX DEF ANNUITY SEPARATE ACCOUN</u>		
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INS COMPANY</u>		
c EIN-PN <u>13-1614399-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT AND ANNUITY COMPANY</u>		
c EIN-PN <u>71-0294708-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MET LIFE SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-5581829-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 JAWONIO, INC. 403(B)THRIFT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 JAWONIO, INC.	D Employer Identification Number (EIN) 13-1761660

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	526729
(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)	
(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)	179707 208802
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	1698590 1967984
(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)	10479617 11674217
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	817438 990946
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13175352	15368678
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13175352	15368678

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)	1118340	
(B) Participants.....	2a(1)(B)	697837	
(C) Others (including rollovers).....	2a(1)(C)	16490	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1832667
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	2860	
(F) Other.....	2b(1)(F)	76548	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		79408
(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)	507292	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		507292
(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)		1049103
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3468470

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1098089	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	17957	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1116046
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	159098	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		159098
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1275144

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2193326
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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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		1500000
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 _____.

Jawonio Inc. 403(b) Thrift Plan

EIN 13-1761660 PN 002

**Independent Auditor's Report, Financial Statements,
and Supplemental Information**

December 31, 2024 and 2023

**Jawonio Inc. 403(b) Thrift Plan
Contents
December 31, 2024 and 2023**

Independent Auditor’s Report..... 1

Financial Statements

 Statements of Net Assets Available for Benefits..... 3

 Statements of Changes in Net Assets Available for Benefits 4

 Notes to Financial Statements 5

Supplemental Schedules

 Schedule H, Line 4i – Schedule of Assets (Held at End of Year)..... 13

Independent Auditor's Report

Plan Administrator and Board of Directors
Jawonio Inc. 403(b) Thrift Plan
New City, New York

Report on Financial Statements

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

We were engaged to perform audits of the financial statements of Jawonio Inc. 403(b) Thrift Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have 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 qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate to the best of their knowledge.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

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 within one year after the date that these 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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section it is inappropriate to, and we do not express an opinion on this supplemental schedule.

Forvis Mazars, LLP

**New York, New York
October 15, 2025**

Federal Employer Identification Number: 44-0160260

**Jawonio Inc. 403(b) Thrift Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
At fair value	\$ 14,101,689	\$ 12,452,405
At contract value	<u>531,458</u>	<u>543,240</u>
	<u>14,633,147</u>	<u>12,995,645</u>
Receivables		
Employer contributions receivable	526,729	-
Notes receivable from participants	<u>208,802</u>	<u>179,707</u>
Total Receivables	<u>735,531</u>	<u>179,707</u>
Net Assets Available for Benefits	<u>\$ 15,368,678</u>	<u>\$ 13,175,352</u>

Jawonio Inc. 403(b) Thrift Plan
Statements of Changes in Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Additions		
Investment Income		
Net appreciation in fair value of investments	\$ 1,115,395	\$ 1,475,423
Interest income	10,256	7,329
Dividend income	507,292	355,906
Net Investment Income	<u>1,632,943</u>	<u>1,838,658</u>
Interest Income on Notes Receivable from Participants	<u>2,860</u>	<u>109</u>
Contributions		
Employer	1,118,340	-
Participants	697,837	721,886
Rollovers	16,490	-
Total Contributions	<u>1,832,667</u>	<u>721,886</u>
Total Additions	<u>3,468,470</u>	<u>2,560,653</u>
Deductions		
Benefits paid directly to participants	1,098,089	1,034,586
Deemed distributions of participant loans	17,957	33,267
Administrative expenses	159,098	119,020
Total Deductions	<u>1,275,144</u>	<u>1,186,873</u>
Net Increase	2,193,326	1,373,780
Net Assets Available for Benefits, Beginning of Year	<u>13,175,352</u>	<u>11,801,572</u>
Net Assets Available for Benefits, End of Year	<u>\$ 15,368,678</u>	<u>\$ 13,175,352</u>

Note 1. Description of the Plan

General

The following description of Jawonio Inc. 403(b) Thrift Plan (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan sponsored by Jawonio Inc. (Sponsor) for the benefit of its employees. All eligible employees may become eligible to participate in the Plan, with respect to making elective deferrals, beginning on the date of hire. Employees who are non-resident aliens described in Code Section 401(b)(3)(C), who normally work fewer than 20 hours per week, on-call employees, per diem employees, and contract cleaners are not eligible to participate in the Plan. To be eligible for Sponsor contributions under the Plan, employees must be 21 years of age and have one year of service, defined as 1,000 hours of service.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

On January 1, 2024, the Plan was amended to revise the eligibility requirements to make elective and Roth deferrals to the Plan.

The Plan's investments are held by Mutual of America Life Insurance Company (MOA), Voya Retirement Insurance and Annuity Company (Voya), Metropolitan Life Insurance Company (MetLife), Benefit Plan Administrative Services, Inc. (BPAS), Invesco Trust Company (ITC), and New York Life Insurance and Annuity Corporation (New York Life) through custodial arrangements made with the Plan.

Contributions

The Plan permits eligible employees to have the Sponsor make annual contributions of up to 100% of eligible compensation through a salary deferral election. The Employer may make non-elective contributions to the Plan. Whether or not the non-elective contributions will be made, and the amount of the non-elective contributions will be determined by the plan administrator each year in their sole discretion. Contributions are subject to certain limitations. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan allows for special code 403(b) catch-up contributions for those participants with 15 years of service. Non elective employer contributions of \$1,118,340 were recorded for the fiscal year ended December 31, 2024 which include contributions for 2023 of \$590,522.

Participant Investment Account Options

Investment account options available include various annuity accounts, a pooled separate account, and mutual funds. Each participant has the option of directing contributions into any of the investment account options selected by the Sponsor and may change the allocation to the extent permitted by the individual agreements.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Sponsor's contributions, and plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, 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 always 100% vested in their voluntary contributions plus actual earnings thereon. Participants are fully vested in Sponsor contributions after three years of service, or upon death, permanent disability, or reaching 55 years of age (early retirement age).

Notes Receivable from Participants

The Plan Document includes provisions authorizing loans from the Plan to active eligible participants. Loans are made to any eligible participant demonstrating a qualifying need. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loans is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings or directly by the participants. Interest on the loans is based on local prevailing rates as determined by the plan administrator. The interest rate is set by the Plan Administration and ranges from 3.25% to 8.50% for the years ended December 31, 2024 and 2023. Maturity dates range through October 2029.

Payment of Benefits

Upon termination of service, retirement, disability, or death, a participant or beneficiary who will receive the balance in the participant's account may elect any method of payment permitted by the affected annuity contract(s). Prior to termination of service, participants may also receive distributions from their accounts in the form of hardship withdrawals and in-service withdrawals after reaching 59½ years of age. If the balance of the account is less than \$3,500, it will be paid in a lump-sum payment.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$1,734 and \$18,289, respectively. These accounts will be used to reduce plan expenses. During the years ended December 31, 2024 and 2023, \$16,821 and \$125 was used to reduce expenses, respectively.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. Pooled separate accounts are valued at estimated fair value as provided by custodians.

The Plan's general investment account with Met Life and Mutual of America is valued at fair value. The fair value of the general investment account is calculated by the custodian utilizing current interest rates. There are no front-end or back-end charges and the value reflected on the statement is immediately redeemable. The account is similar to a cash equivalent and is issued with variable rates that are periodically adjusted based on changes in economic conditions.

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals, and administration expenses.

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

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

Plan Loans

While the Plan allows for participant loans, Met Life issues loans to plan participants outside the scope of the Plan. Participants pledge as security a portion of their balance in Met life, which represents 125% of the outstanding loan balance. The amount pledged as collateral on December 31, 2024 and 2023, was approximately \$18,789 and \$21,789, respectively. The plan loans have an interest rate of 5% as of December 31, 2024 and 2023.

The Employee Benefit Security Administration (EBSA) has expressed concern that the pledging of collateral of a participant's balance could be considered a prohibited transaction; however, formal guidance has yet to be issued by EBSA.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain administrative expenses, which are not paid by the Plan, are paid by the Sponsor.

Note 3. Certification of Plan Custodians

The plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, MOA, VOYA, Met Life, ITC, and Hand Benefits & Trust, qualified institutions, have certified the following information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

**Jawonio Inc. 403(b) Thrift Plan
Notes to Financial Statements
December 31, 2024 and 2023**

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023
- Investment information and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2024

For the years ended December 31, 2024 and 2023, assets of \$0 and \$11,500, respectively, held by New York Life are not covered under these certifications.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Note 4. Disclosures About Fair Value of Plan Assets and Liabilities

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, 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 supported by little or no market activity and that are significant to the fair value of the assets or liabilities

**Jawonio Inc. 403(b) Thrift Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Recurring Measurements

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2024 and 2023:

	2024			
	Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
	Total			
Pooled separate accounts	\$ 1,967,984	\$ -	\$ 1,967,984	\$ -
Mutual funds	11,983,483	11,983,483	-	-
Interest accumulation accounts	150,222	-	150,222	-
Total investments in the fair value hierarchy	\$ 14,101,689	\$ 11,983,483	\$ 2,118,206	\$ -

	2023			
	Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
	Total			
Pooled separate accounts	\$ 1,698,590	\$ -	\$ 1,698,590	\$ -
Mutual funds	10,479,617	10,479,617	-	-
Interest accumulation accounts	274,198	-	274,198	-
Total investments in the fair value hierarchy	\$ 12,452,405	\$ 10,479,617	\$ 1,972,788	\$ -

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy.

Note 5. Investment Contract with Insurance Company

The Plan's investment in a fully benefit-responsive fixed annuity contract is comprised of a guaranteed insurance contract established between the Plan's participants and Voya Retirement Insurance and Annuity Company. This contract guaranteed the participants' principal and a minimum interest rate. In addition, participants have the opportunity to earn amounts in excess of the guaranteed rate.

Voya Retirement Insurance and Annuity Company maintains plan contributions in separate accounts. The accounts are credited with contributions and earnings on the underlying investments and are charged for plan withdrawals. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

The fixed annuity contract guaranteed minimum returns are supported by the Voya Retirement Insurance and Annuity Company General Account portfolio, which invests primarily in U.S. debt instruments and investment grade corporate bonds; however, is also permitted to invest in higher risk securities, including but not limited to, sub-investment grade corporate bonds, common stock, and real estate. The assets and earnings from this portfolio are used to pay the guaranteed interest rate associated with the annuity contracts, as well as future annuity payments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Sponsor or other events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The crediting interest of the contract is based on a formula agreed upon with the issuer. Such interest rates are reviewed and reset on a quarterly basis.

Note 6. Tax Status

The Plan operates under a volume submitter agreement in connection with a volume submitter plan document sponsored Benefits Plan Administrative Services, LLC. This volume submitter plan document has obtained an advisory letter from the IRS stating that the volume submitter satisfies the requirements under Section 403(b) of the Internal Revenue Code. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and not subject to tax.

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 Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Risks and Uncertainties

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

Note 8. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain plan investments are units of the general account of and/or separate accounts and mutual funds managed by MOA, Voya, MetLife, BPAS or New York Life and, therefore, these transactions qualify as party-in-interest transactions. ITC and BPAS also hold certain of the Plan's investment assets and execute investment transactions and, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions. Such transactions are permitted under the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

The Plan paid \$159,098 and \$119,020 of record-keeping fees and investment management fees during the years ended December 31, 2024 and 2023, respectively. The Sponsor provides certain administrative services at no cost to the Plan.

Note 9. Plan Termination

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

Note 10. Subsequent Events

Subsequent events have been evaluated through October 15, 2025, which is the date the financial statements were available to be issued.

Supplementary Information

Jawonio Inc. 403(b) Thrift Plan
EIN 13-1761660 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Guaranteed Investment Contract			
*	Voya Fixed Account	Voya Fixed Account		\$ 531,458
	Total Guaranteed Interest Contracts			<u>531,458</u>
	General Account			
	Met Life	Met Life Guaranteed Interest Account		104,600
*	Mutual of America	Mutual of America Interest Accumulation Account		<u>45,622</u>
	Total General Accounts			<u>150,222</u>
	Pooled Separate Accounts			
*	Mutual of America Life Insurance Company	Mutual of America All America Fund		16,658
*	Mutual of America Life Insurance Company	Mutual of America Intermediate Bond Fund		8,126
*	Mutual of America Life Insurance Company	Mutual of America Balanced Fund		17,863
*	Mutual of America Life Insurance Company	Mutual of America Equity Index Fund		92,034
*	Mutual of America Life Insurance Company	Mutual of America Mid-Cap Equity Index Fund		31,349
*	Mutual of America Life Insurance Company	Mutual of America Core Bond Fund		12,022
*	Mutual of America Life Insurance Company	Mutual of America Small Cap Growth Fund		25,484
*	Mutual of America Life Insurance Company	Mutual of America Small Cap Value Fund		21,197
*	DWS	DWS Capital Growth VIP		76,891
*	Fidelity	Fidelity VIP Asset Manager Portfolio		2,608
*	Metropolitan Life Insurance Company	American Funds® Global Small Capitalization Fund		20,781
*	Metropolitan Life Insurance Company	American Funds® Growth Fund		211,608
*	Metropolitan Life Insurance Company	American Funds® Growth-Income Fund		147,703
*	Metropolitan Life Insurance Company	Baillie Gifford International Stock		6,781
*	Metropolitan Life Insurance Company	Brighthouse Asset Allocation 100 Portfolio		10,778
*	Metropolitan Life Insurance Company	Brighthouse Asset Allocation 60 Portfolio		4,146
*	Metropolitan Life Insurance Company	Brighthouse/Artisan Mid Cap Value Portfolio		49,839
*	Metropolitan Life Insurance Company	Brighthouse/Wellington Large Cap Research Portfolio		68,534
*	Metropolitan Life Insurance Company	Brighthouse/Wellington Core Equity Opportunities Portfolio		67,821
*	Metropolitan Life Insurance Company	BlackRock Capital Appreciation Portfolio		90,592
*	Metropolitan Life Insurance Company	CBRE Global Real Estate Portfolio		21,937
*	Metropolitan Life Insurance Company	Frontier Mid Cap Growth Portfolio		1,492
*	Metropolitan Life Insurance Company	Harris Oakmark International Portfolio		73,444
*	Metropolitan Life Insurance Company	Invesco Small Cap Growth Portfolio		54,062
*	Metropolitan Life Insurance Company	Invesco Global Equity Portfolio		179
*	Metropolitan Life Insurance Company	Jennison Growth Portfolio		79,365
*	Metropolitan Life Insurance Company	Loomis Sayles Small Cap Core Portfolio		62,375
*	Metropolitan Life Insurance Company	Loomis Sayles Small Cap Growth Portfolio		66,383
*	Metropolitan Life Insurance Company	MetLife Aggregate Bond Index Portfolio		98
*	Metropolitan Life Insurance Company	MetLife Russell 2000 Index Portfolio		53,963
*	Metropolitan Life Insurance Company	MetLife Mid Cap Stock Index Portfolio		83,342
*	Metropolitan Life Insurance Company	MFS® Research International Portfolio		9,851
*	Metropolitan Life Insurance Company	MFS® Value Portfolio		6,448
*	Metropolitan Life Insurance Company	MFS® Value Portfolio E		5,412
*	Metropolitan Life Insurance Company	Morgan Stanley Institutional Fund Trust Discovery Portfolio		9,926
*	Metropolitan Life Insurance Company	MetLife MSCI EAFE® Index Portfolio		1,241
*	Metropolitan Life Insurance Company	Neuberger Berman Genesis Portfolio		28,615
*	Metropolitan Life Insurance Company	PIMCO Inflation Protected Bond Portfolio		1,094
*	Metropolitan Life Insurance Company	PIMCO Total Return Portfolio		3,377
*	Metropolitan Life Insurance Company	MetLife Stock Index Portfolio		288
*	Metropolitan Life Insurance Company	T. Rowe Price Large Cap Growth Portfolio		4,256
*	Metropolitan Life Insurance Company	T. Rowe Price Mid Cap Growth Portfolio		90,615
*	Metropolitan Life Insurance Company	T. Rowe Price Small Cap Growth Portfolio		238,243
*	Metropolitan Life Insurance Company	Victory Sycamore Mid Cap Value Portfolio		41,965
*	Metropolitan Life Insurance Company	Western Asset Management U.S. Government Portfolio		8,693
*	Metropolitan Life Insurance Company	Western Asset Management Strategic Bond Opportunities Portfolio		25,758
*	Metropolitan Life Insurance Company	Loan Collateral		<u>12,747</u>
	Total Pooled Separate Accounts			<u>1,967,984</u>

Jawonio Inc. 403(b) Thrift Plan
EIN 13-1761660 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Mutual Funds			
	American Funds	American Funds Nw Prspctv R6		8,819
	Columbia	Columbia Strategic Income I-3		24,762
	Fidelity	Fidelity Emg Mkts Idx Instl Pr		50,454
*	Invesco	Invesco Gold & Spec Minrls R6		74,193
	JPMorgan	Jpmorgan Glb Bond Opp R6		51,394
	Vanguard	Vanguard Energy Admiral		65,341
	Vanguard	Vanguard Federal Money Market		87,564
	Vanguard	Vanguard Growth Index Admiral		491,261
	Vanguard	Vanguard Health Care Index Adm		23,757
	Vanguard	Vanguard Inflatn-prot Sec Adm		16,091
	Vanguard	Vanguard Inter-tm Bd Idx Adm		78,676
	Vanguard	Vanguard Mid-cap Index Admiral		278,758
	Vanguard	Vanguard Real Estate Index Adm		12,070
	Vanguard	Vanguard Small-cap Index Adm		192,343
	Vanguard	Vanguard Target Retirem't 2020		908,103
	Vanguard	Vanguard Target Retirem't 2025		1,703,866
	Vanguard	Vanguard Target Retirem't 2030		1,982,449
	Vanguard	Vanguard Target Retirem't 2035		1,526,941
	Vanguard	Vanguard Target Retirem't 2040		723,768
	Vanguard	Vanguard Target Retirem't 2045		634,642
	Vanguard	Vanguard Target Retirem't 2050		330,616
	Vanguard	Vanguard Target Retirem't 2055		288,972
	Vanguard	Vanguard Target Retirem't 2060		145,925
	Vanguard	Vanguard Tgt Retirem't Income		638,981
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm		168,920
	Vanguard	Vanguard Ttl Int'l Stk Ind Adm		67,350
	Vanguard	Vanguard Ttl Stk Mkt Index Adm		395,605
*	Invesco	Invesco Active Allocation Fund		176,502
*	Invesco	Invesco Core Plus Bond A		2,775
*	Invesco	Invesco Capital Appreciation Fund Class A		20,412
*	Invesco	Invesco Fundamental Alternatives Fund		72,225
*	Invesco	Invesco Global Fund A		114,833
*	Invesco	Invesco International Equity Fund Class A		5,787
*	Invesco	Invesco Main Street Fund A		603,158
*	Invesco	Invesco Multi-Asset Income Fund A		4,362
*	Invesco	Oppenheimer International Growth Fund A		205
*	Invesco	Invesco Real Estate Fund Class A		2,914
*	Invesco	Invesco U.S. Government Money Portfolio Class Y		8,689
	Total Mutual Funds			<u>11,983,483</u>
	Notes Receivable from Participants	Participant loans with interest rates between 3.25% to 8.5 %, various maturity dates through October 2029		<u>208,802</u>
				<u>\$ 14,841,949</u>

* Party-in-interest as defined by ERISA

** Cost data is not required for participant-directed funds.

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

- 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

1a Name of plan JAWONIO, INC. 403(B) THRIFT PLAN	1b Three-digit plan number (PN) ▶	002
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) JAWONIO, INC. 260 N. LITTLE TOR ROAD NEW CITY NY 10956	1c Effective date of plan 01/01/2009	2b Employer Identification Number (EIN) 13-1761660
	2c Plan Sponsor's telephone number 845-639-3524	2d Business code (see instructions) 813000

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	<i>Randi Rios-Castro</i>	10/15/25	RANDI RIOS-CASTRO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Randi Rios-Castro</i>	10/15/25	RANDI RIOS-CASTRO
	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

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

Form 5500 (2024)

Jawonio Inc. 403(b) Thrift Plan

EIN 13-1761660 PN 002

**Independent Auditor's Report, Financial Statements,
and Supplemental Information**

December 31, 2024 and 2023

**Jawonio Inc. 403(b) Thrift Plan
Contents
December 31, 2024 and 2023**

Independent Auditor’s Report..... 1

Financial Statements

 Statements of Net Assets Available for Benefits..... 3

 Statements of Changes in Net Assets Available for Benefits 4

 Notes to Financial Statements 5

Supplemental Schedules

 Schedule H, Line 4i – Schedule of Assets (Held at End of Year)..... 13

Independent Auditor's Report

Plan Administrator and Board of Directors
Jawonio Inc. 403(b) Thrift Plan
New City, New York

Report on Financial Statements

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

We were engaged to perform audits of the financial statements of Jawonio Inc. 403(b) Thrift Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have 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 qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate to the best of their knowledge.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

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 within one year after the date that these 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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section it is inappropriate to, and we do not express an opinion on this supplemental schedule.

Forvis Mazars, LLP

**New York, New York
October 15, 2025**

Federal Employer Identification Number: 44-0160260

Jawonio Inc. 403(b) Thrift Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
At fair value	\$ 14,101,689	\$ 12,452,405
At contract value	<u>531,458</u>	<u>543,240</u>
	<u>14,633,147</u>	<u>12,995,645</u>
Receivables		
Employer contributions receivable	526,729	-
Notes receivable from participants	<u>208,802</u>	<u>179,707</u>
Total Receivables	<u>735,531</u>	<u>179,707</u>
Net Assets Available for Benefits	<u>\$ 15,368,678</u>	<u>\$ 13,175,352</u>

Jawonio Inc. 403(b) Thrift Plan
Statements of Changes in Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Additions		
Investment Income		
Net appreciation in fair value of investments	\$ 1,115,395	\$ 1,475,423
Interest income	10,256	7,329
Dividend income	507,292	355,906
Net Investment Income	1,632,943	1,838,658
Interest Income on Notes Receivable from Participants	2,860	109
Contributions		
Employer	1,118,340	-
Participants	697,837	721,886
Rollovers	16,490	-
Total Contributions	1,832,667	721,886
Total Additions	3,468,470	2,560,653
Deductions		
Benefits paid directly to participants	1,098,089	1,034,586
Deemed distributions of participant loans	17,957	33,267
Administrative expenses	159,098	119,020
Total Deductions	1,275,144	1,186,873
Net Increase	2,193,326	1,373,780
Net Assets Available for Benefits, Beginning of Year	13,175,352	11,801,572
Net Assets Available for Benefits, End of Year	\$ 15,368,678	\$ 13,175,352

Note 1. Description of the Plan

General

The following description of Jawonio Inc. 403(b) Thrift Plan (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan sponsored by Jawonio Inc. (Sponsor) for the benefit of its employees. All eligible employees may become eligible to participate in the Plan, with respect to making elective deferrals, beginning on the date of hire. Employees who are non-resident aliens described in Code Section 401(b)(3)(C), who normally work fewer than 20 hours per week, on-call employees, per diem employees, and contract cleaners are not eligible to participate in the Plan. To be eligible for Sponsor contributions under the Plan, employees must be 21 years of age and have one year of service, defined as 1,000 hours of service.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

On January 1, 2024, the Plan was amended to revise the eligibility requirements to make elective and Roth deferrals to the Plan.

The Plan's investments are held by Mutual of America Life Insurance Company (MOA), Voya Retirement Insurance and Annuity Company (Voya), Metropolitan Life Insurance Company (MetLife), Benefit Plan Administrative Services, Inc. (BPAS), Invesco Trust Company (ITC), and New York Life Insurance and Annuity Corporation (New York Life) through custodial arrangements made with the Plan.

Contributions

The Plan permits eligible employees to have the Sponsor make annual contributions of up to 100% of eligible compensation through a salary deferral election. The Employer may make non-elective contributions to the Plan. Whether or not the non-elective contributions will be made, and the amount of the non-elective contributions will be determined by the plan administrator each year in their sole discretion. Contributions are subject to certain limitations. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan allows for special code 403(b) catch-up contributions for those participants with 15 years of service. Non elective employer contributions of \$1,118,340 were recorded for the fiscal year ended December 31, 2024 which include contributions for 2023 of \$590,522.

Participant Investment Account Options

Investment account options available include various annuity accounts, a pooled separate account, and mutual funds. Each participant has the option of directing contributions into any of the investment account options selected by the Sponsor and may change the allocation to the extent permitted by the individual agreements.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Sponsor's contributions, and plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, 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 always 100% vested in their voluntary contributions plus actual earnings thereon. Participants are fully vested in Sponsor contributions after three years of service, or upon death, permanent disability, or reaching 55 years of age (early retirement age).

Notes Receivable from Participants

The Plan Document includes provisions authorizing loans from the Plan to active eligible participants. Loans are made to any eligible participant demonstrating a qualifying need. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loans is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings or directly by the participants. Interest on the loans is based on local prevailing rates as determined by the plan administrator. The interest rate is set by the Plan Administration and ranges from 3.25% to 8.50% for the years ended December 31, 2024 and 2023. Maturity dates range through October 2029.

Payment of Benefits

Upon termination of service, retirement, disability, or death, a participant or beneficiary who will receive the balance in the participant's account may elect any method of payment permitted by the affected annuity contract(s). Prior to termination of service, participants may also receive distributions from their accounts in the form of hardship withdrawals and in-service withdrawals after reaching 59½ years of age. If the balance of the account is less than \$3,500, it will be paid in a lump-sum payment.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$1,734 and \$18,289, respectively. These accounts will be used to reduce plan expenses. During the years ended December 31, 2024 and 2023, \$16,821 and \$125 was used to reduce expenses, respectively.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. Pooled separate accounts are valued at estimated fair value as provided by custodians.

The Plan's general investment account with Met Life and Mutual of America is valued at fair value. The fair value of the general investment account is calculated by the custodian utilizing current interest rates. There are no front-end or back-end charges and the value reflected on the statement is immediately redeemable. The account is similar to a cash equivalent and is issued with variable rates that are periodically adjusted based on changes in economic conditions.

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals, and administration expenses.

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

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

Plan Loans

While the Plan allows for participant loans, Met Life issues loans to plan participants outside the scope of the Plan. Participants pledge as security a portion of their balance in Met life, which represents 125% of the outstanding loan balance. The amount pledged as collateral on December 31, 2024 and 2023, was approximately \$18,789 and \$21,789, respectively. The plan loans have an interest rate of 5% as of December 31, 2024 and 2023.

The Employee Benefit Security Administration (EBSA) has expressed concern that the pledging of collateral of a participant's balance could be considered a prohibited transaction; however, formal guidance has yet to be issued by EBSA.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain administrative expenses, which are not paid by the Plan, are paid by the Sponsor.

Note 3. Certification of Plan Custodians

The plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, MOA, VOYA, Met Life, ITC, and Hand Benefits & Trust, qualified institutions, have certified the following information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

**Jawonio Inc. 403(b) Thrift Plan
Notes to Financial Statements
December 31, 2024 and 2023**

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023
- Investment information and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2024

For the years ended December 31, 2024 and 2023, assets of \$0 and \$11,500, respectively, held by New York Life are not covered under these certifications.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Note 4. Disclosures About Fair Value of Plan Assets and Liabilities

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, 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 supported by little or no market activity and that are significant to the fair value of the assets or liabilities

**Jawonio Inc. 403(b) Thrift Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Recurring Measurements

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2024 and 2023:

	2024			
	Total	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts	\$ 1,967,984	\$ -	\$ 1,967,984	\$ -
Mutual funds	11,983,483	11,983,483	-	-
Interest accumulation accounts	150,222	-	150,222	-
Total investments in the fair value hierarchy	\$ 14,101,689	\$ 11,983,483	\$ 2,118,206	\$ -

	2023			
	Total	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts	\$ 1,698,590	\$ -	\$ 1,698,590	\$ -
Mutual funds	10,479,617	10,479,617	-	-
Interest accumulation accounts	274,198	-	274,198	-
Total investments in the fair value hierarchy	\$ 12,452,405	\$ 10,479,617	\$ 1,972,788	\$ -

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy.

Note 5. Investment Contract with Insurance Company

The Plan's investment in a fully benefit-responsive fixed annuity contract is comprised of a guaranteed insurance contract established between the Plan's participants and Voya Retirement Insurance and Annuity Company. This contract guaranteed the participants' principal and a minimum interest rate. In addition, participants have the opportunity to earn amounts in excess of the guaranteed rate.

Voya Retirement Insurance and Annuity Company maintains plan contributions in separate accounts. The accounts are credited with contributions and earnings on the underlying investments and are charged for plan withdrawals. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

The fixed annuity contract guaranteed minimum returns are supported by the Voya Retirement Insurance and Annuity Company General Account portfolio, which invests primarily in U.S. debt instruments and investment grade corporate bonds; however, is also permitted to invest in higher risk securities, including but not limited to, sub-investment grade corporate bonds, common stock, and real estate. The assets and earnings from this portfolio are used to pay the guaranteed interest rate associated with the annuity contracts, as well as future annuity payments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Sponsor or other events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The crediting interest of the contract is based on a formula agreed upon with the issuer. Such interest rates are reviewed and reset on a quarterly basis.

Note 6. Tax Status

The Plan operates under a volume submitter agreement in connection with a volume submitter plan document sponsored Benefits Plan Administrative Services, LLC. This volume submitter plan document has obtained an advisory letter from the IRS stating that the volume submitter satisfies the requirements under Section 403(b) of the Internal Revenue Code. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and not subject to tax.

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 Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Risks and Uncertainties

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

Note 8. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain plan investments are units of the general account of and/or separate accounts and mutual funds managed by MOA, Voya, MetLife, BPAS or New York Life and, therefore, these transactions qualify as party-in-interest transactions. ITC and BPAS also hold certain of the Plan's investment assets and execute investment transactions and, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions. Such transactions are permitted under the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

The Plan paid \$159,098 and \$119,020 of record-keeping fees and investment management fees during the years ended December 31, 2024 and 2023, respectively. The Sponsor provides certain administrative services at no cost to the Plan.

Note 9. Plan Termination

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

Note 10. Subsequent Events

Subsequent events have been evaluated through October 15, 2025, which is the date the financial statements were available to be issued.

Supplementary Information

Jawonio Inc. 403(b) Thrift Plan
EIN 13-1761660 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Guaranteed Investment Contract			
*	Voya Fixed Account	Voya Fixed Account		\$ 531,458
	Total Guaranteed Interest Contracts			<u>531,458</u>
	General Account			
	Met Life	Met Life Guaranteed Interest Account		104,600
*	Mutual of America	Mutual of America Interest Accumulation Account		<u>45,622</u>
	Total General Accounts			<u>150,222</u>
	Pooled Separate Accounts			
*	Mutual of America Life Insurance Company	Mutual of America All America Fund		16,658
*	Mutual of America Life Insurance Company	Mutual of America Intermediate Bond Fund		8,126
*	Mutual of America Life Insurance Company	Mutual of America Balanced Fund		17,863
*	Mutual of America Life Insurance Company	Mutual of America Equity Index Fund		92,034
*	Mutual of America Life Insurance Company	Mutual of America Mid-Cap Equity Index Fund		31,349
*	Mutual of America Life Insurance Company	Mutual of America Core Bond Fund		12,022
*	Mutual of America Life Insurance Company	Mutual of America Small Cap Growth Fund		25,484
*	Mutual of America Life Insurance Company	Mutual of America Small Cap Value Fund		21,197
*	DWS	DWS Capital Growth VIP		76,891
*	Fidelity	Fidelity VIP Asset Manager Portfolio		2,608
*	Metropolitan Life Insurance Company	American Funds® Global Small Capitalization Fund		20,781
*	Metropolitan Life Insurance Company	American Funds® Growth Fund		211,608
*	Metropolitan Life Insurance Company	American Funds® Growth-Income Fund		147,703
*	Metropolitan Life Insurance Company	Baillie Gifford International Stock		6,781
*	Metropolitan Life Insurance Company	Brighthouse Asset Allocation 100 Portfolio		10,778
*	Metropolitan Life Insurance Company	Brighthouse Asset Allocation 60 Portfolio		4,146
*	Metropolitan Life Insurance Company	Brighthouse/Artisan Mid Cap Value Portfolio		49,839
*	Metropolitan Life Insurance Company	Brighthouse/Wellington Large Cap Research Portfolio		68,534
*	Metropolitan Life Insurance Company	Brighthouse/Wellington Core Equity Opportunities Portfolio		67,821
*	Metropolitan Life Insurance Company	BlackRock Capital Appreciation Portfolio		90,592
*	Metropolitan Life Insurance Company	CBRE Global Real Estate Portfolio		21,937
*	Metropolitan Life Insurance Company	Frontier Mid Cap Growth Portfolio		1,492
*	Metropolitan Life Insurance Company	Harris Oakmark International Portfolio		73,444
*	Metropolitan Life Insurance Company	Invesco Small Cap Growth Portfolio		54,062
*	Metropolitan Life Insurance Company	Invesco Global Equity Portfolio		179
*	Metropolitan Life Insurance Company	Jennison Growth Portfolio		79,365
*	Metropolitan Life Insurance Company	Loomis Sayles Small Cap Core Portfolio		62,375
*	Metropolitan Life Insurance Company	Loomis Sayles Small Cap Growth Portfolio		66,383
*	Metropolitan Life Insurance Company	MetLife Aggregate Bond Index Portfolio		98
*	Metropolitan Life Insurance Company	MetLife Russell 2000 Index Portfolio		53,963
*	Metropolitan Life Insurance Company	MetLife Mid Cap Stock Index Portfolio		83,342
*	Metropolitan Life Insurance Company	MFS® Research International Portfolio		9,851
*	Metropolitan Life Insurance Company	MFS® Value Portfolio		6,448
*	Metropolitan Life Insurance Company	MFS® Value Portfolio E		5,412
*	Metropolitan Life Insurance Company	Morgan Stanley Institutional Fund Trust Discovery Portfolio		9,926
*	Metropolitan Life Insurance Company	MetLife MSCI EAFE® Index Portfolio		1,241
*	Metropolitan Life Insurance Company	Neuberger Berman Genesis Portfolio		28,615
*	Metropolitan Life Insurance Company	PIMCO Inflation Protected Bond Portfolio		1,094
*	Metropolitan Life Insurance Company	PIMCO Total Return Portfolio		3,377
*	Metropolitan Life Insurance Company	MetLife Stock Index Portfolio		288
*	Metropolitan Life Insurance Company	T. Rowe Price Large Cap Growth Portfolio		4,256
*	Metropolitan Life Insurance Company	T. Rowe Price Mid Cap Growth Portfolio		90,615
*	Metropolitan Life Insurance Company	T. Rowe Price Small Cap Growth Portfolio		238,243
*	Metropolitan Life Insurance Company	Victory Sycamore Mid Cap Value Portfolio		41,965
*	Metropolitan Life Insurance Company	Western Asset Management U.S. Government Portfolio		8,693
*	Metropolitan Life Insurance Company	Western Asset Management Strategic Bond Opportunities Portfolio		25,758
*	Metropolitan Life Insurance Company	Loan Collateral		<u>12,747</u>
	Total Pooled Separate Accounts			<u>1,967,984</u>

Jawonio Inc. 403(b) Thrift Plan
EIN 13-1761660 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Mutual Funds			
	American Funds	American Funds Nw Prspctv R6		8,819
	Columbia	Columbia Strategic Income I-3		24,762
	Fidelity	Fidelity Emg Mkts Idx Instl Pr		50,454
*	Invesco	Invesco Gold & Spec Minrls R6		74,193
	JPMorgan	Jpmorgan Glb Bond Opp R6		51,394
	Vanguard	Vanguard Energy Admiral		65,341
	Vanguard	Vanguard Federal Money Market		87,564
	Vanguard	Vanguard Growth Index Admiral		491,261
	Vanguard	Vanguard Health Care Index Adm		23,757
	Vanguard	Vanguard Inflatn-prot Sec Adm		16,091
	Vanguard	Vanguard Inter-tm Bd Idx Adm		78,676
	Vanguard	Vanguard Mid-cap Index Admiral		278,758
	Vanguard	Vanguard Real Estate Index Adm		12,070
	Vanguard	Vanguard Small-cap Index Adm		192,343
	Vanguard	Vanguard Target Retirem't 2020		908,103
	Vanguard	Vanguard Target Retirem't 2025		1,703,866
	Vanguard	Vanguard Target Retirem't 2030		1,982,449
	Vanguard	Vanguard Target Retirem't 2035		1,526,941
	Vanguard	Vanguard Target Retirem't 2040		723,768
	Vanguard	Vanguard Target Retirem't 2045		634,642
	Vanguard	Vanguard Target Retirem't 2050		330,616
	Vanguard	Vanguard Target Retirem't 2055		288,972
	Vanguard	Vanguard Target Retirem't 2060		145,925
	Vanguard	Vanguard Tgt Retirem't Income		638,981
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm		168,920
	Vanguard	Vanguard Ttl Int'l Stk Ind Adm		67,350
	Vanguard	Vanguard Ttl Stk Mkt Index Adm		395,605
*	Invesco	Invesco Active Allocation Fund		176,502
*	Invesco	Invesco Core Plus Bond A		2,775
*	Invesco	Invesco Capital Appreciation Fund Class A		20,412
*	Invesco	Invesco Fundamental Alternatives Fund		72,225
*	Invesco	Invesco Global Fund A		114,833
*	Invesco	Invesco International Equity Fund Class A		5,787
*	Invesco	Invesco Main Street Fund A		603,158
*	Invesco	Invesco Multi-Asset Income Fund A		4,362
*	Invesco	Oppenheimer International Growth Fund A		205
*	Invesco	Invesco Real Estate Fund Class A		2,914
*	Invesco	Invesco U.S. Government Money Portfolio Class Y		8,689
	Total Mutual Funds			<u>11,983,483</u>
	Notes Receivable from Participants	Participant loans with interest rates between 3.25% to 8.5 %, various maturity dates through October 2029		<u>208,802</u>
				<u>\$ 14,841,949</u>

* Party-in-interest as defined by ERISA

** Cost data is not required for participant-directed funds.