

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
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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) _____ ☐ 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 ACDS 403(B) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 02/01/2013
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) ACDS, INC. 4 FERN PLACE PLAINVIEW, NY 11803
2b	Employer Identification Number (EIN) 23-7175975
2c	Plan Sponsor's telephone number 516-933-4700
2d	Business code (see instructions) 624100

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.	04/14/2026	CHRIS CAMPBELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	MICHAEL DURNEY
	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 ☒ 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 1222
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) 1184 6a(2) 1257 6b 0 6c 39 6d 1296 6e 0 6f 1296 6g(1) 112 6g(2) 135 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 3
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan ACDS 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACDS, INC.	D Employer Identification Number (EIN) 23-7175975	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF7351	86	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid 4195	(b) Total amount of fees paid 220
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEPHAN COLES
STE 1C01
1 HUNTINGTON QUADRANGLE
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2099	220	ALLOCATED NON-CASH COMP SUPPLEMENTAL CASH PAID	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEPHEN GRANDE
STE 1C01
1 HUNTINGTON QUADRANGLE
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2096			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	830403
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2263412

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GENERAL ACCOUNT**b** Balance at the end of the previous year**7b**

678738

c Additions: (1) Contributions deposited during the year**7c(1)**

84118

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

20560

(4) Transferred from separate account

7c(4)

144653

(5) Other (specify below).....

7c(5)

179

▶ LOAN REPAY PRINCIPAL LOAN REPAY INTEREST

(6) Total additions

7c(6)

249510

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

928248

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

97845

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

(5) Total deductions

7e(5)

97845

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

830403

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan ACDS 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACDS, INC.	D Employer Identification Number (EIN) 23-7175975	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	665X60	24	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid 3408	(b) Total amount of fees paid 309
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEPHAN COLES
STE 1C01
1 HUNTINGTON QUADRANGLE
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1704	309	SUPPLEMENTAL CASH PAID	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEPHEN GRANDE
STE 1C01
1 HUNTINGTON QUADRANGLE
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1704			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	144070
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1854587

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	145420
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	4011	
	7c(4)	14087	
	7c(5)	232	

▶ **LOAN REPAY PRINCIPAL LOAN REPAY INTEREST**

(6) Total additions	7c(6)	18330
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d Total of balance and additions (add lines 7b and 7c(6))	7d	163750
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)	19680	
	7e(2)		
	7e(3)		
	7e(4)		
	(3) Transferred to separate account		

(4) Other (specify below)

(5) Total deductions	7e(5)	19680
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	144070
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan ACDS 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACDS, INC.	D Employer Identification Number (EIN) 23-7175975	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	GA 63161	9	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 43598**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GENERAL ACCOUNT**b** Balance at the end of the previous year **7b** 117317**c** Additions: (1) Contributions deposited during the year **7c(1)** 64774
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 3259
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 1769

▶ GAINS/LOSS LOAN PAYMENTS

(6) Total additions **7c(6)** 69802**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 187119**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 10852(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 131882(4) Other (specify below) **7e(4)** 787

▶ FEES

(5) Total deductions **7e(5)** 143521**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 43598

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 ACDS 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACDS, INC.	D Employer Identification Number (EIN) 23-7175975	

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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)

THE PINNACLE FINANCIAL GROUP

9 SOUTH LONG BEACH ROAD
ROCKVILLE CENTRE, NY 11570

(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?
28 51	FINANCIAL ADVISOR	6715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
28 64	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	19	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan ACDS 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ACDS, INC.		D Employer Identification Number (EIN) 23-7175975
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: AMANA GROWTH FUND INV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FNDS EUPAC FUND R4		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12474
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FNDS FUNDAMENTAL INVT R4		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6587
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FNDS NEW PERSPECTIVE R4		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8521
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FNDS THE GRW OF AMER R4		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 610499
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FNDS WASH MUTUAL INV R4		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23321
a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRCK HLTH SCI OPPORT PRT IA		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2792
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT VP SRI BALANCED PORT		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49797
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA SEL MID CAP VALUE A		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6458
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND PT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 757098
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQTY-INC PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8665
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14332
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP HIGH INC PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9848
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP INDEX 500 PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156393
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP OVERSEAS PT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3548
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VAL VIP 2		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51791
a Name of MTIA, CCT, PSA, or 103-12 IE: INV DEV MRKTS FD A		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78447

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI AMR FRANCHISE FD I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160239
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI CORE EQTY FUND SI		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32547
a Name of MTIA, CCT, PSA, or 103-12 IE: MACQ SCIENCE AND TECHNOLOGY Y		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3902
a Name of MTIA, CCT, PSA, or 103-12 IE: TCW SECURITIZED BOND FUND N		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15483
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA BALANCED INCOME PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15050
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA BALANCED PORTFOLIO I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GLOBAL BOND PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25240
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GOV MONEY MARKET PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 712321
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GROWTH AND INCOME PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200470
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA HIGH YIELD PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21065

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS LARGE CAP PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7384
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS MIDCAP PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78659
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX PLUS SMALLCAP PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1451
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERMEDIATE BOND PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58168
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH PRT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5400
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP VALUE PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LC VL IND PRT S		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4356
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LCP GR IND PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LGCP INDX PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194995
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL MC GR IND PRT S		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9239

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL SMCP INDX PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16122

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMCP OPPORT PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11543

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2025 PORT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2010

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2035 PORT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2931

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION 2045 PORT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 747

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SOLUTION AGGRESS PT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 282197

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA STRATEGIC ALLOC GRW PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VY AMCEN SM-MDCP VL PT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292

a Name of MTIA, CCT, PSA, or 103-12 IE: VY COL CONTR CORE PORT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13992

a Name of MTIA, CCT, PSA, or 103-12 IE: VY JPM EMRG MKTS EQ PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8051

a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR CAP APPREC PORT SRV**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 726
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a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR DIVR MDCP GR PT I**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141543
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a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR GRW EQTY PT I**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229413
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan ACDS 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACDS, INC.	D Employer Identification Number (EIN) 23-7175975

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		1864
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17045	24428
(2) Participant contributions.....	1b(2)	19074	0
(3) Other	1b(3)	955	955
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	33029	57285
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1996354	4117999
(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)	1227574	1703749
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	796055	1018071
(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	4090086	6924351
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1443	1887
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1443	1887
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4088643	6922464

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)	24428	
(B) Participants	2a(1)(B)	536193	
(C) Others (including rollovers)	2a(1)(C)	79069	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		639690
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)	3549	
(F) Other	2b(1)(F)	27835	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		31384
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	25473	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25473
(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)		459376
(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)		116603
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1272526

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	245794	
(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)		245794
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)	595	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	6915	
(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)		7510
j Total expenses. Add all expense amounts in column (b) and enter total	2j		253304

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1019222
l Transfers of assets:			
(1) To this plan	2l(1)		1814599
(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: **CERINI & ASSOCIATES, LLP**

(2) EIN: **11-3066459**

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.)	☒	☐	35873
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 ACDS 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACDS, INC.		D Employer Identification Number (EIN) 23-7175975
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 75-3182674 71-0294708		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)..... b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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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
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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 <u>03 / 31 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500560A</u> .	

ACDS, INC. 403(B) PLAN

PLAN SPONSOR EIN: 23-7175975

PLAN NUMBER: 001

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

FOR THE YEAR ENDED JUNE 30, 2025



Connected
to your business
goals
success

ACDS, INC. 403(B) PLAN
PLAN SPONSOR EIN: 23-7175975
PLAN NUMBER: 001

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT
FOR THE YEAR ENDED JUNE 30, 2025
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INDEPENDENT AUDITORS' REPORT



To the Trustees of the
ACDS, Inc. 403(b) Plan
Plainview, New York

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

We have performed audits of the financial statements of the ACDS, Inc. 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of 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.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 U.S. 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with U.S. GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held At End of Year) as of June 30, 2025 and Schedule of Delinquent Participant Contributions 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedules that agreed to or is derived

from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Cerin & Associates LLP

Bohemia, New York
April 10, 2026

ACDS, INC. 403(B) PLAN
PLAN SPONSOR EIN: 23-7175975
PLAN NUMBER: 001

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30,	2025	2024
ASSETS		
Non-interest bearing cash.....	\$ 1,864	\$ -
INVESTMENTS, AT FAIR VALUE:		
Pooled separate accounts.....	4,117,999	1,996,354
Guaranteed income funds.....	1,018,071	796,055
Mutual funds.....	1,703,749	1,227,574
TOTAL INVESTMENTS	6,839,819	4,019,983
RECEIVABLES:		
Employer contributions receivable.....	24,428	17,045
Participant contributions receivable.....	-	19,074
Notes receivable from participants.....	57,285	33,029
Other receivables.....	955	955
TOTAL RECEIVABLES	82,668	70,103
TOTAL ASSETS	6,924,351	4,090,086
 LIABILITIES		
Accrued expenses.....	1,887	1,443
NET ASSETS AVAILABLE FOR BENEFITS	\$ 6,922,464	\$ 4,088,643

ACDS, INC. 403(B) PLAN
PLAN SPONSOR EIN: 23-7175975
PLAN NUMBER: 001

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2025

ADDITIONS:

Additions to net assets attributed to:

Investment income:	
Net appreciation in fair value of investments.....	\$ 575,979
Interest and dividend income.....	53,308
TOTAL INVESTMENT INCOME	629,287
Participant contributions.....	536,193
Employer contributions.....	24,428
Rollover contributions.....	79,069
Interest on notes receivable from participants.....	3,549
TOTAL ADDITIONS	1,272,526

DEDUCTIONS:

Deductions from net assets attributed to:

Benefits paid to participants.....	245,794
Administrative expenses.....	7,510
TOTAL DEDUCTIONS	253,304

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 1,019,222

Transfers of assets to this plan..... 1,814,599

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year.....	4,088,643
End of year.....	\$ 6,922,464

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the ACDS, Inc. 403(b) Plan (the “Plan”) is presented to assist in understanding the Plan’s financial statements and supplemental information. These financial statements, supplemental information, and notes are representations of ACDS, Inc.’s (hereinafter, the “Plan Sponsor” or “Employer”) management, who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America (“U.S. GAAP”) and have been consistently applied in the preparation of the financial statements and supplemental schedules.

Basis of Accounting: The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. GAAP.

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan’s investments are stated at fair value. Pooled separate accounts are reported at the value reported to the Plan by Voya Retirement Insurance and Annuity Company (“Voya”), which represents the fair value of the underlying investments comprising the accounts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Investment Committee determines the Plan’s valuation policies utilizing information provided by the Plan’s investment advisers. See Note 5 for discussions of fair value measurements.

Purchases and sales of investments 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 in fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year. During the year ended June 30, 2025, the Plan’s net investment gains (including gains and losses on investments bought and sold, as well as held during the year) were \$575,979.

Participant Notes Receivable: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2025 or 2024. Delinquent notes receivable from participants are reclassified as distributions once the participant is no longer employed by the Plan Sponsor. There were no delinquent notes receivable at June 30, 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payment of Benefits: Benefits are recorded when paid to the Plan's participants.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments. Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

Events Occurring After Report Date: The Plan Sponsor has evaluated events and transactions that occurred between July 1, 2025 and April 10, 2026, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

NOTE 2 - DESCRIPTION OF THE PLAN

The following brief description of the Plan provides general information. Participants should refer to the Plan document, which is available from the plan administrator, for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established under the Internal Revenue Code Section 403(b) covering all salaried and hourly employees of the Employer. Employees are eligible upon hire to begin making elective deferrals to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Investments of the Plan are held by the Plan's custodians, Voya, Invesco Trust Company ("Invesco"), Matrix Trust Company ("Matrix"), and American Funds ("American") (together, the "Custodians"). The Custodians invest all contributions as directed by participants and allocate to each participant's account its proportionate share of investment income. The Plan administrator is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan administrator. The record-keeper for the Plan is PenServ Plan Services, Inc. ("PenServ" or the "Record-Keeper").

Contributions: Each year, participants may contribute to the Plan specific dollar amounts of compensation, as defined by the Plan. Participants may also contribute amounts distributed from other qualified plans. In addition, the Plan offers catch-up contributions to those participants who have attained age 50 before the end of the Plan year. Effective January 1, 2025, the Plan allows for higher catch-up limits for participants ages 60-63. Participants direct the investment of their contributions into various investment options offered by the Plan. These contributions are subject to IRS limitations and adjusted annually.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 2 - DESCRIPTION OF THE PLAN (continued)

Participants who are union employees are eligible for matching contributions upon completion of one year of service. The Employer matches participants' contributions, including catch-up contributions, at 50% up to an annual maximum amount per year, as follows:

<u>Years of Service</u>	<u>Maximum Employer Match</u>
1 but less than 3	Up to \$200
3 but less than 7	Up to \$700
7 but less than 10	Up to \$1,000
10 or more	Up to \$1,300

The matching contribution is invested as directed by the participant. For the year ended June 30, 2025, the Employer made matching contributions of \$24,428. These contributions are also subject to IRS limitations and adjusted annually.

During the year ended June 30, 2025, the Plan Sponsor was made aware of a 2nd non-ERISA plan that was frozen around 2013 and had merged with this Plan. However, these investments were not reported on prior Form 5500 returns. The Plan Sponsor was advised by an ERISA attorney to report the investments on the Form 5500 for the year ended June 30, 2025 and did not need to correct prior year returns. The amount of assets transferred into the Plan totaled \$1,814,599 and are reported on the statement of changes in net assets available for benefits for the year ended June 30, 2025.

Participant Accounts: The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited with each participant's contributions, employer match contributions, and earnings thereon. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan based on participant earnings, account balances, or specific participant transactions, as defined. As a participant-directed plan, each participant's investment choices determine their share of earnings or losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions and Employer match contributions plus allocated earnings thereon.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 2 - DESCRIPTION OF THE PLAN (continued)

Notes Receivable from Participants: Participants may borrow from their accounts a minimum amount of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may only have a maximum of one outstanding loan at a time. The maximum payment term allowed for any loan is five years unless the loan qualifies as a residential mortgage loan, in which case the term may not exceed 10 years. The loans are secured by the participant's vested account balance and bear interest at rates that range from 5.25% to 10.50%, which are commensurate with local prevailing rates at the time the loans were taken as determined by the plan administrator. Principal and interest are paid ratably directly by the participant.

In-Service Withdrawals: In-service withdrawals are permitted by the Plan for active employees when they reach the age of 59 ½ or normal retirement age, as defined by the Plan as reaching the age of 65. The Plan also allows for in-service withdrawals in the event of financial hardship. Hardship withdrawals are subject to restrictions as to use of the proceeds.

Payment of Benefits: Upon termination of service due to death, disability, or retirement, a participant or beneficiary may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period not to exceed the life expectancy of the beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Required minimum distributions, as mandated by IRS regulations, will commence when a participant attains age 70 ½. Participants who attain age 70 ½ may elect to defer distributions until April 1st following the calendar year in which they reach age 70 ½ or, if later, terminate employment. Due to changes made by the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act"), effective January 1, 2020, if a participant's 70th birthday is July 1, 2019 or later, required minimum distributions may be deferred until the participant reaches age 72. Due to changes made by the SECURE 2.0 Act of 2022, effective January 1, 2023, the required minimum distributions age increased to age 73.

Investment Options: Upon enrollment in the Plan, participants may direct their contributions to any of the various investment options available by the Plan. Participants may change their contribution investment options, transfer part or all of past investments to other funds, and change their deferral amounts at any time during the Plan year.

Plan Amendments: The Employer has the right under the Plan to amend the Plan at any time. The Plan was initially established on January 1, 2009, amended and restated on February 1, 2013, and amended again on January 1, 2022 to include necessary provisions of ERISA and include a provision for after-tax (Roth) deferral contributions.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 2 - DESCRIPTION OF THE PLAN (continued)

Plan Termination: Although it has not expressed any intent to do so, the Employer has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed pursuant to the Plan document.

NOTE 3 - INFORMATION CERTIFIED BY THE CUSTODIANS

Investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule as of June 30, 2025 and 2024, and net appreciation in fair value of investments and interest on notes receivable from participants for the year ended June 30, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya, Matrix, and Invesco.

The following information regarding assets in custody of Voya, Matrix, and Invesco was certified for the years ended June 30,:

Investments, at fair value:	2025	2024
Pooled separate accounts	\$ 4,117,999	\$ 1,996,354
Guaranteed income funds.....	1,018,071	796,055
Mutual funds.....	1,653,936	1,183,236
Total certified investments.....	<u>\$ 6,790,006</u>	<u>\$ 3,975,645</u>
Participant notes receivable	<u>\$ 57,285</u>	<u>\$ 33,029</u>
Investment income:		
Net appreciation in fair		
value of investments	\$ 571,714	\$ 474,587
Interest and dividend income.....	52,088	38,485
Total certified investment		
income	<u>\$ 623,802</u>	<u>\$ 513,072</u>
Interest income on participant		
notes receivable.....	<u>\$ 3,549</u>	<u>\$ 2,301</u>

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 3 - INFORMATION CERTIFIED BY THE CUSTODIANS (continued)

The following information regarding assets in custody of American was not certified for the years ended June 30,:

Investments, at fair value:	2025	2024
Mutual funds.....	\$ 49,813	\$ 44,338
Investment income:		
Net appreciation in fair value of investments	\$ 4,265	\$ 2,847
Interest and dividend income.....	1,220	1,098
Total.....	\$ 5,485	\$ 3,945

NOTE 4 - GUARANTEED INCOME FUNDS

The Plan invests in guaranteed income funds with Voya and Matrix, which maintain the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income funds are not fully benefit-responsive. Therefore, they are presented on the face of the statements of net assets available for benefits at fair value. Also see Note 5.

The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The crediting interest rate is based on a formula agreed upon with the issuer and is reviewed periodically for resetting.

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value, providing a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements).

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 5 – FAIR VALUE MEASUREMENTS (continued)

The three levels of the value hierarchy are described below:

- 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 and liability.

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

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at June 30, 2025 and 2024.

Pooled Separate Accounts: Pooled separate accounts consist of investments in mutual funds and are valued at the net asset value ("NAV") at which the mutual fund shares are actively traded. The NAV is determined by Voya and is based upon the fair value of the underlying assets held by the fund.

Guaranteed Income Funds: The Plan invests in guaranteed income funds with Voya and Matrix, which maintain the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income funds are not fully benefit-responsive. Therefore, they are presented on the face of the statements of net assets available for benefits at fair value.

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 Securities and Exchange Commission ("SEC"). These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 5 – FAIR VALUE MEASUREMENTS (continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

Assets at Fair Value as of June 30, 2025				
	Level 1	Level 2	Level 3	Total
Investments, at fair value:				
Pooled separate accounts	\$ -	\$ 4,117,999	\$ -	\$ 4,117,999
Guaranteed income funds.....	-	1,018,071	-	1,018,071
Mutual funds	1,703,749	-	-	1,703,749
Total investments, at fair value	<u>\$ 1,703,749</u>	<u>\$ 5,136,070</u>	<u>\$ -</u>	<u>\$ 6,839,819</u>

Assets at Fair Value as of June 30, 2024				
	Level 1	Level 2	Level 3	Total
Investments, at fair value:				
Pooled separate accounts	\$ -	\$ 1,996,354	\$ -	\$ 1,996,354
Guaranteed income funds.....	-	796,055	-	796,055
Mutual funds	1,227,574	-	-	1,227,574
Total investments, at fair value	<u>\$ 1,227,574</u>	<u>\$ 2,792,409</u>	<u>\$ -</u>	<u>\$ 4,019,983</u>

NOTE 6 – TRANSACTIONS WITH PARTIES-IN-INTEREST

At June 30, 2025 and 2024, certain Plan investments were managed by the Custodians and the Record-Keeper and therefore, these transactions qualify as party-in-interest transactions. Certain fees paid by the Plan for the investment management services are included in net appreciation in fair value of investments. Participant loans also qualify as party-in-interest transactions.

NOTE 7 – INCOME TAX STATUS

The Plan Sponsor elected to adopt the Record-Keeper's prototype plan, which received a favorable opinion letter from the IRS, which states that the Plan is designed in accordance with the applicable requirements of the IRC.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 7 - INCOME TAX STATUS (continued)

U.S. GAAP requires the Plan Sponsor to evaluate uncertain tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor and IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended June 30, 2024, the Plan Sponsor did not submit employee contributions of \$35,873 in a timely manner. The Plan Sponsor filed notice with the IRS and the Department of Labor, paid excise tax, and paid interest for the delinquent period on or before May 31, 2025. These contributions were corrected during the year ended June 30, 2025.

NOTE 10 - SUBSEQUENT EVENT

Subsequent to the date of the report, the Plan Sponsor transitioned this Plan to new vendors. The Plan has a new service provider, Principal Financial Group ("Principal"), and a new Plan advisor. In addition to Principal, the Plan Sponsor will be working with Pasi, LLC to provide recordkeeping and investment services for ACDS, Inc. The current vendors of the Plan were made fully aware of this transition. The transition is effective February 13, 2026. No changes were made to the Plan's provisions as a result of this transition.

SUPPLEMENTAL SCHEDULES

ACDS, INC. 403(B) PLAN
PLAN SPONSOR EIN: 23-7175975
PLAN NUMBER: 001

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

Schedule H, Line 4(i): Page 1 of 2

Schedule of Assets (Held at End of Year) as of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mutual Funds:			
*	Invesco	Invesco Value Opportunities Fund Class A	{+}	\$ 514
*	Invesco	Invesco Value Opportunities Fund Class C	{+}	12,207
*	Invesco	Invesco Active Allocation Fund Class A	{+}	6,694
*	Invesco	Invesco Global Strategic Income Fund Class A	{+}	474
*	Invesco	Invesco Discovery Fund Class A	{+}	678
*	Invesco	Invesco Discovery Mid Cap Growth Fund Class A	{+}	1,257
*	American Funds	American Funds 2020 Target Date A	{+}	49,813
*	Invesco	Invesco Main Street Y	{+}	176,420
*	Invesco	Invesco Discovery Y	{+}	66,014
*	Invesco	Invesco Developing Markets Y	{+}	46,450
*	Invesco	Invesco Emerging Markets Local Debt Y	{+}	13,593
*	Invesco	Invesco Gold & Special Minerals Y	{+}	36,616
*	Invesco	Invesco Senior Floating Rate Y	{+}	67,631
*	Invesco	Invesco Main Street Mid Cap Y	{+}	66,519
	PGIM	PGIM Jennison Mid-Cap Growth Z	{+}	53,300
	PGIM	PGIM Jennison Health Sciences Z	{+}	191,678
	PGIM	PGIM Jennison Natural Resources Z	{+}	70,690
	PGIM	PGIM Global Real Estate Z	{+}	138,408
	PGIM	PGIM Global Total Return Z	{+}	103,053
*	American Funds	American Funds AMCAP R5	{+}	241,023
*	American Funds	American Funds Europacific Growth R5	{+}	18,576
*	American Funds	American Funds American Mutual R5	{+}	224,175
*	American Funds	American Funds New Economy R5	{+}	25,207
*	American Funds	American Funds New Perspective R5	{+}	56,912
*	American Funds	American Funds SMALLCAP World R5	{+}	5,016
	Touchstone	Touchstone Active Bond A	{+}	30,831
		Total mutual funds		\$ 1,703,749
	Guaranteed Income Funds:			
*	Voya	Voya Fixed Account 4660	{+}	\$ 830,403
*	Voya	Voya Fixed Account	{+}	144,056
*	Voya	Voya Long-Term GAA	{+}	15
	Prudential	Prudential Guaranteed Income Fund 6	{+}	43,597
		Total guaranteed income funds		\$ 1,018,071

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

Schedule H, Line 4(i): Page 2 of 2

Schedule of Assets (Held at End of Year) as of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Pooled Separate Accounts:			
	Alger	Alger Responsible Investing A	{+}	\$ 164
	AllSpring	Allspg Spec SmCp VI Fd A	{+}	61,250
	Amana	Amana Growth Fund Inv	{+}	160
*	American Funds	American Funds EuroPacific R4	{+}	12,474
*	American Funds	American Funds Fdmntl Inv R4	{+}	6,587
*	American Funds	American Funds Growth Fnd R4	{+}	399,670
*	American Funds	American Funds Nw Prspctv R4	{+}	8,521
*	American Funds	American Funds Wash Mutual R4	{+}	23,321
*	American Funds	American Funds The Grw of Amer R4	{+}	210,829
	BlackRock	BlkRck Hlth Sci Opport Prt IA	{+}	2,792
	Calvert	Calvert VP SRI Balanced Port	{+}	49,797
	Columbia	Columbia Sel Mid Cap Value A	{+}	6,458
	Fidelity	Fidelity VIP Contrafund Pt I	{+}	757,098
	Fidelity	Fidelity VIP Eqty-Inc Prt I	{+}	8,665
	Fidelity	Fidelity VIP Growth Port I	{+}	14,332
	Fidelity	Fidelity VIP High Inc Port I	{+}	9,848
	Fidelity	Fidelity VIP Index 500 Port I	{+}	156,393
	Fidelity	Fidelity VIP Overseas Pt I	{+}	3,548
	Franklin Temp Inv	Franklin Small Cap Val VIP 2	{+}	51,791
*	Invesco	Inv Dev Mrkts Fd A	{+}	78,447
*	Invesco	Invesco VI Amr Franchise Fd I	{+}	160,239
*	Invesco	Invesco VI Core Eqty Fund SI	{+}	32,547
	Macquarie	Macq Science and Technology Y	{+}	3,902
	TCW Group	TCW Securitized Bond Fund N	{+}	15,483
*	Voya	VY AmCen Sm-MdCp VI Pt Srv	{+}	292
*	Voya	VY Col Contr Core Port Srv	{+}	13,992
*	Voya	VY JPM Emrg Mkts Eqty Port Ins	{+}	8,051
*	Voya	VY TRwPr Cap Apprec Port Srv	{+}	726
*	Voya	VY TRwPr Divr MdCp Gr Pt I	{+}	141,543
*	Voya	VY TRwPr Grw Eqty Pt I	{+}	229,413
*	Voya	Voya Balanced Portfolio I	{+}	15,050
*	Voya	Voya Global Bond Port I	{+}	25,240
*	Voya	Voya Gov Money Market Port I	{+}	712,322
*	Voya	Voya Growth and Income Port I	{+}	200,470
*	Voya	Voya High Yield Port Ins	{+}	21,065
*	Voya	Voya Index Plus LargeCap Prt I	{+}	7,384
*	Voya	Voya Index Plus MidCap Prt I	{+}	78,659
*	Voya	Voya Index Plus SmallCap Prt I	{+}	1,451
*	Voya	Voya Intermediate Bond Prt I	{+}	58,168
*	Voya	Voya Large Cap Growth Prt Ins	{+}	5,400
*	Voya	Voya Large Cap Value Port Ins	{+}	155
*	Voya	Voya Russell LC VI Ind Prt S	{+}	4,356
*	Voya	Voya Russell LCp Gr Ind Prt I	{+}	162
*	Voya	Voya Russell LgCp Indx Prt I	{+}	194,995
*	Voya	Voya Russell MC Gr Ind Prt S	{+}	9,239
*	Voya	Voya Russell SmCp Indx Prt I	{+}	16,122
*	Voya	Voya SmCp Opport Port I	{+}	11,543
*	Voya	Voya Solution 2025 Port Srv	{+}	2,010
*	Voya	Voya Solution 2035 Port Srv	{+}	2,931
*	Voya	Voya Solution 2045 Port Srv	{+}	747
*	Voya	Voya Solution Aggress Pt I	{+}	282,197
		Total pooled separate accounts		\$ 4,117,999
	Notes Receivable:			
*	Notes receivable from participants - Matrix	Interest rates ranging from 5.25% - 10.50%	N/A	\$ 13,684
*	Notes receivable from participants - Voya	Interest rates ranging from 5.26% - 6.00%	N/A	43,601
		Total notes receivable		\$ 57,285
	Total			\$ 6,897,104

{+} Note: Cost information has been omitted, as such information was not available.

* Denotes party-in-interest.

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN
Schedule H, Line 4(a)
Schedule of Delinquent Participant Contributions for the Year Ended June 30, 2025

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions				Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
\$ 35,873 *	\$ -	\$ 35,873	\$ -		-

* This total of delinquent participant contributions relate entirely to the Plan for the year ended June 30, 2024.

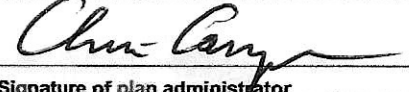
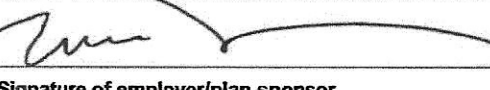
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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
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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 ACDS 403 (b) Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 02/01/2013
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) ACDS, Inc. 4 Fern Place Plainview NY 11803	2b Employer Identification Number (EIN) 23-7175975 2c Plan Sponsor's telephone number (516) 933-4700 2d Business code (see instructions) 624100

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		4/14/2026	Chris Campbell
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4/14/2026	Michael Durney
	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

ACDS, INC. 403(B) PLAN

PLAN SPONSOR EIN: 23-7175975

PLAN NUMBER: 001

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

FOR THE YEAR ENDED JUNE 30, 2025



Connected
to your business
goals
success

ACDS, INC. 403(B) PLAN
PLAN SPONSOR EIN: 23-7175975
PLAN NUMBER: 001

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT
FOR THE YEAR ENDED JUNE 30, 2025
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INDEPENDENT AUDITORS' REPORT



To the Trustees of the
ACDS, Inc. 403(b) Plan
Plainview, New York

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

We have performed audits of the financial statements of the ACDS, Inc. 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of 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.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 U.S. 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with U.S. GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held At End of Year) as of June 30, 2025 and Schedule of Delinquent Participant Contributions 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedules that agreed to or is derived

from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Cerin & Associates LLP

Bohemia, New York
April 10, 2026

ACDS, INC. 403(B) PLAN
PLAN SPONSOR EIN: 23-7175975
PLAN NUMBER: 001

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30,

	2025	2024
ASSETS		
Non-interest bearing cash.....	\$ 1,864	\$ -
INVESTMENTS, AT FAIR VALUE:		
Pooled separate accounts.....	4,117,999	1,996,354
Guaranteed income funds.....	1,018,071	796,055
Mutual funds.....	1,703,749	1,227,574
TOTAL INVESTMENTS	6,839,819	4,019,983
RECEIVABLES:		
Employer contributions receivable.....	24,428	17,045
Participant contributions receivable.....	-	19,074
Notes receivable from participants.....	57,285	33,029
Other receivables.....	955	955
TOTAL RECEIVABLES	82,668	70,103
TOTAL ASSETS	6,924,351	4,090,086
LIABILITIES		
Accrued expenses.....	1,887	1,443
NET ASSETS AVAILABLE FOR BENEFITS	\$ 6,922,464	\$ 4,088,643

ACDS, INC. 403(B) PLAN
PLAN SPONSOR EIN: 23-7175975
PLAN NUMBER: 001

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2025

ADDITIONS:

Additions to net assets attributed to:

Investment income:		
Net appreciation in fair value of investments.....	\$	575,979
Interest and dividend income.....		53,308
TOTAL INVESTMENT INCOME		629,287
Participant contributions.....		536,193
Employer contributions.....		24,428
Rollover contributions.....		79,069
Interest on notes receivable from participants.....		3,549
TOTAL ADDITIONS		1,272,526

DEDUCTIONS:

Deductions from net assets attributed to:

Benefits paid to participants.....		245,794
Administrative expenses.....		7,510
TOTAL DEDUCTIONS		253,304

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		1,019,222
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Transfers of assets to this plan.....		1,814,599
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year.....		4,088,643
End of year.....	\$	6,922,464

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the ACDS, Inc. 403(b) Plan (the “Plan”) is presented to assist in understanding the Plan’s financial statements and supplemental information. These financial statements, supplemental information, and notes are representations of ACDS, Inc.’s (hereinafter, the “Plan Sponsor” or “Employer”) management, who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America (“U.S. GAAP”) and have been consistently applied in the preparation of the financial statements and supplemental schedules.

Basis of Accounting: The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. GAAP.

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan’s investments are stated at fair value. Pooled separate accounts are reported at the value reported to the Plan by Voya Retirement Insurance and Annuity Company (“Voya”), which represents the fair value of the underlying investments comprising the accounts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Investment Committee determines the Plan’s valuation policies utilizing information provided by the Plan’s investment advisers. See Note 5 for discussions of fair value measurements.

Purchases and sales of investments 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 in fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year. During the year ended June 30, 2025, the Plan’s net investment gains (including gains and losses on investments bought and sold, as well as held during the year) were \$575,979.

Participant Notes Receivable: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2025 or 2024. Delinquent notes receivable from participants are reclassified as distributions once the participant is no longer employed by the Plan Sponsor. There were no delinquent notes receivable at June 30, 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payment of Benefits: Benefits are recorded when paid to the Plan's participants.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments. Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

Events Occurring After Report Date: The Plan Sponsor has evaluated events and transactions that occurred between July 1, 2025 and April 10, 2026, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

NOTE 2 - DESCRIPTION OF THE PLAN

The following brief description of the Plan provides general information. Participants should refer to the Plan document, which is available from the plan administrator, for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established under the Internal Revenue Code Section 403(b) covering all salaried and hourly employees of the Employer. Employees are eligible upon hire to begin making elective deferrals to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Investments of the Plan are held by the Plan's custodians, Voya, Invesco Trust Company ("Invesco"), Matrix Trust Company ("Matrix"), and American Funds ("American") (together, the "Custodians"). The Custodians invest all contributions as directed by participants and allocate to each participant's account its proportionate share of investment income. The Plan administrator is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan administrator. The record-keeper for the Plan is PenServ Plan Services, Inc. ("PenServ" or the "Record-Keeper").

Contributions: Each year, participants may contribute to the Plan specific dollar amounts of compensation, as defined by the Plan. Participants may also contribute amounts distributed from other qualified plans. In addition, the Plan offers catch-up contributions to those participants who have attained age 50 before the end of the Plan year. Effective January 1, 2025, the Plan allows for higher catch-up limits for participants ages 60-63. Participants direct the investment of their contributions into various investment options offered by the Plan. These contributions are subject to IRS limitations and adjusted annually.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 2 - DESCRIPTION OF THE PLAN (continued)

Participants who are union employees are eligible for matching contributions upon completion of one year of service. The Employer matches participants' contributions, including catch-up contributions, at 50% up to an annual maximum amount per year, as follows:

<u>Years of Service</u>	<u>Maximum Employer Match</u>
1 but less than 3	Up to \$200
3 but less than 7	Up to \$700
7 but less than 10	Up to \$1,000
10 or more	Up to \$1,300

The matching contribution is invested as directed by the participant. For the year ended June 30, 2025, the Employer made matching contributions of \$24,428. These contributions are also subject to IRS limitations and adjusted annually.

During the year ended June 30, 2025, the Plan Sponsor was made aware of a 2nd non-ERISA plan that was frozen around 2013 and had merged with this Plan. However, these investments were not reported on prior Form 5500 returns. The Plan Sponsor was advised by an ERISA attorney to report the investments on the Form 5500 for the year ended June 30, 2025 and did not need to correct prior year returns. The amount of assets transferred into the Plan totaled \$1,814,599 and are reported on the statement of changes in net assets available for benefits for the year ended June 30, 2025.

Participant Accounts: The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited with each participant's contributions, employer match contributions, and earnings thereon. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan based on participant earnings, account balances, or specific participant transactions, as defined. As a participant-directed plan, each participant's investment choices determine their share of earnings or losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions and Employer match contributions plus allocated earnings thereon.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 2 - DESCRIPTION OF THE PLAN (continued)

Notes Receivable from Participants: Participants may borrow from their accounts a minimum amount of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may only have a maximum of one outstanding loan at a time. The maximum payment term allowed for any loan is five years unless the loan qualifies as a residential mortgage loan, in which case the term may not exceed 10 years. The loans are secured by the participant's vested account balance and bear interest at rates that range from 5.25% to 10.50%, which are commensurate with local prevailing rates at the time the loans were taken as determined by the plan administrator. Principal and interest are paid ratably directly by the participant.

In-Service Withdrawals: In-service withdrawals are permitted by the Plan for active employees when they reach the age of 59 ½ or normal retirement age, as defined by the Plan as reaching the age of 65. The Plan also allows for in-service withdrawals in the event of financial hardship. Hardship withdrawals are subject to restrictions as to use of the proceeds.

Payment of Benefits: Upon termination of service due to death, disability, or retirement, a participant or beneficiary may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period not to exceed the life expectancy of the beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Required minimum distributions, as mandated by IRS regulations, will commence when a participant attains age 70 ½. Participants who attain age 70 ½ may elect to defer distributions until April 1st following the calendar year in which they reach age 70 ½ or, if later, terminate employment. Due to changes made by the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act"), effective January 1, 2020, if a participant's 70th birthday is July 1, 2019 or later, required minimum distributions may be deferred until the participant reaches age 72. Due to changes made by the SECURE 2.0 Act of 2022, effective January 1, 2023, the required minimum distributions age increased to age 73.

Investment Options: Upon enrollment in the Plan, participants may direct their contributions to any of the various investment options available by the Plan. Participants may change their contribution investment options, transfer part or all of past investments to other funds, and change their deferral amounts at any time during the Plan year.

Plan Amendments: The Employer has the right under the Plan to amend the Plan at any time. The Plan was initially established on January 1, 2009, amended and restated on February 1, 2013, and amended again on January 1, 2022 to include necessary provisions of ERISA and include a provision for after-tax (Roth) deferral contributions.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 2 - DESCRIPTION OF THE PLAN (continued)

Plan Termination: Although it has not expressed any intent to do so, the Employer has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed pursuant to the Plan document.

NOTE 3 - INFORMATION CERTIFIED BY THE CUSTODIANS

Investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule as of June 30, 2025 and 2024, and net appreciation in fair value of investments and interest on notes receivable from participants for the year ended June 30, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya, Matrix, and Invesco.

The following information regarding assets in custody of Voya, Matrix, and Invesco was certified for the years ended June 30,:

Investments, at fair value:	2025	2024
Pooled separate accounts	\$ 4,117,999	\$ 1,996,354
Guaranteed income funds.....	1,018,071	796,055
Mutual funds.....	1,653,936	1,183,236
Total certified investments.....	<u>\$ 6,790,006</u>	<u>\$ 3,975,645</u>
 Participant notes receivable	 <u>\$ 57,285</u>	 <u>\$ 33,029</u>
 Investment income:		
Net appreciation in fair		
value of investments	\$ 571,714	\$ 474,587
Interest and dividend income.....	52,088	38,485
Total certified investment		
income	<u>\$ 623,802</u>	<u>\$ 513,072</u>
 Interest income on participant		
notes receivable.....	<u>\$ 3,549</u>	<u>\$ 2,301</u>

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 3 - INFORMATION CERTIFIED BY THE CUSTODIANS (continued)

The following information regarding assets in custody of American was not certified for the years ended June 30,:

Investments, at fair value:	2025	2024
Mutual funds.....	\$ 49,813	\$ 44,338
Investment income:		
Net appreciation in fair value of investments	\$ 4,265	\$ 2,847
Interest and dividend income.....	1,220	1,098
Total.....	\$ 5,485	\$ 3,945

NOTE 4 - GUARANTEED INCOME FUNDS

The Plan invests in guaranteed income funds with Voya and Matrix, which maintain the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income funds are not fully benefit-responsive. Therefore, they are presented on the face of the statements of net assets available for benefits at fair value. Also see Note 5.

The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The crediting interest rate is based on a formula agreed upon with the issuer and is reviewed periodically for resetting.

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value, providing a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements).

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

The three levels of the value hierarchy are described below:

- 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 and liability.

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

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at June 30, 2025 and 2024.

Pooled Separate Accounts: Pooled separate accounts consist of investments in mutual funds and are valued at the net asset value ("NAV") at which the mutual fund shares are actively traded. The NAV is determined by Voya and is based upon the fair value of the underlying assets held by the fund.

Guaranteed Income Funds: The Plan invests in guaranteed income funds with Voya and Matrix, which maintain the contributions in a general account. Because certain events limit the ability of the Plan to transact at contract value with the issuer, the Plan has determined that the guaranteed income funds are not fully benefit-responsive. Therefore, they are presented on the face of the statements of net assets available for benefits at fair value.

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 Securities and Exchange Commission ("SEC"). These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

Assets at Fair Value as of June 30, 2025				
	Level 1	Level 2	Level 3	Total
Investments, at fair value:				
Pooled separate accounts	\$ -	\$ 4,117,999	\$ -	\$ 4,117,999
Guaranteed income funds.....	-	1,018,071	-	1,018,071
Mutual funds	1,703,749	-	-	1,703,749
Total investments, at fair value	<u>\$ 1,703,749</u>	<u>\$ 5,136,070</u>	<u>\$ -</u>	<u>\$ 6,839,819</u>

Assets at Fair Value as of June 30, 2024				
	Level 1	Level 2	Level 3	Total
Investments, at fair value:				
Pooled separate accounts	\$ -	\$ 1,996,354	\$ -	\$ 1,996,354
Guaranteed income funds.....	-	796,055	-	796,055
Mutual funds	1,227,574	-	-	1,227,574
Total investments, at fair value	<u>\$ 1,227,574</u>	<u>\$ 2,792,409</u>	<u>\$ -</u>	<u>\$ 4,019,983</u>

NOTE 6 - TRANSACTIONS WITH PARTIES-IN-INTEREST

At June 30, 2025 and 2024, certain Plan investments were managed by the Custodians and the Record-Keeper and therefore, these transactions qualify as party-in-interest transactions. Certain fees paid by the Plan for the investment management services are included in net appreciation in fair value of investments. Participant loans also qualify as party-in-interest transactions.

NOTE 7 - INCOME TAX STATUS

The Plan Sponsor elected to adopt the Record-Keeper's prototype plan, which received a favorable opinion letter from the IRS, which states that the Plan is designed in accordance with the applicable requirements of the IRC.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2025

NOTE 7 - INCOME TAX STATUS (continued)

U.S. GAAP requires the Plan Sponsor to evaluate uncertain tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor and IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended June 30, 2024, the Plan Sponsor did not submit employee contributions of \$35,873 in a timely manner. The Plan Sponsor filed notice with the IRS and the Department of Labor, paid excise tax, and paid interest for the delinquent period on or before May 31, 2025. These contributions were corrected during the year ended June 30, 2025.

NOTE 10 - SUBSEQUENT EVENT

Subsequent to the date of the report, the Plan Sponsor transitioned this Plan to new vendors. The Plan has a new service provider, Principal Financial Group ("Principal"), and a new Plan advisor. In addition to Principal, the Plan Sponsor will be working with Pasi, LLC to provide recordkeeping and investment services for ACDS, Inc. The current vendors of the Plan were made fully aware of this transition. The transition is effective February 13, 2026. No changes were made to the Plan's provisions as a result of this transition.

SUPPLEMENTAL SCHEDULES

ACDS, INC. 403(B) PLAN
PLAN SPONSOR EIN: 23-7175975
PLAN NUMBER: 001

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

Schedule H, Line 4(i): Page 1 of 2

Schedule of Assets (Held at End of Year) as of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mutual Funds:			
*	Invesco	Invesco Value Opportunities Fund Class A	{+}	\$ 514
*	Invesco	Invesco Value Opportunities Fund Class C	{+}	12,207
*	Invesco	Invesco Active Allocation Fund Class A	{+}	6,694
*	Invesco	Invesco Global Strategic Income Fund Class A	{+}	474
*	Invesco	Invesco Discovery Fund Class A	{+}	678
*	Invesco	Invesco Discovery Mid Cap Growth Fund Class A	{+}	1,257
*	American Funds	American Funds 2020 Target Date A	{+}	49,813
*	Invesco	Invesco Main Street Y	{+}	176,420
*	Invesco	Invesco Discovery Y	{+}	66,014
*	Invesco	Invesco Developing Markets Y	{+}	46,450
*	Invesco	Invesco Emerging Markets Local Debt Y	{+}	13,593
*	Invesco	Invesco Gold & Special Minerals Y	{+}	36,616
*	Invesco	Invesco Senior Floating Rate Y	{+}	67,631
*	Invesco	Invesco Main Street Mid Cap Y	{+}	66,519
	PGIM	PGIM Jennison Mid-Cap Growth Z	{+}	53,300
	PGIM	PGIM Jennison Health Sciences Z	{+}	191,678
	PGIM	PGIM Jennison Natural Resources Z	{+}	70,690
	PGIM	PGIM Global Real Estate Z	{+}	138,408
	PGIM	PGIM Global Total Return Z	{+}	103,053
*	American Funds	American Funds AMCAP R5	{+}	241,023
*	American Funds	American Funds Europacific Growth R5	{+}	18,576
*	American Funds	American Funds American Mutual R5	{+}	224,175
*	American Funds	American Funds New Economy R5	{+}	25,207
*	American Funds	American Funds New Perspective R5	{+}	56,912
*	American Funds	American Funds SMALLCAP World R5	{+}	5,016
	Touchstone	Touchstone Active Bond A	{+}	30,831
		Total mutual funds		\$ 1,703,749
	Guaranteed Income Funds:			
*	Voya	Voya Fixed Account 4660	{+}	\$ 830,403
*	Voya	Voya Fixed Account	{+}	144,056
*	Voya	Voya Long-Term GAA	{+}	15
	Prudential	Prudential Guaranteed Income Fund 6	{+}	43,597
		Total guaranteed income funds		\$ 1,018,071

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

Schedule H, Line 4(i): Page 2 of 2

Schedule of Assets (Held at End of Year) as of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Pooled Separate Accounts:			
	Alger	Alger Responsible Investing A	{+}	\$ 164
	AllSpring	Allspg Spec SmCp VI Fd A	{+}	61,250
	Amana	Amana Growth Fund Inv	{+}	160
*	American Funds	American Funds EuroPacific R4	{+}	12,474
*	American Funds	American Funds Fdmntl Inv R4	{+}	6,587
*	American Funds	American Funds Growth Fnd R4	{+}	399,670
*	American Funds	American Funds Nw Prspctv R4	{+}	8,521
*	American Funds	American Funds Wash Mutual R4	{+}	23,321
*	American Funds	American Funds The Grw of Amer R4	{+}	210,829
	BlackRock	BlkRck Hlth Sci Opport Prt IA	{+}	2,792
	Calvert	Calvert VP SRI Balanced Port	{+}	49,797
	Columbia	Columbia Sel Mid Cap Value A	{+}	6,458
	Fidelity	Fidelity VIP Contrafund Pt I	{+}	757,098
	Fidelity	Fidelity VIP Eqty-Inc Prt I	{+}	8,665
	Fidelity	Fidelity VIP Growth Port I	{+}	14,332
	Fidelity	Fidelity VIP High Inc Port I	{+}	9,848
	Fidelity	Fidelity VIP Index 500 Port I	{+}	156,393
	Fidelity	Fidelity VIP Overseas Pt I	{+}	3,548
	Franklin Temp Inv	Franklin Small Cap Val VIP 2	{+}	51,791
*	Invesco	Inv Dev Mrkts Fd A	{+}	78,447
*	Invesco	Invesco VI Amr Franchise Fd I	{+}	160,239
*	Invesco	Invesco VI Core Eqty Fund SI	{+}	32,547
	Macquarie	Macq Science and Technology Y	{+}	3,902
	TCW Group	TCW Securitized Bond Fund N	{+}	15,483
*	Voya	VY AmCen Sm-MdCp VI Pt Srv	{+}	292
*	Voya	VY Col Contr Core Port Srv	{+}	13,992
*	Voya	VY JPM Emrg Mkts Eqty Port Ins	{+}	8,051
*	Voya	VY TRwPr Cap Apprec Port Srv	{+}	726
*	Voya	VY TRwPr Divr MdCp Gr Pt I	{+}	141,543
*	Voya	VY TRwPr Grw Eqty Pt I	{+}	229,413
*	Voya	Voya Balanced Portfolio I	{+}	15,050
*	Voya	Voya Global Bond Port I	{+}	25,240
*	Voya	Voya Gov Money Market Port I	{+}	712,322
*	Voya	Voya Growth and Income Port I	{+}	200,470
*	Voya	Voya High Yield Port Ins	{+}	21,065
*	Voya	Voya Index Plus LargeCap Prt I	{+}	7,384
*	Voya	Voya Index Plus MidCap Prt I	{+}	78,659
*	Voya	Voya Index Plus SmallCap Prt I	{+}	1,451
*	Voya	Voya Intermediate Bond Prt I	{+}	58,168
*	Voya	Voya Large Cap Growth Prt Ins	{+}	5,400
*	Voya	Voya Large Cap Value Port Ins	{+}	155
*	Voya	Voya Russell LC VI Ind Prt S	{+}	4,356
*	Voya	Voya Russell LCp Gr Ind Prt I	{+}	162
*	Voya	Voya Russell LgCp Indx Prt I	{+}	194,995
*	Voya	Voya Russell MC Gr Ind Prt S	{+}	9,239
*	Voya	Voya Russell SmCp Indx Prt I	{+}	16,122
*	Voya	Voya SmCp Opport Port I	{+}	11,543
*	Voya	Voya Solution 2025 Port Srv	{+}	2,010
*	Voya	Voya Solution 2035 Port Srv	{+}	2,931
*	Voya	Voya Solution 2045 Port Srv	{+}	747
*	Voya	Voya Solution Aggress Pt I	{+}	282,197
		Total pooled separate accounts		\$ 4,117,999
	Notes Receivable:			
*	Notes receivable from participants - Matrix	Interest rates ranging from 5.25% - 10.50%	N/A	\$ 13,684
*	Notes receivable from participants - Voya	Interest rates ranging from 5.26% - 6.00%	N/A	43,601
		Total notes receivable		\$ 57,285
	Total			\$ 6,897,104

{+} Note: Cost information has been omitted, as such information was not available.

* Denotes party-in-interest.

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN
 Schedule H, Line 4(a)
 Schedule of Delinquent Participant Contributions for the Year Ended June 30, 2025

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions				Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
\$ 35,873 *	\$ -	\$ 35,873	\$ -		-

* This total of delinquent participant contributions relate entirely to the Plan for the year ended June 30, 2024.

ACDS, INC. 403(B) PLAN
PLAN SPONSOR EIN: 23-7175975
PLAN NUMBER: 001

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

Schedule H, Line 4(i): Page 1 of 2

Schedule of Assets (Held at End of Year) as of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mutual Funds:			
*	Invesco	Invesco Value Opportunities Fund Class A	{+}	\$ 514
*	Invesco	Invesco Value Opportunities Fund Class C	{+}	12,207
*	Invesco	Invesco Active Allocation Fund Class A	{+}	6,694
*	Invesco	Invesco Global Strategic Income Fund Class A	{+}	474
*	Invesco	Invesco Discovery Fund Class A	{+}	678
*	Invesco	Invesco Discovery Mid Cap Growth Fund Class A	{+}	1,257
*	American Funds	American Funds 2020 Target Date A	{+}	49,813
*	Invesco	Invesco Main Street Y	{+}	176,420
*	Invesco	Invesco Discovery Y	{+}	66,014
*	Invesco	Invesco Developing Markets Y	{+}	46,450
*	Invesco	Invesco Emerging Markets Local Debt Y	{+}	13,593
*	Invesco	Invesco Gold & Special Minerals Y	{+}	36,616
*	Invesco	Invesco Senior Floating Rate Y	{+}	67,631
*	Invesco	Invesco Main Street Mid Cap Y	{+}	66,519
	PGIM	PGIM Jennison Mid-Cap Growth Z	{+}	53,300
	PGIM	PGIM Jennison Health Sciences Z	{+}	191,678
	PGIM	PGIM Jennison Natural Resources Z	{+}	70,690
	PGIM	PGIM Global Real Estate Z	{+}	138,408
	PGIM	PGIM Global Total Return Z	{+}	103,053
*	American Funds	American Funds AMCAP R5	{+}	241,023
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*	American Funds	American Funds American Mutual R5	{+}	224,175
*	American Funds	American Funds New Economy R5	{+}	25,207
*	American Funds	American Funds New Perspective R5	{+}	56,912
*	American Funds	American Funds SMALLCAP World R5	{+}	5,016
	Touchstone	Touchstone Active Bond A	{+}	30,831
		Total mutual funds		\$ 1,703,749
	Guaranteed Income Funds:			
*	Voya	Voya Fixed Account 4660	{+}	\$ 830,403
*	Voya	Voya Fixed Account	{+}	144,056
*	Voya	Voya Long-Term GAA	{+}	15
	Prudential	Prudential Guaranteed Income Fund 6	{+}	43,597
		Total guaranteed income funds		\$ 1,018,071

IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

Schedule H, Line 4(i): Page 2 of 2

Schedule of Assets (Held at End of Year) as of June 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Pooled Separate Accounts:			
	Alger	Alger Responsible Investing A	{+}	\$ 164
	AllSpring	Allspg Spec SmCp VI Fd A	{+}	61,250
	Amana	Amana Growth Fund Inv	{+}	160
*	American Funds	American Funds EuroPacific R4	{+}	12,474
*	American Funds	American Funds Fdmntl Inv R4	{+}	6,587
*	American Funds	American Funds Growth Fnd R4	{+}	399,670
*	American Funds	American Funds Nw Prspctv R4	{+}	8,521
*	American Funds	American Funds Wash Mutual R4	{+}	23,321
*	American Funds	American Funds The Grw of Amer R4	{+}	210,829
	BlackRock	BlkRck Hlth Sci Opport Prt IA	{+}	2,792
	Calvert	Calvert VP SRI Balanced Port	{+}	49,797
	Columbia	Columbia Sel Mid Cap Value A	{+}	6,458
	Fidelity	Fidelity VIP Contrafund Pt I	{+}	757,098
	Fidelity	Fidelity VIP Eqty-Inc Prt I	{+}	8,665
	Fidelity	Fidelity VIP Growth Port I	{+}	14,332
	Fidelity	Fidelity VIP High Inc Port I	{+}	9,848
	Fidelity	Fidelity VIP Index 500 Port I	{+}	156,393
	Fidelity	Fidelity VIP Overseas Pt I	{+}	3,548
	Franklin Temp Inv	Franklin Small Cap Val VIP 2	{+}	51,791
*	Invesco	Inv Dev Mrkts Fd A	{+}	78,447
*	Invesco	Invesco VI Amr Franchise Fd I	{+}	160,239
*	Invesco	Invesco VI Core Eqty Fund SI	{+}	32,547
	Macquarie	Macq Science and Technology Y	{+}	3,902
	TCW Group	TCW Securitized Bond Fund N	{+}	15,483
*	Voya	VY AmCen Sm-MdCp VI Pt Srv	{+}	292
*	Voya	VY Col Contr Core Port Srv	{+}	13,992
*	Voya	VY JPM Emrg Mkts Eqty Port Ins	{+}	8,051
*	Voya	VY TRwPr Cap Apprec Port Srv	{+}	726
*	Voya	VY TRwPr Divr MdCp Gr Pt I	{+}	141,543
*	Voya	VY TRwPr Grw Eqty Pt I	{+}	229,413
*	Voya	Voya Balanced Portfolio I	{+}	15,050
*	Voya	Voya Global Bond Port I	{+}	25,240
*	Voya	Voya Gov Money Market Port I	{+}	712,322
*	Voya	Voya Growth and Income Port I	{+}	200,470
*	Voya	Voya High Yield Port Ins	{+}	21,065
*	Voya	Voya Index Plus LargeCap Prt I	{+}	7,384
*	Voya	Voya Index Plus MidCap Prt I	{+}	78,659
*	Voya	Voya Index Plus SmallCap Prt I	{+}	1,451
*	Voya	Voya Intermediate Bond Prt I	{+}	58,168
*	Voya	Voya Large Cap Growth Prt Ins	{+}	5,400
*	Voya	Voya Large Cap Value Port Ins	{+}	155
*	Voya	Voya Russell LC VI Ind Prt S	{+}	4,356
*	Voya	Voya Russell LCp Gr Ind Prt I	{+}	162
*	Voya	Voya Russell LgCp Indx Prt I	{+}	194,995
*	Voya	Voya Russell MC Gr Ind Prt S	{+}	9,239
*	Voya	Voya Russell SmCp Indx Prt I	{+}	16,122
*	Voya	Voya SmCp Opport Port I	{+}	11,543
*	Voya	Voya Solution 2025 Port Srv	{+}	2,010
*	Voya	Voya Solution 2035 Port Srv	{+}	2,931
*	Voya	Voya Solution 2045 Port Srv	{+}	747
*	Voya	Voya Solution Aggress Pt I	{+}	282,197
		Total pooled separate accounts		\$ 4,117,999
	Notes Receivable:			
*	Notes receivable from participants - Matrix	Interest rates ranging from 5.25% - 10.50%	N/A	\$ 13,684
*	Notes receivable from participants - Voya	Interest rates ranging from 5.26% - 6.00%	N/A	43,601
		Total notes receivable		\$ 57,285
	Total			\$ 6,897,104

{+} Note: Cost information has been omitted, as such information was not available.

* Denotes party-in-interest.