

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
---	--	---

Part I	Annual Report Identification Information
---------------	---

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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 <u>CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CENTER FOR SPECTRUM SERVICES</u> <u>70 KUKUK LANE</u> <u>KINGSTON, NY 12401</u>	1c Effective date of plan <u>07/01/1987</u> 2b Employer Identification Number (EIN) <u>14-1604884</u> 2c Plan Sponsor's telephone number <u>845-336-2616</u> 2d Business code (see instructions) <u>611000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/01/2026	SHELLY BECK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	158
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)	127
	6a(2)	127
	6b	29
	6c	0
	6d	156
	6e	0
	6f	156
	6g(1)	154
	6g(2)	151
h	6h	10
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 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan CENTER FOR SPECTRUM SERVICES 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 CENTER FOR SPECTRUM SERVICES	D Employer Identification Number (EIN) 14-1604884	

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

(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

(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

(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

(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

(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)

MERRILL LYNCH

108 NORTH FRONT STREET
KINGSTON, NY 12401

(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?
51	BROKERAGE HOUSE	36796	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)

HELLER PENSION ASSOC., INC.

1363 ROUTE 9G
HYDE PARK, NY 12538

(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?
49 50	TPA	14710	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)

CARON & BLETZER, PLLC

51 CHURCH STREET
PO BOX 668
KINGSTON, OH 03848

(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?
10 50	AUDITOR	14183	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 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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan CENTER FOR SPECTRUM SERVICES 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 CENTER FOR SPECTRUM SERVICES	D Employer Identification Number (EIN) 14-1604884

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	500000	600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8490	2720
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	798629	686654
(2) U.S. Government securities	1c(2)	686296	205565
(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)	2314278	2518797
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	1786184	1478015
(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	6093877	5491751
Liabilities			
g Benefit claims payable.....	1g	15483	46621
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1500	1100
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	16983	47721
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6076894	5444030

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)	600000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		600000
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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	141406	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		473984
d Total income. Add all income amounts in column (b) and enter total	2d		1215390

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1780897	
(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)		1780897
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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	67357	
(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)		67357
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1848254

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-632864
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: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

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		1000000
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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>CENTER FOR SPECTRUM SERVICES 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>CENTER FOR SPECTRUM SERVICES</u>	D Employer Identification Number (EIN) <u>14-1604884</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 14-1715945

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703258A.

**CENTER FOR SPECTRUM SERVICES
PROFIT SHARING PLAN AND TRUST**

FINANCIAL STATEMENTS

June 30, 2025 and 2024 and
For the Year Ended June 30, 2025

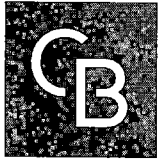


Employee Benefit Plan Audit Specialists

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
CONTENTS

	Page(s)
Independent Auditor's Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-11
Supplemental Schedules:	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	12-16
Schedule H, Line 4(j) - Schedule of Reportable Transactions	17

Certain supplemental schedules have been omitted because they are either not required or not applicable.



Independent Auditor's Report

To the Plan Administrator of the Center for Spectrum Services Profit Sharing Plan and Trust:

Opinion

We have audited the financial statements of the Center for Spectrum Services Profit Sharing Plan and Trust ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits for the year ended June 30, 2025, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of June 30, 2025 and the Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The

information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Caron & Pletzer, PLLC

Kingston, NH
February 5, 2026

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2025 and 2024

	2025	2024
<u>Assets:</u>		
Cash	\$ 9,353	\$ 1,765
Non-participant directed investments, at fair value:		
Common stock	2,518,797	2,314,278
Exchange traded funds	1,184,424	1,439,101
Mutual funds	600,895	572,026
Government obligations	205,565	686,296
Certificates of deposit	369,997	571,921
Total non-participant directed investments	4,879,678	5,583,622
Receivables:		
Employer contributions	600,000	500,000
Interest receivable	2,720	8,490
Total receivables	602,720	508,490
Total assets	5,491,751	6,093,877
<u>Liabilities:</u>		
Payables:		
Expenses	1,100	1,500
Net assets available for benefits	\$ 5,490,651	\$ 6,092,377

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

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 For the year ended June 30, 2025

	2025
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 473,984
Dividend and interest income	141,406
	615,390
Contributions:	
Employer contributions	600,000
Total additions	1,215,390
Deductions:	
Distributions to participants	1,749,759
Administrative expenses	67,357
Total deductions	1,817,116
Net decrease	(601,726)
Net assets available for benefits:	
Beginning of year	6,092,377
End of year	\$ 5,490,651

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

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

A. PLAN DESCRIPTION:

The following description of the Center for Spectrum Services Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan document for more detailed information.

General

The Plan is a defined contribution plan sponsored by the Center for Spectrum Services (the "Company"), covering substantially all employees of the Company who have attained age 21 and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

The Company may make a discretionary non-elective contribution. The Company made a discretionary non-elective contribution of \$600,000 for the year ended June 30, 2025. Participants must be employed on the last day of the plan year and be credited with 900 hours of service during the year to be eligible for Company contributions. Rollover contributions are not permitted in the Plan. Participants may not contribute to the Plan through salary deferrals.

All contributions to the Plan are invested in accordance with an investment strategy established by the trustee.

Participant Accounts

Each participant's account is credited with the participant's allocation of the Company's contributions, and the participant's proportional allocation of the Plan's earnings, including realized and unrealized gains and losses, and expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants become 100% vested in the Company's contributions and earnings thereon upon death, total and permanent disability, or attainment of normal retirement age. Otherwise, a participant's interest in the Company's contributions and earnings thereon vests according to the following schedule:

<u>Completed Years of Service</u>	<u>Percent Vested</u>
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of a participant's account represents a forfeiture, as defined by the Plan. If a forfeiting participant is re-employed and fulfills certain requirements, as set forth in the Plan, the participant's account will be restored. Remaining forfeitures may be used to reduce employer contributions, pay plan expenses, or may be allocated to participants. \$22,345 of forfeitures were allocated during fiscal year 2025. Unallocated forfeitures were \$13,910 and \$22,345 at June 30, 2025 and 2024, respectively. The balance of \$13,910 of forfeitures were allocated to participants subsequent to June 30, 2025.

Distribution of Benefits

Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Participants are notified upon termination of their distribution options. Participants may elect a distribution in the form of a lump sum.

A participant may also request a withdrawal upon attainment of normal retirement age of 55 and 5 years of service.

Notes Receivable from Participants

Participants may not borrow from their accounts.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C for discussion of fair value measurements.

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

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Substantially all expenses incurred in the administration of the Plan are paid by the Plan, including recordkeeping fees, audit fees and investment advisory fees. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

C. FAIR VALUE MEASUREMENTS:

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at June 30, 2025 and 2024.

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

Exchange traded funds and common stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

Certificates of deposit – Valued at fair value by management by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. In determining the reasonableness of the methodology, management evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of certificate terms (for example, interest rate, duration or maturity date) while others are substantiated utilizing available market data (for example, discount rate).

Government obligations – Valued using pricing models maximizing the use of observable inputs for similar securities.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

Description	2025			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 2,518,797	\$ 2,518,797	\$ -	\$ -
Exchange traded funds	1,184,424	1,184,424	-	-
Mutual funds	600,895	600,895	-	-
Government obligations	205,565	-	205,565	-
Certificates of deposit	369,997	-	-	369,997
Total	<u>\$ 4,879,678</u>	<u>\$ 4,304,116</u>	<u>\$ 205,565</u>	<u>\$ 369,997</u>

Description	2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 2,314,278	\$ 2,314,278	\$ -	\$ -
Exchange traded funds	1,439,101	1,439,101	-	-
Mutual funds	572,026	572,026	-	-
Government obligations	686,296	-	686,296	-
Certificates of deposit	571,921	-	-	571,921
Total	<u>\$ 5,583,622</u>	<u>\$ 4,325,405</u>	<u>\$ 686,296</u>	<u>\$ 571,921</u>

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges and values for those inputs for the years ended June 30:

2025				
<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Input(s)</u>	<u>Range of Significant Input Values</u>
Certificates of Deposits	\$ 369,997	Discounted Cash Flow	Discount Rate	3.88% - 4.29%
			Crediting Interest Rate	2.63% - 3.46%
			Duration	6.54 - 43.53 months
			Payout Date	1/15/2026 - 2/13/2029
			Payout Percentage	100%
2024				
<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Input(s)</u>	<u>Range of Significant Input Values</u>
Certificates of Deposits	\$ 571,921	Discounted Cash Flow	Discount Rate	4.53% - 5.67%
			Crediting Interest Rate	2.60% - 3.40%
			Duration	0.82 - 55.53 months
			Payout Date	7/25/24 - 2/13/29
			Payout Percentage	100%

Purchases and sales of the Plan's level 3 investments during the year ending June 30, 2025 were \$0, and \$214,385, respectively. There were no transfers into or out of level 3 investments during the year.

D. TAX STATUS:

The Internal Revenue Service ("IRS") has determined in its opinion letter dated June 30, 2020, that the pre-approved plan document adopted by the Plan is designed in accordance with Section 401(a) of the IRC. The Plan has been amended since receiving the opinion letter. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

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

E. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the custodian is considered a party in interest transaction.

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

F. PLAN TERMINATION:

Although the Plan was established with the intention that it will continue indefinitely, the Company retains the right to discontinue its contributions at any time or to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, all participants will become 100% vested in their accounts.

G. 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. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

H. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through February 5, 2026, the date these financial statements were available for issuance.

I. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of net assets available for benefits on the financial statements to the Form 5500 as of June 30:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits on the financial statements	\$ 5,490,651	\$ 6,092,377
Liabilities on the Form 5500:		
Benefits payable	<u>(46,621)</u>	<u>(15,483)</u>
Net assets available for benefits on the Form 5500	<u>\$ 5,444,030</u>	<u>\$ 6,076,894</u>

The following is a reconciliation of distributions on the financial statements to the Form 5500 for the year ended June 30, 2025:

Distributions on the financial statements	\$ 1,749,759
Benefit payable on the Form 5500:	
June 30, 2024	(15,483)
Benefit payable on the Form 5500:	
June 30, 2025	<u>46,621</u>
Distributions on the Form 5500	<u>\$ 1,780,897</u>

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
EIN: 14-1604884
Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Face Value/ Shares	Cost	Current Value
<u>Common Stock:</u>				
1st Citizens BNCSHS Inc	Common stock	6	\$ 5,076	\$ 11,739
ABB LTD	"	168	5,254	9,985
Abbvie Inc.	"	112	10,241	20,789
Abbott Labs	"	170	19,684	23,122
Accenture PLC	"	71	13,356	21,221
AIA Group LTD	"	711	5,947	6,376
Air Liquide	"	22	2,957	4,523
Air Products&Chem	"	13	3,847	3,667
Airbus SE	"	35	4,376	7,283
Allegion PLC SHS	"	16	1,967	2,306
Alnylam Pharmaceuticals	"	27	7,707	8,804
Amadeus IT Group	"	113	6,999	9,481
Amazon Com, Inc.	"	226	28,362	49,582
American Electric Power	"	23	1,938	2,386
American Express Company	"	91	11,753	29,027
American Intl Group Inc	"	70	2,074	5,991
American Tower Reit Inc	"	88	15,729	19,450
Amphenol Corp	"	258	15,985	25,477
Anheuser-Busch InBev SA/NV	"	46	3,029	3,145
Apple, Inc.	"	469	58,354	96,225
Ares Management	"	100	18,287	17,320
ASML Holding	"	12	7,357	9,545
Astrazeneca Plc SHS FN	"	59	5,106	8,182
Astrazeneca Plc Spnd ADR	"	38	2,428	2,655
Axon Enterprise	"	13	7,025	10,763
Bae Systems PLC	"	300	4,689	7,755
Banco Bilbao	"	252	3,862	3,862
Banco Santander	"	443	3,637	3,654
Baxter International, Inc.	"	271	11,695	8,206
Becton Dickinson	"	25	4,889	4,306
Beone Medicines	"	10	1,823	2,421
BHP Group LTD	"	55	1,652	1,325
BP PLC	"	599	3,710	3,002
BP PLC Sponsored ADR	"	315	9,576	9,428
British American Tobacco	"	176	6,143	8,339
Broadcom Inc	"	281	31,102	77,458
Canadian Natl Railway Co	"	46	5,441	4,786
Capgemini SA	"	26	4,943	4,427
Capital One	"	11	2,111	2,340
Cardinal Health Inc	"	79	6,595	13,272
Carlyle Group	"	80	3,882	4,112
CDW Corp	"	13	2,165	2,322
Chevron Corporation	"	110	13,406	15,751
Chipotle Mexican Grill CL A	"	276	14,929	15,497
Chugai Pharm	"	77	3,722	4,011
Cigna Corp	"	8	1,658	2,645
Cintas Corp	"	35	7,001	7,800
Cisco Systems, Inc.	"	102	5,083	7,077
CitiGroup, Inc.	"	180	9,330	15,322
CNH Industrial NV	"	319	3,888	4,134
Cognizant Tech Solutns A	"	68	4,253	5,306
Comcast Corp New CL A	"	621	24,874	22,163
Crown Castle Inc	"	45	4,409	4,623
Crown Holdings	"	25	2,136	2,574
CSX Corp	"	68	2,142	2,219

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST

EIN: 14-1604884

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Face Value/ Shares	Cost	Current Value
		166	9,561	11,451
CVS Health Corp	"	203	5,828	4,729
Daiichi Sankyo Co. LTD	"	23	3,751	2,711
Daikin Industries	"	35	7,320	6,914
Danaher Corp	"	42	2,537	3,420
Danone S.A	"	194	3,659	6,841
DBS Group Holdings LTD	"	262	4,416	7,643
Deutsche BK Regd NPV	"	37	3,864	4,588
Disney Co	"	79	10,729	9,036
Dollar General Corp	"	73	4,045	4,126
Dominion Energy	"	48	10,025	11,832
Doordash Inc	"	32	4,841	7,663
DSV Panalpina	"	81	16,731	28,916
Eaton Corp PLC	"	31	7,530	8,353
Ecolab	"	38	5,283	6,069
Electronic Arts Inc Del	"	54	18,324	21,004
Elevance Health Inc	"	38	26,185	29,622
Eli Lilly & Co	"	271	3,658	6,338
Engie	"	343	6,971	7,392
Epiroc AB	"	33	4,873	9,022
Essilor	"	89	3,501	3,864
Exelon Corporation	"	162	18,341	17,464
Exxon Mobil Corp	"	6	2,529	2,931
Ferrari NV	"	75	3,052	4,204
Fid National Financial Inc.	"	86	7,904	7,001
Fidelity National Information Svcs	"	67	5,173	3,493
Fortive Corp	"	140	2,160	3,407
Fujitsu LTD	"	23	7,272	7,363
Gallagher Arthur J & Co	"	31	5,206	7,979
GE Aerospace	"	58	1,768	2,854
General Motors CO	"	64	3,844	6,198
Givaudan	"	148	5,573	6,490
Halma PLC	"	72	3,748	5,315
Hasbro Inc	"	2	2,365	5,397
Hermes International	"	25	3,693	3,464
Hess Corp	"	177	2,927	3,620
Hewlett Packard	"	53	10,468	14,116
Hilton Worldwide	"	234	3,592	6,812
Hitachi Corp	"	83	15,481	19,329
Honeywell International	"	124	4,287	6,615
Hong Kong Exchanges	"	44	5,201	8,190
Howmet Aerospace Inc	"	16	1,982	1,900
Hoya Corp	"	229	7,833	5,601
HP Inc	"	210	2,498	4,016
Iberdola SA, Bilbao	"	152	4,026	5,993
Imperial Brands PLC	"	122	2,927	6,327
Industria De Diseno Text	"	43	5,832	7,889
Intercontinental	"	37	2,918	2,721
Intl Flavors&Fragrance	"	26	17,860	20,478
Intuit Inc	"	35	11,929	19,019
Intuitive Surgical Inc	"	85	3,741	4,446
Itochu Corp Ord 8001	"	35	2,215	3,697
Johnson Controls Inter	"	170	21,111	49,285
JPMorgan Chase & Co.	"	89	2,917	2,942
Keurig Dr Pepper Inc	"	12	4,739	4,805
Keyence Corp 6861	"	8	666	678
Kingspan GRP	"			

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST

EIN: 14-1604884

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Face Value/ Shares	Cost	Current Value
Koninklijke KPN NV	"	809	2,693	3,928
Kraft (The) Heinz Co	"	225	8,670	5,809
L.V.M.H Eur	"	9	7,089	4,697
L3Harris Technologies	"	45	9,276	11,288
Laboratory CP Amer Hldgs	"	24	4,978	6,300
Lam Research Corp	"	14	14,854	20,831
Lamb Weston Holdings	"	65	3,890	3,370
Lear Corp	"	21	2,672	1,995
Leidos Holdings Inc	"	28	2,496	4,417
Linde PLC	"	41	8,526	19,236
London Stk Exchange Grou	"	76	5,888	11,076
L'oreal	"	16	6,156	6,820
Lowe's Companies Inc	"	71	8,595	15,753
LPL Financial Holdings	"	31	11,086	11,624
Marsh & McLennan Cos Inc	"	88	9,296	19,240
Marubeni Corp	"	148	2,995	2,985
Mastercard Inc Cl A	"	85	33,240	47,765
McDonalds Corp.	"	72	17,062	21,036
Medtronic PLC Shs	"	121	11,010	10,548
Meta Platforms Inc	"	83	38,396	61,261
Micron Technology Inc	"	36	2,697	4,437
Microsoft Corp	"	382	107,956	190,011
Mid America Apartment Communities	"	20	2,959	2,960
Mondelez International	"	183	9,218	12,342
Motorola Solutions Inc	"	59	9,689	24,807
MTU Aero Engines AG	"	11	2,126	4,885
Munich RE-INS	"	8	4,145	5,171
National Grid PLC Reg SH	"	247	3,267	3,593
Natwest Group PLC Reg SH	"	944	3,798	6,615
Nestle SA Cham Und Veve	"	70	8,174	6,932
Netease Inc	"	87	1,906	2,338
Netflix Com Inc	"	15	10,481	20,087
Nextera Energy Inc SHS	"	282	16,759	19,576
Nintendo Co	"	45	2,929	4,324
Nomura Research	"	142	4,019	5,685
Northrop Grumman Corp	"	24	12,622	12,000
Novo Nordisk	"	127	13,954	8,766
Novo Nordisk A/S SHS	"	119	6,422	8,231
Nvidia	"	501	33,083	79,153
On Holdings	"	130	7,733	6,766
Oracle Corp	"	48	8,339	10,494
Palantir Technologies	"	47	4,728	6,407
Pepsico Inc	"	74	9,328	9,771
PG&E Corp	"	268	4,432	3,736
Philip Morris Intl Inc	"	141	12,068	25,680
PPG Industries Inc	"	42	5,226	4,778
Prologis Inc	"	167	17,655	17,555
Raytheon Technologies	"	32	2,797	4,673
Recruit Holdings Co. LTD	"	54	2,683	3,191
Ralliant Corp	"	22	-	1,067
RELX PLC	"	142	4,794	7,661
Rexford Indl	"	59	2,090	2,099
Rheinmetall	"	3	2,252	6,302
Rolls-Royce Holding	"	924	4,297	12,252
Ryanair Holdings	"	63	3,072	3,633
S&P Global Inc	"	36	14,099	18,982

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST

EIN: 14-1604884

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Face Value/ Shares	Cost	Current Value
Safran SA	"	52	4,764	16,841
Sanofi Adr	"	88	4,352	4,251
SAP SE	"	45	7,876	13,626
Schwab Charles Corp New	"	50	4,128	4,562
Sealed Air Corp	"	133	6,887	4,127
Semptra	"	58	4,149	4,395
ServiceNow Inc	"	15	9,684	15,421
Shell PLC	"	120	7,430	8,449
Shin Etsu Chemical 4063	"	105	3,222	3,469
Shopify Inc Cl A	"	20	594	2,307
Shopify Inc Cl A	"	65	4,889	7,498
Sika AG Namen-AKT	"	18	4,695	4,871
SMC Corp 6273	"	9	3,526	3,243
Smurfit Westrock	"	346	18,554	14,930
Snowflake Inc	"	80	13,557	17,902
Sony Group Corp	"	316	6,145	8,212
Spotify Tech S.A Reg	"	21	6,743	16,114
SS And C Technologies	"	154	10,239	12,751
Stag Industrials	"	56	1,791	2,032
Standard Chartered	"	195	2,633	3,225
Starbucks Corp	"	102	9,802	9,346
STMicroelectronics	"	123	2,589	3,740
Straumann Holdings	"	17	2,715	2,211
Stryker Corp	"	22	7,523	8,704
Suzuki Motor Corp	"	304	3,535	3,668
Taiwan Semiconductor Manufacturing Company LTD ADR	"	183	24,733	41,448
TDK Corp 6762	"	360	2,710	4,226
Tecent Holdings LTD	"	49	2,717	3,140
Teck Resources	"	44	2,156	1,777
Terumo	"	104	1,886	1,908
Tesla Inc	"	36	8,424	11,436
Texas Instruments	"	85	13,908	17,648
TFI International Inc	"	27	2,109	2,421
TJX Cos Inc.	"	155	10,664	19,141
Tokyo Electron	"	21	2,940	4,024
Total SA	"	86	5,329	5,260
Trane Technologies PLC	"	67	12,718	29,306
Uni Charm Co. LTD 8113	"	153	1,836	1,102
Unicredit Spa	"	132	4,918	8,818
Union Pacific Corp	"	53	9,336	12,194
Verizon Communications	"	117	4,459	5,063
Vertiv Holdings	"	85	6,175	10,915
Visa, Inc. Class A	"	72	23,075	25,564
WABTEC	"	16	2,619	3,350
Walmart Inc	"	253	12,178	24,738
WEC Energy Group Inc.	"	172	14,532	17,922
Wells Fargo Company	"	226	8,599	18,107
Wesco International	"	11	2,116	2,037
Willis Towers Watson PLC	"	15	3,438	4,597
Workday Inc	"	34	7,998	8,160
WSTN Digital Corp	"	42	2,201	2,688
Zoetis Inc	"	104	19,003	16,219
Total common stock			1,776,458	2,518,797

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
EIN: 14-1604884
Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Face Value/ Shares	Cost	Current Value
<u>Exchange Traded Funds:</u>				
Columbia Thermostat Fund	Exchange traded fund	8,957	146,917	154,592
SPDR Gold Trust	"	5,439	283,289	420,896
iShares 7-10 Year	"	4,700	518,613	414,775
iShares TR Russell 1000 Value Index	"	900	84,560	86,193
First Eagle Global Fund	"	325	57,585	99,070
iShares 1-3 Year	"	97	8,882	8,898
Total exchange traded funds			1,099,846	1,184,424
<u>Mutual Funds:</u>				
BIF Money Fund	Mutual fund	25,995	25,995	25,995
BLF Treasury Trust	"	203,073	203,073	203,073
Federated Hermes GOVT	"	14,988	14,988	14,988
ML Bank Deposit Program	"	63,248	63,248	63,248
Western Asset Core Bond	"	27,671	354,906	293,591
Total mutual funds			662,210	600,895
<u>Government Obligations:</u>				
U.S. Treasury Strip	Government obligation	150,000	144,198	137,201
U.S. Treasury Strip	"	80,000	74,451	68,364
Total government obligations			218,649	205,565
<u>Certificates of Deposit:</u>				
Goldman Sachs Banks USA	3.35%, maturing 02/13/2029	100,000	100,000	97,713
Goldman Sachs Bk USA	2.60%, maturing 02/10/2026	100,000	96,194	99,037
Sallie Mae Bank	3.40%, maturing 06/30/2028	150,000	150,000	147,455
Synchrony BK (FKA GE)	2.75%, maturing 01/15/2026	26,000	25,143	25,792
Total certificates of deposit			371,337	369,997
Total investments on the statement of net assets available for benefits			\$ 4,128,500	\$ 4,879,678

* Denotes party-in-interest to the Plan.

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
 EIN: 14-1604884
 Plan Number: 001

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
 for the year ended June 30, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
<u>Identity of party involved</u>	<u>Description of asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of asset</u>	<u>Current value at date of transaction</u>	<u>Net gain (loss)</u>
<u>Series Transaction:</u>						
iShares TR Russell 1000 Value Index	Exchange traded fund	\$ -	\$ 519,627	\$ 314,444	\$ 519,627	\$ 205,183

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 07/01/2024 and ending 06/30/2025

- 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: [] 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: Center for Spectrum Services Profit Sharing Plan and Trust
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): Center for Spectrum Services
2b Employer Identification Number (EIN): 14-1604884
2c Plan Sponsor's telephone number: (845) 336-2616
2d Business code (see instructions): 611000

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, Date, and Name. Row 1: Shelly M. Beck, 2/2/2024, SHELLY BECK. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: 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)
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 <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>																																												
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">158</td> </tr> </table>	5	158																																										
5	158																																												
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td></td> <td style="text-align: right;">127</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td></td> <td style="text-align: right;">127</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td></td> <td style="text-align: right;">29</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td></td> <td style="text-align: right;">156</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td></td> <td style="text-align: right;">156</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> <td style="text-align: right;">154</td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> <td style="text-align: right;">151</td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> <td style="text-align: right;">10</td> </tr> </table>					6a(1)			127	6a(2)			127	6b			29	6c			0	6d			156	6e			0	6f			156	6g(1)			154	6g(2)			151	6h			10
6a(1)			127																																										
6a(2)			127																																										
6b			29																																										
6c			0																																										
6d			156																																										
6e			0																																										
6f			156																																										
6g(1)			154																																										
6g(2)			151																																										
6h			10																																										
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																																											
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 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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
--	---

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

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

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

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

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

Receipt Confirmation Code _____

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
EIN: 14-1604884
Plan Number: 001

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended June 30, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
<u>Identity of party involved</u>	<u>Description of asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of asset</u>	<u>Current value at date of transaction</u>	<u>Net gain (loss)</u>
<u>Series Transaction:</u> iShares TR Russell 1000 Value Index	Exchange traded fund	\$ -	\$ 519,627	\$ 314,444	\$ 519,627	\$ 205,183

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST
 EIN: 14-1604884
 Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Face Value/ Shares	Cost	Current Value
<u>Common Stock:</u>				
1st Citizens BNCSHS Inc	Common stock	6	\$ 5,076	\$ 11,739
ABB LTD	"	168	5,254	9,985
Abbvie Inc.	"	112	10,241	20,789
Abbott Labs	"	170	19,684	23,122
Accenture PLC	"	71	13,356	21,221
AIA Group LTD	"	711	5,947	6,376
Air Liquide	"	22	2,957	4,523
Air Products&Chem	"	13	3,847	3,667
Airbus SE	"	35	4,376	7,283
Allegion PLC SHS	"	16	1,967	2,306
Alnylam Pharmaceuticals	"	27	7,707	8,804
Amadeus IT Group	"	113	6,999	9,481
Amazon Com, Inc.	"	226	28,362	49,582
American Electric Power	"	23	1,938	2,386
American Express Company	"	91	11,753	29,027
American Intl Group Inc	"	70	2,074	5,991
American Tower Reit Inc	"	88	15,729	19,450
Amphenol Corp	"	258	15,985	25,477
Anheuser-Busch InBev SA/NV	"	46	3,029	3,145
Apple, Inc.	"	469	58,354	96,225
Ares Management	"	100	18,287	17,320
ASML Holding	"	12	7,357	9,545
Astrazeneca Plc SHS FN	"	59	5,106	8,182
Astrazeneca Plc Spnd ADR	"	38	2,428	2,655
Axon Enterprise	"	13	7,025	10,763
Bae Systems PLC	"	300	4,689	7,755
Banco Bilbao	"	252	3,862	3,862
Banco Santander	"	443	3,637	3,654
Baxter International, Inc.	"	271	11,695	8,206
Becton Dickinson	"	25	4,889	4,306
Beone Medicines	"	10	1,823	2,421
BHP Group LTD	"	55	1,652	1,325
BP PLC	"	599	3,710	3,002
BP PLC Sponsored ADR	"	315	9,576	9,428
British American Tobacco	"	176	6,143	8,339
Broadcom Inc	"	281	31,102	77,458
Canadian Natl Railway Co	"	46	5,441	4,786
Capgemini SA	"	26	4,943	4,427
Capital One	"	11	2,111	2,340
Cardinal Health Inc	"	79	6,595	13,272
Carlyle Group	"	80	3,882	4,112
CDW Corp	"	13	2,165	2,322
Chevron Corporation	"	110	13,406	15,751
Chipotle Mexican Grill CL A	"	276	14,929	15,497
Chugai Pharm	"	77	3,722	4,011
Cigna Corp	"	8	1,658	2,645
Cintas Corp	"	35	7,001	7,800
Cisco Systems, Inc.	"	102	5,083	7,077
CitiGroup, Inc.	"	180	9,330	15,322
CNH Industrial NV	"	319	3,888	4,134
Cognizant Tech Solutns A	"	68	4,253	5,306
Comcast Corp New CL A	"	621	24,874	22,163
Crown Castle Inc	"	45	4,409	4,623
Crown Holdings	"	25	2,136	2,574
CSX Corp	"	68	2,142	2,219

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST

EIN: 14-1604884

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Face Value/ Shares	Cost	Current Value
CVS Health Corp	"	166	9,561	11,451
Daiichi Sankyo Co. LTD	"	203	5,828	4,729
Daikin Industries	"	23	3,751	2,711
Danaher Corp	"	35	7,320	6,914
Danone S.A	"	42	2,537	3,420
DBS Group Holdings LTD	"	194	3,659	6,841
Deutsche BK Regd NPV	"	262	4,416	7,643
Disney Co	"	37	3,864	4,588
Dollar General Corp	"	79	10,729	9,036
Dominion Energy	"	73	4,045	4,126
Doordash Inc	"	48	10,025	11,832
DSV Panalpina	"	32	4,841	7,663
Eaton Corp PLC	"	81	16,731	28,916
Ecolab	"	31	7,530	8,353
Electronic Arts Inc Del	"	38	5,283	6,069
Elevance Health Inc	"	54	18,324	21,004
Eli Lilly & Co	"	38	26,185	29,622
Engie	"	271	3,658	6,338
Epiroc AB	"	343	6,971	7,392
Essilor	"	33	4,873	9,022
Exelon Corporation	"	89	3,501	3,864
Exxon Mobil Corp	"	162	18,341	17,464
Ferrari NV	"	6	2,529	2,931
Fid National Financial Inc.	"	75	3,052	4,204
Fidelity National Information Svcs	"	86	7,904	7,001
Fortive Corp	"	67	5,173	3,493
Fujitsu LTD	"	140	2,160	3,407
Gallagher Arthur J & Co	"	23	7,272	7,363
GE Aerospace	"	31	5,206	7,979
General Motors CO	"	58	1,768	2,854
Givaudan	"	64	3,844	6,198
Halma PLC	"	148	5,573	6,490
Hasbro Inc	"	72	3,748	5,315
Hermes International	"	2	2,365	5,397
Hess Corp	"	25	3,693	3,464
Hewlett Packard	"	177	2,927	3,620
Hilton Worldwide	"	53	10,468	14,116
Hitachi Corp	"	234	3,592	6,812
Honeywell International	"	83	15,481	19,329
Hong Kong Exchanges	"	124	4,287	6,615
Howmet Aerospace Inc	"	44	5,201	8,190
Hoya Corp	"	16	1,982	1,900
HP Inc	"	229	7,833	5,601
Iberdola SA, Bilbao	"	210	2,498	4,016
Imperial Brands PLC	"	152	4,026	5,993
Industria De Diseno Text	"	122	2,927	6,327
Intercontinental	"	43	5,832	7,889
Intl Flavors&Fragrance	"	37	2,918	2,721
Intuit Inc	"	26	17,860	20,478
Intuitive Surgical Inc	"	35	11,929	19,019
Itochu Corp Ord 8001	"	85	3,741	4,446
Johnson Controls Inter	"	35	2,215	3,697
JPMorgan Chase & Co.	"	170	21,111	49,285
Keurig Dr Pepper Inc	"	89	2,917	2,942
Keyence Corp 6861	"	12	4,739	4,805
Kingspan GRP	"	8	666	678

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST

EIN: 14-1604884

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Face Value/ Shares	Cost	Current Value
Koninklijke KPN NV	"	809	2,693	3,928
Kraft (The) Heinz Co	"	225	8,670	5,809
L.V.M.H Eur	"	9	7,089	4,697
L3Harris Technologies	"	45	9,276	11,288
Laboratory CP Amer Hldgs	"	24	4,978	6,300
Lam Research Corp	"	14	14,854	20,831
Lamb Weston Holdings	"	65	3,890	3,370
Lear Corp	"	21	2,672	1,995
Leidos Holdings Inc	"	28	2,496	4,417
Linde PLC	"	41	8,526	19,236
London Stk Exchange Grou	"	76	5,888	11,076
L'oreal	"	16	6,156	6,820
Lowe's Companies Inc	"	71	8,595	15,753
LPL Financial Holdings	"	31	11,086	11,624
Marsh & McLennan Cos Inc	"	88	9,296	19,240
Marubeni Corp	"	148	2,995	2,985
Mastercard Inc Cl A	"	85	33,240	47,765
McDonalds Corp.	"	72	17,062	21,036
Medtronic PLC Shs	"	121	11,010	10,548
Meta Platforms Inc	"	83	38,396	61,261
Micron Technology Inc	"	36	2,697	4,437
Microsoft Corp	"	382	107,956	190,011
Mid America Apartment Communities	"	20	2,959	2,960
Mondelez International	"	183	9,218	12,342
Motorola Solutions Inc	"	59	9,689	24,807
MTU Aero Engines AG	"	11	2,126	4,885
Munich RE-INS	"	8	4,145	5,171
National Grid PLC Reg SH	"	247	3,267	3,593
Natwest Group PLC Reg SH	"	944	3,798	6,615
Nestle SA Cham Und Veve	"	70	8,174	6,932
Netease Inc	"	87	1,906	2,338
Netflix Com Inc	"	15	10,481	20,087
Nextera Energy Inc SHS	"	282	16,759	19,576
Nintendo Co	"	45	2,929	4,324
Nomura Research	"	142	4,019	5,685
Northrop Grumman Corp	"	24	12,622	12,000
Novo Nordisk	"	127	13,954	8,766
Novo Nordisk A/S SHS	"	119	6,422	8,231
Nvidia	"	501	33,083	79,153
On Holdings	"	130	7,733	6,766
Oracle Corp	"	48	8,339	10,494
Palantir Technologies	"	47	4,728	6,407
Pepsico Inc	"	74	9,328	9,771
PG&E Corp	"	268	4,432	3,736
Philip Morris Intl Inc	"	141	12,068	25,680
PPG Industries Inc	"	42	5,226	4,778
Prologis Inc	"	167	17,655	17,555
Raytheon Technologies	"	32	2,797	4,673
Recruit Holdings Co. LTD	"	54	2,683	3,191
Ralliant Corp	"	22	-	1,067
RELX PLC	"	142	4,794	7,661
Rexford Indl	"	59	2,090	2,099
Rheinmetall	"	3	2,252	6,302
Rolls-Royce Holding	"	924	4,297	12,252
Ryanair Holdings	"	63	3,072	3,633
S&P Global Inc	"	36	14,099	18,982

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST

EIN: 14-1604884

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Face Value/ Shares	Cost	Current Value
Safran SA	"	52	4,764	16,841
Sanofi Adr	"	88	4,352	4,251
SAP SE	"	45	7,876	13,626
Schwab Charles Corp New	"	50	4,128	4,562
Sealed Air Corp	"	133	6,887	4,127
Sempra	"	58	4,149	4,395
ServiceNow Inc	"	15	9,684	15,421
Shell PLC	"	120	7,430	8,449
Shin Etsu Chemical 4063	"	105	3,222	3,469
Shopify Inc Cl A	"	20	594	2,307
Shopify Inc Cl A	"	65	4,889	7,498
Sika AG Namen-AKT	"	18	4,695	4,871
SMC Corp 6273	"	9	3,526	3,243
Smurfit Westrock	"	346	18,554	14,930
Snowflake Inc	"	80	13,557	17,902
Sony Group Corp	"	316	6,145	8,212
Spotify Tech S.A Reg	"	21	6,743	16,114
SS And C Technologies	"	154	10,239	12,751
Stag Inustrials	"	56	1,791	2,032
Standard Chartered	"	195	2,633	3,225
Starbucks Corp	"	102	9,802	9,346
STMicroelectronics	"	123	2,589	3,740
Straumann Holdings	"	17	2,715	2,211
Stryker Corp	"	22	7,523	8,704
Suzuki Motor Corp	"	304	3,535	3,668
Taiwan Semiconductor Manufacturing Company LTD ADR	"	183	24,733	41,448
TDK Corp 6762	"	360	2,710	4,226
Tecent Holdings LTD	"	49	2,717	3,140
Teck Resources	"	44	2,156	1,777
Terumo	"	104	1,886	1,908
Tesla Inc	"	36	8,424	11,436
Texas Instruments	"	85	13,908	17,648
TFI International Inc	"	27	2,109	2,421
TJX Cos Inc.	"	155	10,664	19,141
Tokyo Electron	"	21	2,940	4,024
Total SA	"	86	5,329	5,260
Trane Technologies PLC	"	67	12,718	29,306
Uni Charm Co. LTD 8113	"	153	1,836	1,102
Unicredit Spa	"	132	4,918	8,818
Union Pacific Corp	"	53	9,336	12,194
Verizon Communications	"	117	4,459	5,063
Vertiv Holdings	"	85	6,175	10,915
Visa, Inc. Class A	"	72	23,075	25,564
WABTEC	"	16	2,619	3,350
Walmart Inc	"	253	12,178	24,738
WEC Energy Group Inc.	"	172	14,532	17,922
Wells Fargo Company	"	226	8,599	18,107
Wesco International	"	11	2,116	2,037
Willis Towers Watson PLC	"	15	3,438	4,597
Workday Inc	"	34	7,998	8,160
WSTN Digital Corp	"	42	2,201	2,688
Zoetis Inc	"	104	19,003	16,219
Total common stock			1,776,458	2,518,797

CENTER FOR SPECTRUM SERVICES PROFIT SHARING PLAN AND TRUST

EIN: 14-1604884

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Face Value/ Shares	Cost	Current Value
<u>Exchange Traded Funds:</u>				
Columbia Thermostat Fund	Exchange traded fund	8,957	146,917	154,592
SPDR Gold Trust	"	5,439	283,289	420,896
iShares 7-10 Year	"	4,700	518,613	414,775
iShares TR Russell 1000 Value Index	"	900	84,560	86,193
First Eagle Global Fund	"	325	57,585	99,070
iShares 1-3 Year	"	97	8,882	8,898
Total exchange traded funds			1,099,846	1,184,424
<u>Mutual Funds:</u>				
BIF Money Fund	Mutual fund	25,995	25,995	25,995
BLF Treasury Trust	"	203,073	203,073	203,073
Federated Hermes GOVT	"	14,988	14,988	14,988
ML Bank Deposit Program	"	63,248	63,248	63,248
Western Asset Core Bond	"	27,671	354,906	293,591
Total mutual funds			662,210	600,895
<u>Government Obligations:</u>				
U.S. Treasury Strip	Government obligation	150,000	144,198	137,201
U.S. Treasury Strip	"	80,000	74,451	68,364
Total government obligations			218,649	205,565
<u>Certificates of Deposit:</u>				
Goldman Sachs Banks USA	3.35%, maturing 02/13/2029	100,000	100,000	97,713
Goldman Sachs Bk USA	2.60%, maturing 02/10/2026	100,000	96,194	99,037
Sallie Mae Bank	3.40%, maturing 06/30/2028	150,000	150,000	147,455
Synchrony BK (FKA GE)	2.75%, maturing 01/15/2026	26,000	25,143	25,792
Total certificates of deposit			371,337	369,997
Total investments on the statement of net assets available for benefits			<u>\$ 4,128,500</u>	<u>\$ 4,879,678</u>

* Denotes party-in-interest to the Plan.