

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: JZANUS CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2004
2a Plan sponsor's name (employer, if for a single-employer plan): JZANUS CONSULTING, INC.
2b Employer Identification Number (EIN): 11-3457458
2c Plan Sponsor's telephone number: 516-637-3019
2d Business code (see instructions): 561490

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.

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	1564
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)	1360
	6a(2)	1654
	6b	0
	6c	218
	6d	1872
	6e	
	6f	1872
	6g(1)	778
6g(2)	869	
6h	14	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan JZANUS CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JZANUS CONSULTING, INC.	D Employer Identification Number (EIN) 11-3457458	

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

PAYCHEX SECURITIES CORPORATION	225 KENNETH DRIVE ROCHESTER, NY 14623
16-1486352	

(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

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)

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	15798	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)

PRIVATE ADVISOR GROUP LLC

65 MADISON AVE
SUITE 300
MORRISTOWN, NJ 07960

04-3046611

(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?
26	ADVISOR	20246	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)

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>JZANUS CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JZANUS CONSULTING, INC.</u>	D Employer Identification Number (EIN) <u>11-3457458</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE GAC SERIES 25053 0</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST</u>		
c EIN-PN <u>46-6625485-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>382896</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)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>JZANUS CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JZANUS CONSULTING, INC.</u>	D Employer Identification Number (EIN) <u>11-3457458</u>

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	503171	528207
(2) Participant contributions	1b(2)	559	46804
(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)	37777	75708
(9) Value of interest in common/collective trusts	1c(9)	277328	382896
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5840304	8121997
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6659139	9155612
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	6659139	9155612

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)	225774	
(B) Participants.....	2a(1)(B)	1567958	
(C) Others (including rollovers).....	2a(1)(C)	244978	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2038710
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)	2880	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2880
(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)	28493	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		28493
(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)		907270
(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)		-33795
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2943558

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	411041	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		411041
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)	15798	
(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)	20246	
(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)		36044
j Total expenses. Add all expense amounts in column (b) and enter total	2j		447085

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2496473
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: **PERLSON ACCOUNTANTS & ADVISORS**

(2) EIN: **11-2717013**

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		440000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan <u>JZANUS CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JZANUS CONSULTING, INC.</u>	D Employer Identification Number (EIN) <u>11-3457458</u>	

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

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

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

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 27-3169253

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 23 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704218A.



1230 Hempstead Turnpike ♦ Franklin Square, NY ♦ 11010 ♦ Phone: (516) 326-0808

October 15, 2025

Re: Jzanus Consulting, Inc. 401(k) Profit Sharing Plan

To Whom It May Concern,

The audit of the plan is still in process and, therefore, the audit report has not been attached. The audit report and financial statements for the plan will be uploaded at the time of audit completion.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Rolih".

Andrew Rolih
Plan Administrator
Jzanus, Ltd.
1230 Hempstead Turnpike
Franklin Square, NY 11010
arolih@jzanus.com
516.326.0808 ext 3102

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>	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.	<small>OMB Nos. 1210-0110 1210-0089</small> <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 01/01/2024 and ending 12/31/2024	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II Basic Plan Information —enter all requested information											
1a Name of plan Jzanus Consulting, Inc. 401(k) Profit Sharing Plan and Trust	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2004</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 11-3457458</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (516) 637-3019</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 561490</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2004		2b Employer Identification Number (EIN) 11-3457458		2c Plan Sponsor's telephone number (516) 637-3019		2d Business code (see instructions) 561490	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 01/01/2004											
2b Employer Identification Number (EIN) 11-3457458											
2c Plan Sponsor's telephone number (516) 637-3019											
2d Business code (see instructions) 561490											
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) Jzanus Consulting, Inc. 1230 Hempstead Turnpike Franklin Square, NY 11010											

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		10/15/25	Andrew Rolih
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE



Hilary Rolin
 1230 Hempstead Tpke
 Franklin Square, NY 11010-1534

Jzanus Consulting Inc
 401(k) Profit Sharing Plan and Trust - Trust Statement
 10/01/2024 to 12/31/2024
 Employer Representative: Hilary Rolin
 (516)326-0808

Account Summary

Beginning Balance	\$8,313,153.19
Employee Contributions	320,585.97
Company Contributions	0.00
Transfers In	162,921.18
Loan Repayments	9,192.38
Loans/Distributions	(135,254.23)
Forfeitures from Distributions	9,770.62
Interest/Dividends	(76,092.14)
Concessions*	0.93
Change in Account Value	(24,746.59)
Ending Balance	\$8,579,531.31
Vested Balance	\$8,462,683.77

Plan Statistics

Active Employees	1,918
Eligible Employees	1,684
Contributing Employees	204
Participation Percentage	12%
Total Employees with Balance	872
Former Employees with Balance	217
Outstanding Loans	12

*Investors pay mutual fund expenses out of assets, from which concessions may be paid out by the fund company. Once paid out, Mid Atlantic facilitates the return of these back to the plan and Paychex updates each investor's record to show the return of these concessions.

Account Market Value

Investment Option	Ticker	09/30/2024			12/31/2024			% of Account
		Shares	Price	Value(\$)	Shares	Price	Value(\$)	
Money Market								
ML SVGC SE 25053 0	250X0	1,761.93	200.21	352,756.80	1,844.17	201.64	371,857.76	4.33
Equity								
ABS SMID CAP EQ R5	SHDIX	6,549.78	11.28	73,881.49	6,928.56	10.48	72,611.38	0.85
AMFDS AM MUTUAL R6	RMFGX	4,068.39	59.31	241,296.11	4,236.30	55.19	233,801.50	2.72
CLEARBRIDGE SC GW IS	LMOIX	2,929.42	41.77	122,361.83	3,230.74	39.66	128,131.07	1.49
DFA EMG MKTS CR EQ I	DFCEX	1,830.34	25.36	46,417.34	1,953.06	23.28	45,467.16	0.53
DFA INTL SM CO I	DFISX	2,498.58	21.28	53,169.86	2,634.85	19.40	51,116.18	0.60
DFA US CORE EQ 2 I	DFQTX	4,445.78	38.28	170,184.31	4,520.99	38.59	174,464.92	2.03
INV COMSTK R6	ICSFX	8,548.71	31.08	265,694.05	9,189.14	28.53	262,166.27	3.06
JPM LRG CP GRO R6	JLGMX	8,859.29	80.41	712,375.19	9,149.02	83.74	766,138.81	8.93
MFS INTNL GR R6	MGRDX	3,911.95	47.54	185,974.29	4,254.09	41.39	176,076.73	2.05
PIMCO RAE PLUS I-2	PIXPX	105.55	19.94	2,104.61	114.07	18.88	2,153.59	0.03
PIMCO STCKPLS SM I-2	PCKPX	335.86	7.81	2,623.04	350.67	7.76	2,721.23	0.03

Account Market Value (continued)

Investment Option	Ticker	09/30/2024			12/31/2024			% of Account
		Shares	Price	Value(\$)	Shares	Price	Value(\$)	
Equity								
VANGRD LIFEST CON GR	VSCGX	9,172.53	21.90	200,878.44	9,663.86	20.44	197,529.28	2.30
VANGRD LIFEST GROWTH	VASGX	505.65	47.18	23,856.57	551.98	44.17	24,380.86	0.28
VANGRD LIFEST INCOME	VASIX	5,112.93	15.86	81,091.00	5,281.39	15.03	79,379.32	0.93
VANGRD LIFEST MOD GR	VSMGX	2,550.19	33.80	86,196.49	2,946.66	31.33	92,318.77	1.08
VNGRD SM CP IDX ADML	VSMAX	673.61	113.70	76,589.27	713.29	115.16	82,142.47	0.96
VNGRD TR RT 2020 INV	VTWNX	27,373.57	29.42	805,330.53	28,635.97	26.48	758,280.59	8.84
VNGRD TR RT 2025 INV	VTTVX	20,111.42	20.45	411,278.37	22,806.44	18.69	426,252.51	4.97
VNGRD TR RT 2030 INV	VTHRX	31,523.18	39.93	1,258,720.64	33,708.91	37.88	1,276,893.50	14.88
VNGRD TR RT 2035 INV	VTTHX	20,067.93	25.13	504,307.12	22,064.49	23.98	529,106.35	6.17
VNGRD TR RT 2040 INV	VFORX	25,275.97	45.04	1,138,429.72	26,187.22	43.22	1,131,811.68	13.19
VNGRD TR RT 2045 INV	VTIVX	10,637.43	30.82	327,845.44	16,702.37	29.67	495,559.34	5.78
VNGRD TR RT 2050 INV	VFIFX	2,780.36	51.71	143,772.69	3,100.72	49.84	154,539.92	1.80
VNGRD TR RT 2055 INV	VFFVX	1,923.42	57.71	111,000.77	2,032.17	55.61	113,009.12	1.32
VNGRD TR RT 2060 INV	VTTSX	7,663.57	53.17	407,472.05	7,935.56	51.25	406,697.62	4.74
VGD TGT RT 2065 INV	VLXVX	1,516.50	34.86	52,865.08	1,630.02	33.62	54,801.41	0.64
VG TGT RET 2070	VSVNX	25.48	27.58	702.70	25.90	26.68	691.01	0.01
VNGRD TR RT INC INV	VTINX	965.25	13.83	13,349.42	1,001.75	13.10	13,122.87	0.15
VI SM CP VAL R6	MVSSX	571.55	37.56	21,467.38	680.49	31.56	21,476.34	0.25
VCTRY TRV INT SC I	MISIX	948.90	16.50	15,656.78	992.85	14.85	14,743.78	0.17
VTS CX MDC VL EQ R6	SMVZX	7,952.80	13.22	105,135.99	8,644.72	12.07	104,341.74	1.22
Bond								
DFA INFL PROT SECS I	DIPSX	3,879.22	11.17	43,330.94	4,070.01	10.76	43,793.30	0.51
LS CORE PLUS BOND N	NERNX	9,331.22	11.86	110,668.28	9,819.24	11.33	111,251.99	1.30
PR HIGH YIELD Q	PHYQX	13,953.01	4.88	68,090.69	14,592.76	4.77	69,607.45	0.81
PIMCO REAL RET I-2	PRLPX	306.94	10.32	3,167.60	315.48	9.97	3,145.31	0.04
VICTORY HI INCOME R6	URHIX	287.94	6.97	2,006.98	331.68	6.85	2,272.03	0.02
Other								
DEEMED LOAN	DLOAN	0.00	0.00	0.00	0.00	1.00	0.00	0.00
LOAN	LOAN	0.00	1.00	70,961.74	0.00	1.00	75,708.16	0.87
Participant Balances				\$8,313,011.60			\$8,569,563.32	99.87%
Forfeitures Account				1,207.13			11,038.98	0.13
Trust Value				\$8,314,217.94			\$8,580,602.30	100.00%

Account Activity - By Source

Source	Beginning Balance	Contributions/ Additions	Loans/ Distributions	Interest Dividends	Concessions	Change in Value	Ending Balance	Vested Balance
EMPLOYEE PRETAX	6,180,280.38	259,459.68	(112,017.25)	(63,110.41)	0.42	(2,033.17)	6,270,428.64	6,270,428.64
CATCH UP	237,409.08	9,242.95	(327.51)	(1,081.01)	0.00	(314.90)	244,928.61	244,928.61
EMPLOYER MATCH	935,466.14	0.00	(18,041.91)	(560.28)	0.05	(20,513.32)	906,918.56	790,172.57
ROLLOVER	318,264.85	0.00	0.00	(8,516.38)	0.30	(873.62)	472,189.06	472,189.06
PROFIT SHARING	5.49	0.00	(0.04)	0.04	0.00	(0.08)	5.45	4.32
FORFEITURE	2,744.50	0.00	(42.19)	(26.91)	0.00	(10.77)	2,672.35	2,571.93
QNEC	320,041.92	0.00	(0.08)	(4,983.46)	0.00	(559.44)	314,644.58	314,644.58
ROTH 401(K)	313,455.63	35,728.84	(4,643.71)	2,672.52	0.16	(429.10)	346,784.34	346,784.34
ROTH CATCH-UP	5,485.20	16,154.50	(181.54)	(486.25)	0.00	(12.19)	20,959.72	20,959.72
Total With Loan	\$8,313,153.19	320,585.97	(135,254.23)	(76,092.14)	0.93	(24,746.59)	\$8,579,531.31	\$8,462,683.77

Note: Loan Repayments are included in 'Contributions/Additions', and are counted in your Account Balances.

Account Activity - By Fund

Investment Option	Beginning Balance	Contributions/ Additions	Loans/ Distributions	Intra-Account Transfers	Interest Dividends	Concessions	Change in Value	Ending Balance
ML SVGC SE 25053 0	352,756.08	25,536.36	(1,993.08)	(6,569.66)	2,600.03	0.00	(7,622.54)	371,857.76
ABS SMID CAP EQ R5	73,881.49	1,056.93	0.00	0.00	(2,229.62)	0.00	(97.42)	72,611.38
AMFDS AM MUTUAL R6	241,296.11	11,886.57	(13,060.26)	319.46	(5,463.86)	0.00	(2,039.16)	233,801.50
CLEARBRIDGE SC GW IS	122,361.83	6,098.85	0.00	(1,869.61)	1,705.91	0.00	(2,077.21)	128,131.07
DFA EMG MKTS CR EQ I	46,417.34	2,368.16	0.00	0.00	(3,258.92)	0.00	(59.42)	45,467.16
DFA INTL SM CO I	53,169.86	2,166.22	0.00	0.00	(4,152.70)	0.00	(67.20)	51,116.18
DFA US CORE EQ 2 I	170,184.31	10,803.05	(14,362.62)	7,555.02	1,414.19	0.00	5,519.53	174,464.92
INV COMSTK R6	265,694.05	11,448.11	(13,504.59)	20.76	(243.13)	0.00	(2,150.13)	262,166.27
JPM LRG CP GRO R6	712,375.19	32,687.84	(16,111.30)	1,230.18	37,839.80	0.00	(3,357.98)	766,138.81
MFS INTNL GR R6	185,974.29	3,600.40	0.00	904.82	(14,168.33)	0.00	670.37	176,076.73
PIMCO RAE PLUS I-2	2,104.61	125.48	0.00	0.00	(74.07)	0.26	(2.69)	2,153.59
PIMCO STCKPLS SM I-2	2,623.04	99.00	0.00	0.00	2.40	0.31	(3.52)	2,721.23
VANGRD LIFEST CON GR	200,878.44	656.79	0.00	0.00	(3,746.92)	0.00	(259.03)	197,529.28
VANGRD LIFEST GROWTH	23,856.57	809.23	0.00	132.33	(385.99)	0.00	(31.28)	24,380.86
VANGRD LIFEST INCOME	81,091.00	47.08	0.00	0.00	(1,654.54)	0.00	(104.22)	79,379.32
VANGRD LIFEST MOD GR	86,196.49	7,818.28	0.00	0.00	(1,580.77)	0.00	(115.23)	92,318.77

Account Activity - By Fund (continued)

Investment Option	Beginning Balance	Contributions/ Additions	Loans/ Distributions	Intra-Account Transfers	Interest Dividends	Concessions	Change in Value	Ending Balance
VNGRD SM CP IDX ADML	76,589.27	4,427.86	0.00	41.52	1,188.87	0.00	(105.05)	82,142.47
VNGRD TR RT 2020 INV	805,330.53	6,003.90	0.00	(39,554.07)	(12,446.95)	0.00	(40,658.85)	758,280.59
VNGRD TR RT 2025 INV	411,278.37	25,601.62	(1,250.00)	345.75	(6,909.80)	0.00	(5,085.64)	426,252.51
VNGRD TR RT 2030 INV	1,258,720.64	41,636.57	(39,851.56)	42,268.22	(21,411.67)	0.00	32,279.14	1,276,893.50
VNGRD TR RT 2035 INV	504,307.12	34,017.81	0.00	36.81	(8,428.45)	0.00	(947.59)	529,106.35
VNGRD TR RT 2040 INV	1,138,429.72	34,520.73	(23,356.19)	(5,186.62)	(17,102.37)	0.00	(2,194.68)	1,131,811.68
VNGRD TR RT 2045 INV	327,845.44	21,776.12	(8,548.16)	(5,750.54)	(9,183.64)	0.00	(1,433.23)	495,559.34
VNGRD TR RT 2050 INV	143,772.69	13,243.24	0.00	0.00	(2,283.10)	0.00	(192.91)	154,539.92
VNGRD TR RT 2055 INV	111,000.77	3,843.44	0.00	0.00	(1,689.64)	0.00	(145.46)	113,009.12
VNGRD TR RT 2060 INV	407,472.05	7,015.79	(1,029.00)	(1,029.00)	(6,165.49)	0.00	(660.70)	406,697.62
VGD TGT RT 2065 INV	52,865.08	2,850.38	0.00	(2.55)	(841.70)	0.00	(72.35)	54,801.41
VG TGT RET 2070	702.70	0.00	0.00	0.00	(10.76)	0.00	(0.93)	691.01
VNGRD TR RT INC INV	13,349.42	0.00	0.00	0.00	(209.33)	0.00	(17.22)	13,122.87
VI SM CP VAL R6	21,467.38	404.12	0.00	20.79	(387.34)	0.00	(28.61)	21,476.34
VCTRY TRV INT SC I	15,656.78	359.29	0.00	0.00	(1,252.80)	0.00	(19.49)	14,743.78
VTS CX MDC VL EQ R6	105,135.99	995.14	0.00	(443.55)	(1,208.49)	0.00	(601.57)	104,341.74
DFA INFL PROT SECS I	43,330.94	1,882.34	0.00	20.78	(1,384.57)	0.00	(56.19)	43,793.30
LS CORE PLUS BOND N	110,668.28	2,763.04	0.00	1,864.46	(3,900.33)	0.00	1,441.31	111,251.99
PR HIGH YIELD Q	68,090.69	1,698.06	0.00	0.47	(93.00)	0.00	(88.30)	69,607.45
PIMCO REAL RET I-2	3,167.60	73.44	0.00	0.00	(92.02)	0.36	(4.07)	3,145.31
VICTORY HI INCOME R6	2,006.98	264.73	0.00	0.61	2.40	0.00	(2.08)	2,272.03
DEEMED LOAN	0.00	0.00	(2,187.47)	2,175.00	12.47	0.00	2,175.00	0.00
LOAN	70,961.74	0.00	0.00	3,468.62	1,277.80	0.00	3,468.62	75,708.16
Total	\$8,313,010.88	320,585.97	(135,254.23)	0.00	(85,916.43)	0.93	(24,747.98)	\$8,569,563.32
Forfeitures Account	1,207.06	0.00	0.00		9,831.92	0.00	(0.00)	11,038.98
Grand Total	\$8,314,217.94							\$8,580,602.30

Note: Loan Repayments are included in 'Contributions/Additions', and are counted in your Account Balances.

Product Asset Fee Summary - For Period

Type	Debits	Credits	Total Fees*
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Product Asset Fee Summary - For Period (continued)

Type	Debits	Credits	Total Fees*
Plan Administration Fee	4,250.00		
Mid-Atlantic Trustee Fee	286.64		
Advisor Fee	6,313.68		
			10,850.32
Fund Concessions		0.93	
			\$-10,849.39

* This does not include administration or annual account fees paid from your bank account. Refer to your Invoice.

Investment Performance Information (as of 12/31/2024)

Plan Investment Funds	Ticker	Account Balance(\$)	Total Return (%)		Annualized Return (%)					Expense Ratio
			YTD	3 mos.	1 yr	3 yr	5 yr	10 yr	Life of Fund	
Bond										
DFA INFL PROT SECS I	DIPSX	43,793.30	2.01 %	(3.15)%	2.01 %	(2.37)%	1.86 %	2.29 %	3.52 %	.11
LS CORE PLUS BOND N	NERNX	111,251.99	0.85 %	(3.49)%	0.85 %	(2.19)%	0.44 %	1.91 %	2.10 %	.4
PR HIGH YIELD Q	PHYQX	69,607.45	8.46 %	(0.14)%	8.46 %	2.52 %	3.93 %	5.38 %	5.98 %	.38
PIMCO REAL RET I-2	PRLPX	3,145.31	2.48 %	(2.88)%	2.48 %	(2.21)%	2.03 %	2.19 %	3.00 %	.6
VICTORY HI INCOME R6	URHIX	2,272.03	6.86 %	0.13 %	6.86 %	2.71 %	3.58 %	4.22 %	4.52 %	.68
Equity										
ABS SMID CAP EQ R5	SHDIX	72,611.38	(1.31)%	(2.98)%	(1.31)%	(0.73)%	7.15 %	N/A	6.79 %	.9
AMFDS AM MUTUAL R6	RMFGX	233,801.50	15.30 %	(2.22)%	15.30 %	6.63 %	9.81 %	9.69 %	12.32 %	.27
CLEARBRIDGE SC GW IS	LMOIX	128,131.07	4.49 %	1.47 %	4.49 %	(6.61)%	5.68 %	8.25 %	9.79 %	.78
DFA EMG MKTS CR EQ I	DFCEX	45,467.16	7.32 %	(6.87)%	7.32 %	1.18 %	4.53 %	4.84 %	6.80 %	.39
DFA INTL SM CO I	DFISX	51,116.18	3.77 %	(7.71)%	3.77 %	(0.53)%	4.20 %	6.02 %	6.52 %	.39
DFA US CORE EQ 2 I	DFQTX	174,464.92	20.27 %	1.06 %	20.27 %	7.92 %	13.32 %	11.38 %	9.84 %	.18
INV COMSTK R6	ICSFX	262,166.27	15.47 %	(0.16)%	15.47 %	9.59 %	11.91 %	9.91 %	11.68 %	.45
JPM LRG CP GRO R6	JLGMX	766,138.81	34.17 %	5.32 %	34.17 %	10.63 %	20.27 %	17.87 %	17.16 %	.44
MFS INTNL GR R6	MGRDX	176,076.73	9.24 %	(7.56)%	9.24 %	2.19 %	6.27 %	7.97 %	6.10 %	.72
PIMCO RAE PLUS I-2	PIXPX	2,153.59	11.49 %	(3.37)%	11.49 %	6.42 %	9.87 %	9.46 %	11.27 %	1.09
PIMCO STCKPLS SM I-2	PCKPX	2,721.23	12.48 %	0.17 %	12.48 %	0.02 %	6.41 %	7.56 %	10.57 %	1
VANGRD LIFEST CON GR	VSCGX	197,529.28	7.54 %	(1.86)%	7.54 %	0.93 %	3.99 %	4.82 %	6.45 %	.12
VANGRD LIFEST GROWTH	VASGX	24,380.86	13.18 %	(1.56)%	13.18 %	3.61 %	7.99 %	7.95 %	8.15 %	.14
VANGRD LIFEST INCOME	VASIX	79,379.32	4.66 %	(2.04)%	4.66 %	(0.46)%	1.87 %	3.15 %	5.50 %	.11

Investment Performance Information (as of 12/31/2024) (continued)

Plan Investment Funds	Ticker	Account Balance(\$)	Total Return (%)		Annualized Return (%)					Expense Ratio
			YTD	3 mos.	1 yr	3 yr	5 yr	10 yr	Life of Fund	
Equity										
VANGRD LIFEST MOD GR	VSMGX	92,318.77	10.31 %	(1.74)%	10.31 %	2.29 %	6.00 %	6.41 %	7.41 %	.13
VNGRD SM CP IDX ADML	VSMAX	82,142.47	14.23 %	1.66 %	14.23 %	3.61 %	9.30 %	9.09 %	9.23 %	.05
VNGRD TR RT 2020 INV	VTWNX	758,280.59	7.75 %	(1.59)%	7.75 %	1.34 %	4.75 %	5.58 %	6.01 %	.08
VNGRD TR RT 2025 INV	VTTVX	426,252.51	9.44 %	(1.64)%	9.44 %	1.92 %	5.66 %	6.32 %	6.66 %	.08
VNGRD TR RT 2030 INV	VTHRX	1,276,893.50	10.64 %	(1.69)%	10.64 %	2.44 %	6.44 %	6.92 %	6.78 %	.08
VNGRD TR RT 2035 INV	VTTHX	529,106.35	11.78 %	(1.61)%	11.78 %	2.97 %	7.20 %	7.51 %	7.53 %	.08
VNGRD TR RT 2040 INV	VFORX	1,131,811.68	12.88 %	(1.50)%	12.88 %	3.51 %	7.97 %	8.08 %	7.52 %	.08
VNGRD TR RT 2045 INV	VTIVX	495,559.34	13.91 %	(1.46)%	13.91 %	4.00 %	8.73 %	8.57 %	8.24 %	.08
VNGRD TR RT 2050 INV	VFIFX	154,539.92	14.64 %	(1.48)%	14.64 %	4.37 %	9.03 %	8.72 %	7.89 %	.08
VNGRD TR RT 2055 INV	VFFVX	113,009.12	14.64 %	(1.49)%	14.64 %	4.37 %	9.02 %	8.70 %	10.10 %	.08
VNGRD TR RT 2060 INV	VTTSX	406,697.62	14.63 %	(1.50)%	14.63 %	4.38 %	9.02 %	8.70 %	9.90 %	.08
VGD TGT RT 2065 INV	VLXVX	54,801.41	14.62 %	(1.53)%	14.62 %	4.39 %	9.01 %	N/A	9.24 %	.08
VG TGT RET 2070	VSVNX	691.01	14.59 %	(1.53)%	14.59 %	N/A	N/A	N/A	14.08 %	.08
VNGRD TR RT INC INV	VTINX	13,122.87	6.58 %	(1.57)%	6.58 %	0.98 %	3.58 %	4.19 %	4.95 %	.08
VI SM CP VAL R6	MVSSX	21,476.34	4.90 %	(1.75)%	4.90 %	4.53 %	9.13 %	7.39 %	10.84 %	.96
VCTRY TRV INT SC I	MISIX	14,743.78	4.76 %	(7.94)%	4.76 %	(2.40)%	3.82 %	6.13 %	4.51 %	.97
VTS CX MDC VL EQ R6	SMVZX	104,341.74	10.24 %	(1.14)%	10.24 %	1.88 %	6.25 %	7.83 %	8.11 %	.79
Money Market										
ML SVGC SE 25053 0	250X0	371,857.76	2.92 %	0.71 %	2.92 %	2.75 %	2.53 %	2.58 %	3.99 %	.52

For further fund information, please visit the following website(s): MFS: www.mfs.com, American Funds: www.americanfunds.com, JPMorgan: www.jpmmorganfunds.com, Virtus Mutual Funds: www.virtusinvestmentpartners.com, Franklin Templeton: www.franklintempleton.com, PGIM Investments: www.jennisondryden.com, PIMCO: www.allianzinvestors.com, Vanguard Funds: www.vanguard.com, Loomis Sayles Funds: www.loomissayles.com, Invesco Funds: www.invesco.com, Victory Capital Management: www.victoryconnect.com, American Beacon: www.americanbeaconfunds.com, DFA Funds: www.dfaus.com, and MetLife Funds: www.metlife.com.

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in a money market fund.

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An investment in a fund involves certain risks, particularly with respect to a fund's portfolio holdings. Investors should consider a fund's investment objectives, risks, charges and expenses carefully before investing. For more complete information about any of the mutual funds available through your plan, including fees and expenses, a free prospectus is available on the Paychex Retirement Services website <http://www.paychexflex.com>. Read the prospectus carefully before investing.

NOTICE OF RIGHT TO DIVERSIFY INVESTMENT PORTFOLIO

To help achieve long-term retirement security, you should give careful consideration to the benefits of a well-balanced and diversified investment portfolio. Spreading your assets among different types of investments can help you achieve a favorable rate of return, while minimizing your overall risk of losing money. This is because market or other economic conditions that cause one category of assets, or one particular security, to perform very well often cause another asset category, or another particular security, to perform poorly. If you invest more than 20% of your retirement savings in any one company or industry, your savings may not be properly diversified. Although diversification is not a guarantee against loss, it is an effective strategy to help you manage investment risk. In deciding how to invest your retirement savings, you should take into account all of your assets, including any retirement savings outside of the Plan. No single approach is right for everyone because, among other factors, individuals have different financial goals, different time horizons for meeting their goals, and different tolerances for risk.

It is also important to periodically review your investment portfolio, your investment objectives, and the investment options under the Plan to help ensure that your retirement savings will meet your retirement goals. Information regarding any limitations on your right to direct the investment of your account is described in the applicable financial statements, fund prospectuses, and the Plan's summary plan description.

You may obtain additional information pertaining to individual investing and diversification at the Department of Labor website: www.dol.gov/ebsa/investing.html.

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