

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ 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 SIC LLC 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2020
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) SEVEN ISLES CAPITAL LLC 2626 DELMAR PLACE FT. LAUDERDALE, FL 33301
2b	Employer Identification Number (EIN) 30-1192932
2c	Plan Sponsor's telephone number 570-401-6409
2d	Business code (see instructions) 551112

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.	06/10/2026	MIRANDA BONETSKY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/10/2026	MIRANDA BONETSKY
	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 DEANGELO CONTRACTING SERVICES LLC c Plan Name DEANGELO CONTRACTING SERVICES 401(K) PLAN	4b EIN 85-0542566 4d PN 001
5 Total number of participants at the beginning of the plan year	5 803
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) 738 6a(2) 730 6b 96 6c 0 6d 826 6e 0 6f 826 6g(1) 274 6g(2) 294 6h 49
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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
--	--

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 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SIC LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SEVEN ISLES CAPITAL LLC	D Employer Identification Number (EIN) 30-1192932	

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

1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE

(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
31-4156830	66869	25505	294	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	226878
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	6564301

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

Specify nature of costs ▶

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

338885

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

45414

(2) Dividends and credits.....

7c(2)

8

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

7c(3)

5807

(4) Transferred from separate account

7c(4)

1446856

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

7c(5)

1370

▶ LOAN PAYMENT, TRANSFER

(6) Total additions

7c(6)

1499455

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

1838340

e Deductions:

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

7e(1)

167204

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

7e(2)

2275

(3) Transferred to separate account

7e(3)

1439604

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

7e(4)

2380

▶ LOAN WITHDRAWAL, FORFEITURE

(5) Total deductions

7e(5)

1611463

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

226877

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)	0
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)	0
(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)	0
(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 01/01/2024 and ending 12/31/2024		
A Name of plan SIC LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SEVEN ISLES CAPITAL LLC	D Employer Identification Number (EIN) 30-1192932	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WELLS FARGO ADVISORS

59-2617265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 64	INVESTMENT MANAGER	28078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 21 64 25 99	RECORDKEEPER	22835	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

DELAWARE VALLEY RETIREMENT, INC.

21 W CHESTER PIKE
RIDLEY PARK, PA 19078

20-2055473

(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?
99	THIRD PARTY ADMINISTRATO	18052	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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)

PROACCOUNT

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

73-0988442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	7489	Yes ☐ No ☒	Yes ☐ No ☐		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 ☐

(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 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 01/01/2024 and ending 12/31/2024

A Name of plan SIC LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SEVEN ISLES CAPITAL LLC	D Employer Identification Number (EIN) 30-1192932

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	13681	15743
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2140	1843
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	145832	121701
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6416558	6564301
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	290086	198858
(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	6868297	6902446
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6868297	6902446

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)	232275	
(B) Participants	2a(1)(B)	934892	
(C) Others (including rollovers)	2a(1)(C)	385892	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1553059
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)	8453	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8453
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		799451
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2360963

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2338785	
(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)		2338785
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)	76519	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		76519
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2415304

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-54341
l Transfers of assets:			
(1) To this plan	2l(1)		88490
(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: **BARATZ & ASSOCIATES, P.A.**

(2) EIN: **22-2212404**

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.)	☒	☐	381027
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 01/01/2024 and ending 12/31/2024		
A Name of plan SIC LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SEVEN ISLES CAPITAL LLC		D Employer Identification Number (EIN) 30-1192932
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3157927 31-4156830		
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	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A 22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703214A</u> .	
--	--

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 01/01/2024 and ending 12/31/2024		
A Name of plan SIC LLC 401(K) PLAN	B Three-digit Plan number (PN)..... ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF SEVEN ISLES CAPITAL LLC	D Administrator's EIN 30-1192932	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	--

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer DEANGELO CONTRACTING SERVICES LLC	2b EIN 85-0542566	2c Percentage of Total Contributions for the Plan Year 79.72	2d Aggregate Account Balances Attributable to Participating Employer 6263360
2a Name of Participating Employer DEANGELO VEHICLE SALES LLC	2b EIN 27-3719639	2c Percentage of Total Contributions for the Plan Year 1.46	2d Aggregate Account Balances Attributable to Participating Employer 123854

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TONY'S MUSCLE CARS LLC	92-0316700	0.00	0
SICI MED SPA PC	93-3642986	0.05	18117
SICI MOHS CENTER PC	93-3664413	2.88	97579
DCSS MANAGEMENT, LLC	83-3143747	2.72	101410
DERMDOX DERMATOLOGY CENTERS PC	81-1810728	10.72	164131
SEVEN ISLES CAPITAL LLC	30-1192932	2.45	115188

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
-----------------	---

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

**SIC LLC 401k Plan
Financial Statements
and
Supplementary Information
As of December 31, 2024 and 2023 and for
the Year Ended December 31, 2024**

SIC LLC 401(k) Plan
As of December 31, 2024 and 2023 and
for the Year Ended December 31, 2024

Contents

	<u>Page(s)</u>
Independent Auditors' Report	1-4
Financial Statements:	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-15
Supplemental Information	
Schedule of Assets (Held at End of Year)	16
Schedule of Delinquent Participant Contributions	17

Independent Auditors' Report

To the Plan Administrator
SIC LLC 401(k) Plan
100 North Conahan Drive
Hazelton, PA 18201

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

We have performed an audit of the accompanying financial statements of SIC LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of SIC LLC 401(k) 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 audit 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 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 11 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of SIC LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about SIC LLC 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of SIC LLC 401(k) 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 SIC LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedule Required by ERISA

The Supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subject to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental 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, are 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).

Baratz & Associates, P.A.

Baratz & Associates, P.A.
Marlton, NJ

May 5, 2026

SIC LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>12/31/2024</u>	<u>12/31/2023</u>
Assets		
Investments, at fair value	\$ 6,564,301	\$ 6,416,558
Investments, at contract value	<u>226,878</u>	<u>338,885</u>
Total Investments	<u>6,791,179</u>	<u>6,755,443</u>
Receivables:		
Employer's contribution	1,843	2,140
Participants' loans receivable	<u>127,312</u>	<u>151,443</u>
Total Receivables	<u>129,155</u>	<u>153,583</u>
Cash	<u>15,743</u>	<u>13,681</u>
Total Assets	<u>6,936,077</u>	<u>6,922,707</u>
Net Assets Available for Benefits	<u><u>\$ 6,936,077</u></u>	<u><u>\$ 6,922,707</u></u>

SIC LLC 401(k) Plan
Statement of Changes in Net Assets Available For Benefits
Year Ended December 31, 2024

	<u>12/31/2024</u>
Additions to Net Assets Attributed To:	
Investment Income:	
Net appreciation in fair value of investments, interest and dividends	\$ <u>778,672</u>
Interest on participants' loans	<u>8,453</u>
Contributions:	
Employer's	232,275
Participants'	934,892
Rollovers	<u>385,892</u>
Total Contributions	<u>1,553,059</u>
Total Additions	<u>2,340,184</u>
Deductions From Net Assets Attributed To:	
Benefits paid to participants	2,338,785
Administrative fees	<u>76,519</u>
Total Deductions	<u>2,415,304</u>
Net Decrease in Net Assets	(75,120)
Net Assets Available for Benefits, Beginning of Year	6,922,707
Merger In	<u>88,490</u>
Net Assets Available for Benefits, End of Year	\$ <u><u>6,936,077</u></u>

SIC LLC 401(k) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

1. Description of Plan

SIC LLC, (the Company) sponsors the SIC LLC 401(k) Plan (the Plan). The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan covering all employees of SIC LLC LLC (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees are eligible to participate in the Plan on their date of hire, except for any union employees, leased employees, or nonresident aliens.

Contributions

The maximum amount allowed by law of eligible pretax and after-tax (Roth) compensation for 2024 was \$23,000. Participants who are age 50 before the end of the Plan year may make catch-up contributions. The maximum catch-up contribution for 2024 was \$7,500. Participants' total annual contributions are limited to amounts determined each year under Internal Revenue Code. The Plan allows participants to rollover distributions from other qualified plans to their accounts. Participant accounts are self-directed into a choice of mutual funds offered by the Plan.

The Plan may make discretionary matching contributions. In 2024, the Plan contributed 25% of the participant deferrals up to 6% of compensation deferred by participant. In addition, the Sponsor may make a discretionary profit-sharing contribution, each year. Any profit-sharing contribution will be allocated to participants' accounts using a pro rata formula in the ratio that each Qualifying Participant's compensation for the plan year bears to the total of all Qualifying Participants' qualifying compensation. Only eligible employees who are employed on December 31st will be eligible to receive an allocation. Contributions are subject to certain limitations. No profit-sharing contributions were made in 2024.

The Plan also allows prevailing wage contributions to be made to participants. The Plan sponsor will make these contributions to help satisfy fringe benefit requirements of the law. Participants will receive this contribution based on the work they perform during the plan year that is subject to the law. Participants who receive this contribution will be 100% vested. Highly compensated employees are not eligible to receive prevailing wage contributions.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) participant's contribution, (b) the matching, profit-sharing and/or prevailing wage contributions, (c) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant compensation or contributions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

SIC LLC 401(k) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is not vested until after 3 years of service, when they become 100% vested. Unvested profit sharing contributions are forfeited.

Participant Loans

Participants may borrow from their vested account balance a minimum of \$1,000 to a maximum equal to 50% of their vested account balance. The maximum number of Plan loans that participants can have outstanding is one. The loans are secured by the balance in the participant's account, extend for a term of up to 60 months and bear interest at 1 1/2% above prime rate. In the event loan proceeds are used to acquire the principal residence of the borrower, the plan permits a longer repayment term. Principal and interest are repaid through payroll deductions.

Payment of Benefits

The vested portion of a Participant's individual account is distributable to the Participant upon (a) specific distributable events outlined in the Plan Adoption Agreement, (b) retirement, (c) termination of the plan, and (d) satisfying early retirement age conditions. Participants with account balances in excess of \$5,000 may elect to postpone distribution of benefits until required by law.

Forfeited Accounts

The Employer may use forfeitures to pay Plan expenses or to reduce employer contributions otherwise required to be contributed to the Plan. As of December 31, 2024 and 2023, the Plan had \$0 of net forfeitures available. During the year ended December 31, 2024, the Plan did not receive any forfeitures.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Estimates

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

SIC LLC 401(k) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

Allowance for Credit Losses

The Plan's financial assets subject to credit risk consist primarily of notes receivable from participants and employer contributions receivable. Notes receivable from participants are collateralized by the participants' vested account balances, and repayments are made through payroll deductions.

Management has evaluated the collectability of these receivables and considers the credit risk to be minimal due to the collateralized nature of participant loans and the short-term nature of employer contribution receivables. Accordingly, no allowance for credit losses has been recorded as of December 31, 2024 or 2023.

		2024		2023
Receivables	\$	129,155	\$	153,583
Allowance for credit losses		-		-
Total Receivable	\$	129,155	\$	153,583

Contributions

Contributions to the Plan are recorded in the period that payroll is taken from Plan participants. Employer matching contributions are recorded based on employee contributions during the period.

Excess Contribution Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan had no employee excess contributions and no employer excess contributions as of the year ended December 31, 2024.

Fair Value Accounting

Investments are reported at fair value (except for the guaranteed investment contract discussed in Note 4, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Valuation techniques used in fair value measurements need to maximize the use of observable inputs and minimize the use of unobservable inputs. A valuation method may produce a fair value measurement that may not be indicative of net realizable value or reflective of future fair values. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. Furthermore, although the Plan's Investment Committee believes its valuation methods are appropriate and consistent with those used by other market participants, the use of different methodologies or assumptions could result in different fair value measurements at the reporting date. The expanded disclosure requirements are included in Note 3.

Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold during the year.

SIC LLC 401(k) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan sponsor. The Plan sponsor covered the majority of costs with the exception of investment related fees.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Date of Management's Review

Subsequent events have been evaluated through May 5, 2026, which is the date the financial statements were available to be issued. The plan switched service providers after year end.

3. Fair Value Measurements

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

Level 1	Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
---------	--

Level 2	Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as: a. Quoted prices for similar assets or liabilities in active markets b. Quoted prices for identical or similar assets or liabilities in inactive markets c. Inputs other than quoted prices that are observable for the asset or liability d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
---------	--

Level 3	Inputs that are unobservable inputs for the asset or liability.
---------	---

SIC LLC 401(k) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

The following is a description of the valuation methodologies used for assets measured at fair value:

The fair values of registered investment companies and money markets are based upon quoted prices when available. At December 31, 2024 and 2023, all such investments were redeemable at the measurement date.

Mutual Funds are valued at quoted market prices, which represent the Net Asset Value (NAV) per share at the close of the financial markets. The NAV is based on the value of the underlying assets owned by the investment, minus its liabilities and then divided by the number of shares outstanding. Mutual funds report NAV daily and are required to transact at that price.

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.

The following table sets forth by level, within the fair value hierarchy, the plan's assets carried at fair value measured on a recurring basis as of December 31, 2024 and 2023:

Fair Value Measurements at December 31, 2024:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level I)	Significant Other Observable Inputs (Level II)	Unobservable Inputs (Level III)
Registered Investment Companies	\$ 6,564,301	\$ 6,564,301	\$ -	\$ -
Total Investments	<u>\$ 6,564,301</u>			

Fair Value Measurements at December 31, 2023:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level I)	Significant Other Observable Inputs (Level II)	Unobservable Inputs (Level III)
Registered Investment Companies	\$ 6,416,558	\$ 6,416,558	\$ -	\$ -
Total Investments	<u>\$ 6,416,558</u>			

4. Guaranteed Investment Contract

The Plan has been in a fully benefit-responsive guaranteed investment contract with Nationwide Insurance Company (Nationwide). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

SIC LLC 401(k) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

The crediting rate is based on a formula established by the contract issuer but may not be less than 0.5%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2024 and 2023, was \$226,878 and \$338,885, respectively, which approximates contract value. The declared interest rate for the years ended December 31, 2024 and 2023 was 1.86% and 2.27%, respectively.

The following tables reconcile the beginning and ending balances of the guaranteed interest account with the investment company for the years ended December 31, 2024 and 2023:

	December 31, 2024	December 31, 2023
Beginning balance	\$338,885	\$145,674
Purchases	45,414	53,204
Interest Income	5,807	3,882
Net Transfers In (Out)	(163,228)	136,125
Ending Balance	\$226,878	\$338,885

SIC LLC 401(k) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

5. Concentrations

The following table presents the fair values of investments in mutual funds that represent 10% or more of the Plan's net assets:

	<u>2024</u>	<u>2023</u>
TIAACRF LfCycInd 2025 Inst	\$1,136,753	1,059,063
TIAACRF LfCycInd 2035 Inst	\$380,308	733,420

6. Related Party Transactions

Certain plan investments were managed or sponsored by Nationwide, which is the trustee for the plan, and therefore, these transactions qualify as a party in interest. Investment fees are deducted from participant accounts prior to the calculation of investment returns.

7. Plan Termination

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

8. Risks and Uncertainties

The Plan invests in various investment securities which 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 statement of net assets available for benefits.

9. Tax Status

The Plan has an Internal Revenue Service determination letter from Delaware Valley Retirement, the third party administrator, dated June 30, 2020 stating the form of the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan continues to be tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal Form 5500 for years before 2021.

10. Merger

The following employers entered into the plan in 2024: DCSS Management, DermDox Dermatology, SICI Med Spa and SICI Mohs Center. Effective January 2024 DCSS Management LLC 401(k) Profit Sharing Plan (the "Merged Plan") was merged into the SIC LLC 401k Plan. The merger was completed in accordance with the terms of the respective plan documents and applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

SIC LLC 401(k) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

As a result of the merger, all assets and liabilities of the Merged Plan were transferred to the Plan, and participants of the Merged Plan became participants in the Plan. Participant account balances were transferred at their respective fair values as of the merger date and continue to be maintained in accordance with the Plan's provisions. No gain or loss was recognized as a result of this transaction.

The merger resulted in an increase in net assets available for benefits of \$88,490, which is reported as "Merger In" in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.

11. Information Prepared and Certified by the Trustee(s)

The following is a summary of the plan's asset information as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee, Nationwide Financial Services; and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$6,564,301	\$6,416,558
Investment, at contract value	226,878	338,885
Participant loans	127,312	151,443
Net appreciation in fair value of investments, interest and dividends	778,672	N/A

12. Prohibited Transactions

During the year ended December 31, 2024 and 2023, the Plan did not remit certain employee deferral contributions to the Plan on a timely basis as required by the Employee Retirement Income Security Act of 1974 (ERISA). Employee contributions are required to be remitted to the Plan as soon as administratively practicable following payroll withholding.

The total amount of participant contributions that were remitted late during the year ended December 31, 2024 was \$184,728. The total amount of participant contributions remitted late during the year ended December 31, 2023 was \$196,299. These late remittances constitute nonexempt prohibited transactions under ERISA.

As of December 31, 2024, the Plan Sponsor had not calculated or remitted lost earnings related to the late participant contributions. The Plan Sponsor is evaluating corrective action in accordance with the Department of Labor's Voluntary Fiduciary Correction Program (VFCP) and applicable prohibited transaction exemption guidance. Management intends to calculate and remit any applicable lost earnings related to the late remittances in a subsequent period. Any required corrections will be recorded when determined and paid.

SIC LLC 401(k) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

13. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits on the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits as reported on the financial statements	\$6,936,077	\$6,922,707
Less: Deemed Distributed Loans	(5,611)	(5,611)
Adjustment from fair value to contract value for interest in common collective trust relating to fully benefit-responsive investment contracts	<u>(28,020)</u>	<u>(48,799)</u>
Net Assets Available for Benefits as reported on form 5500	<u><u>\$ 6,902,446</u></u>	<u><u>\$ 6,868,297</u></u>

The following is a reconciliation of the net increase in net assets on the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net (decrease)/increase in net assets reported on the financial statements	(\$75,120)	\$1,782,320
Less: Deemed Distributed Loans	-	(5,611)
Adjustment from fair value to contract value for interest in common collective trust relating to fully benefit-responsive investment contracts	<u>20,780</u>	<u>(48,799)</u>
Net (decrease)/increase in net assets as reported on form 5500	<u><u>(\$54,340)</u></u>	<u><u>\$ 1,727,910</u></u>

Supplementary Information

SIC LLC 401(k) Plan
EIN/PLAN No.: 85-0542566/001
Schedule of Assets (At End of Year)
(Attachment for Schedule H, Line 4i)
Year Ended December 31, 2024

(a) (b) Identity of Issue	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
AB Gbl Bd I	Registered Investment Company (RIC)	**	\$	1,218
Avnts US LgCap Val Inst	Registered Investment Company (RIC)	**		74,369
Avnts US SmCap Val Inst	Registered Investment Company (RIC)	**		20,829
BlkRk Hi Yld Bd Port K	Registered Investment Company (RIC)	**		52,931
BlkRk MdCap Gr Eq Inst	Registered Investment Company (RIC)	**		126
BlkRk Strat Inc Opr I	Registered Investment Company (RIC)	**		133
BlkRk Ttl Rtn K	Registered Investment Company (RIC)	**		25,003
Col Sel LgCap Gr Inst2	Registered Investment Company (RIC)	**		146
DFA Emrg Mkt Cor Eq Inst	Registered Investment Company (RIC)	**		1,315
DFA Emrg Mkt SocCorEq Inst	Registered Investment Company (RIC)	**		1,061
DFA Gbl RealEst Sec Inst	Registered Investment Company (RIC)	**		2,122
DFA Intl Sm Co Inst	Registered Investment Company (RIC)	**		10,014
DFA Intl SmCap Val	Registered Investment Company (RIC)	**		3,987
DFA Intl Val	Registered Investment Company (RIC)	**		6,741
DFA US LgCap Val Inst	Registered Investment Company (RIC)	**		183
Diamond Hill MdCap I	Registered Investment Company (RIC)	**		37,271
DodgeCox Intl Stk I	Registered Investment Company (RIC)	**		83,997
Fed Hrms Gov Oblgtns Prmr	Registered Investment Company (RIC)	**		34,851
Fid 500 Indx	Registered Investment Company (RIC)	**		140,492
Fid Intl Indx	Registered Investment Company (RIC)	**		36,734
Fid Mult Asst Indx	Registered Investment Company (RIC)	**		83,236
Fid US Bd Indx	Registered Investment Company (RIC)	**		84,561
GdmnSes GQGPtrIntlOppr R6	Registered Investment Company (RIC)	**		81,629
JPM Eq Inc R5	Registered Investment Company (RIC)	**		66,608
JPM LgCap Gr R6	Registered Investment Company (RIC)	**		74,295
* NW Loomis AllCap Gr R6	Registered Investment Company (RIC)	**		77,864
PGIM Ttl Rtn Bd R6	Registered Investment Company (RIC)	**		68,697
PIMCO Real Rtn Inst	Registered Investment Company (RIC)	**		33,402
PIMCOComdyRealRtnStratInst	Registered Investment Company (RIC)	**		728
Prncpl Gbl RealEst R6	Registered Investment Company (RIC)	**		40,673
TIAACRF LfCycInd 2010 Inst	Registered Investment Company (RIC)	**		60,907
TIAACRF LfCycInd 2015 Inst	Registered Investment Company (RIC)	**		115,055
TIAACRF LfCycInd 2020 Inst	Registered Investment Company (RIC)	**		7,187
TIAACRF LfCycInd 2025 Inst	Registered Investment Company (RIC)	**		1,136,753
TIAACRF LfCycInd 2030 Inst	Registered Investment Company (RIC)	**		697,116
TIAACRF LfCycInd 2035 Inst	Registered Investment Company (RIC)	**		380,308
TIAACRF LfCycInd 2040 Inst	Registered Investment Company (RIC)	**		624,882
TIAACRF LfCycInd 2045 Inst	Registered Investment Company (RIC)	**		348,091
TIAACRF LfCycInd 2050 Inst	Registered Investment Company (RIC)	**		140,760
TIAACRF LfCycInd 2055 Inst	Registered Investment Company (RIC)	**		214,486
TIAACRF LfCycInd 2060 Inst	Registered Investment Company (RIC)	**		142,332
TIAACRF LfCycInd 2065 Inst	Registered Investment Company (RIC)	**		243,916
TIAACRF LfCycIndRtInc Inst	Registered Investment Company (RIC)	**		4,273
TIAACRF SocChoice Eq Inst	Registered Investment Company (RIC)	**		5,914
Vngrd 500 Index Fd AS	Registered Investment Company (RIC)	**		37,671
Vngrd Bal Indx Adml	Registered Investment Company (RIC)	**		39,657
Vngrd Devl Mkt Indx Adml	Registered Investment Company (RIC)	**		4,160
Vngrd Emrg Mkt StkIndxAdml	Registered Investment Company (RIC)	**		19,036
Vngrd Explr Adml	Registered Investment Company (RIC)	**		21,102
Vngrd FTSE Soc Indx Adml	Registered Investment Company (RIC)	**		10,578
Vngrd Gr Indx Adml	Registered Investment Company (RIC)	**		119,419
Vngrd IntmdTrm Bd IndxAdml	Registered Investment Company (RIC)	**		59,377
Vngrd LT Invmt Grd Adml	Registered Investment Company (RIC)	**		85,164
Vngrd MdCap Gr Indx Adml	Registered Investment Company (RIC)	**		86,414
Vngrd MdCap Val Indx Adml	Registered Investment Company (RIC)	**		36,156
Vngrd Mid-Cap Idx Fd AS	Registered Investment Company (RIC)	**		13,006
Vngrd RealEst Indx Adml	Registered Investment Company (RIC)	**		56,175
Vngrd STInflPrtSecInd Adml	Registered Investment Company (RIC)	**		89,237
Vngrd Sm Cap Indx Fd AS	Registered Investment Company (RIC)	**		23,277
Vngrd SmCap Gr Indx Adml	Registered Investment Company (RIC)	**		41,757
Vngrd SmCap Val Indx Adml	Registered Investment Company (RIC)	**		36,264
Vngrd Ttl Bnd Mkt Idx Adm	Registered Investment Company (RIC)	**		4,511
Vngrd Ttl Intl Bd Idx Adml	Registered Investment Company (RIC)	**		318
Vngrd Ttl IntlStkIndx Adml	Registered Investment Company (RIC)	**		33,705
Vngrd Ttl StMkt Indx Fd AS	Registered Investment Company (RIC)	**		118,547
Vngrd Val Indx Adml	Registered Investment Company (RIC)	**		200,084
Vngrd Wlsly Inc Adml	Registered Investment Company (RIC)	**		148
MFS MdCap Gr R6	Registered Investment Company (RIC)	**		37,655
Ab Global Bond Fund - Class Z	Registered Investment Company (RIC)	**		25,575
Avantis Emerging Markets Equity Fund - Instn	Registered Investment Company (RIC)	**		63,747
Legal & General Commodity Strategy Fund - Ir	Registered Investment Company (RIC)	**		34,365
* NW FXD SEL OPTN	Guaranteed Investment Contract (GIC)	**		226,878
Total			\$	6,791,179

* Denotes party in interest (Nationwide Trust Company)

** Cost information is omitted for participant-directed or beneficiary-directed transactions under an individual account plan.

The above information has been certified by Nationwide Trust Company, the Trustee, as complete and accurate.

SIC LLC 401(k) Plan
EIN/PLAN No.: 85-0542566/001
Schedule of Delinquent Participant Contributions
(Attachment for Schedule H, Line 4a)
December 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
X	\$ 184,728 (2024)	\$ -	\$ -	\$ -
X	196,299 (2023)	-	-	-

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☐ 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 SIC LLC 401(k) Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2020
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) Seven Isles Capital LLC 2626 Delmar Place Ft. Lauderdale FL 33301	2b Employer Identification Number (EIN) 30-1192932 2c Plan Sponsor's telephone number 570-401-6409 2d Business code (see instructions) 551112

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		06/10/26	Miranda Bonetsky
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		06/10/26	Miranda Bonetsky
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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 DeAngelo Contracting Services LLC c Plan Name DeAngelo Contracting Services 401(k) Plan	4b EIN 85-0542566 4d PN 001
5 Total number of participants at the beginning of the plan year	5 803
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) 738 6a(2) 730 6b 96 6c 0 6d 826 6e 0 6f 826 6g(1) 274 6g(2) 294 6h 49
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H 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
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 <u>1</u> (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 _____

SIC LLC 401(k) Plan
EIN/PLAN No.: 85-0542566/001
Schedule of Assets (At End of Year)
(Attachment for Schedule H, Line 4i)
Year Ended December 31, 2024

(a) (b) Identity of Issue	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
AB Gbl Bd I	Registered Investment Company (RIC)	**	\$	1,218
Avnts US LgCap Val Inst	Registered Investment Company (RIC)	**		74,369
Avnts US SmCap Val Inst	Registered Investment Company (RIC)	**		20,829
BlkRk Hi Yld Bd Port K	Registered Investment Company (RIC)	**		52,931
BlkRk MdCap Gr Eq Inst	Registered Investment Company (RIC)	**		126
BlkRk Strat Inc Opr I	Registered Investment Company (RIC)	**		133
BlkRk Ttl Rtn K	Registered Investment Company (RIC)	**		25,003
Col Sel LgCap Gr Inst2	Registered Investment Company (RIC)	**		146
DFA Emrg Mkt Cor Eq Inst	Registered Investment Company (RIC)	**		1,315
DFA Emrg Mkt SocCorEq Inst	Registered Investment Company (RIC)	**		1,061
DFA Gbl RealEst Sec Inst	Registered Investment Company (RIC)	**		2,122
DFA Intl Sm Co Inst	Registered Investment Company (RIC)	**		10,014
DFA Intl SmCap Val	Registered Investment Company (RIC)	**		3,987
DFA Intl Val	Registered Investment Company (RIC)	**		6,741
DFA US LgCap Val Inst	Registered Investment Company (RIC)	**		183
Diamond Hill MdCap I	Registered Investment Company (RIC)	**		37,271
DodgeCox Intl Stk I	Registered Investment Company (RIC)	**		83,997
Fed Hrms Gov Oblgtns Prmr	Registered Investment Company (RIC)	**		34,851
Fid 500 Indx	Registered Investment Company (RIC)	**		140,492
Fid Intl Indx	Registered Investment Company (RIC)	**		36,734
Fid Mult Asst Indx	Registered Investment Company (RIC)	**		83,236
Fid US Bd Indx	Registered Investment Company (RIC)	**		84,561
GdmnSes GQGPtrIntlOppr R6	Registered Investment Company (RIC)	**		81,629
JPM Eq Inc R5	Registered Investment Company (RIC)	**		66,608
JPM LgCap Gr R6	Registered Investment Company (RIC)	**		74,295
* NW Loomis AllCap Gr R6	Registered Investment Company (RIC)	**		77,864
PGIM Ttl Rtn Bd R6	Registered Investment Company (RIC)	**		68,697
PIMCO Real Rtn Inst	Registered Investment Company (RIC)	**		33,402
PIMCOComdyRealRtnStratInst	Registered Investment Company (RIC)	**		728
Prncpl Gbl RealEst R6	Registered Investment Company (RIC)	**		40,673
TIAACRF LfCycInd 2010 Inst	Registered Investment Company (RIC)	**		60,907
TIAACRF LfCycInd 2015 Inst	Registered Investment Company (RIC)	**		115,055
TIAACRF LfCycInd 2020 Inst	Registered Investment Company (RIC)	**		7,187
TIAACRF LfCycInd 2025 Inst	Registered Investment Company (RIC)	**		1,136,753
TIAACRF LfCycInd 2030 Inst	Registered Investment Company (RIC)	**		697,116
TIAACRF LfCycInd 2035 Inst	Registered Investment Company (RIC)	**		380,308
TIAACRF LfCycInd 2040 Inst	Registered Investment Company (RIC)	**		624,882
TIAACRF LfCycInd 2045 Inst	Registered Investment Company (RIC)	**		348,091
TIAACRF LfCycInd 2050 Inst	Registered Investment Company (RIC)	**		140,760
TIAACRF LfCycInd 2055 Inst	Registered Investment Company (RIC)	**		214,486
TIAACRF LfCycInd 2060 Inst	Registered Investment Company (RIC)	**		142,332
TIAACRF LfCycInd 2065 Inst	Registered Investment Company (RIC)	**		243,916
TIAACRF LfCycIndRtInc Inst	Registered Investment Company (RIC)	**		4,273
TIAACRF SocChoice Eq Inst	Registered Investment Company (RIC)	**		5,914
Vngrd 500 Index Fd AS	Registered Investment Company (RIC)	**		37,671
Vngrd Bal Indx Adml	Registered Investment Company (RIC)	**		39,657
Vngrd Devl Mkt Indx Adml	Registered Investment Company (RIC)	**		4,160
Vngrd Emrg Mkt StkIndxAdml	Registered Investment Company (RIC)	**		19,036
Vngrd Explr Adml	Registered Investment Company (RIC)	**		21,102
Vngrd FTSE Soc Indx Adml	Registered Investment Company (RIC)	**		10,578
Vngrd Gr Indx Adml	Registered Investment Company (RIC)	**		119,419
Vngrd IntmdTrm Bd IndxAdml	Registered Investment Company (RIC)	**		59,377
Vngrd LT Invmt Grd Adml	Registered Investment Company (RIC)	**		85,164
Vngrd MdCap Gr Indx Adml	Registered Investment Company (RIC)	**		86,414
Vngrd MdCap Val Indx Adml	Registered Investment Company (RIC)	**		36,156
Vngrd Mid-Cap Idx Fd AS	Registered Investment Company (RIC)	**		13,006
Vngrd RealEst Indx Adml	Registered Investment Company (RIC)	**		56,175
Vngrd STInflPrtSecInd Adml	Registered Investment Company (RIC)	**		89,237
Vngrd Sm Cap Indx Fd AS	Registered Investment Company (RIC)	**		23,277
Vngrd SmCap Gr Indx Adml	Registered Investment Company (RIC)	**		41,757
Vngrd SmCap Val Indx Adml	Registered Investment Company (RIC)	**		36,264
Vngrd Ttl Bnd Mkt Idx Adm	Registered Investment Company (RIC)	**		4,511
Vngrd Ttl Intl Bd Idx Adml	Registered Investment Company (RIC)	**		318
Vngrd Ttl IntlStkIndx Adml	Registered Investment Company (RIC)	**		33,705
Vngrd Ttl StMkt Indx Fd AS	Registered Investment Company (RIC)	**		118,547
Vngrd Val Indx Adml	Registered Investment Company (RIC)	**		200,084
Vngrd Wlsly Inc Adml	Registered Investment Company (RIC)	**		148
MFS MdCap Gr R6	Registered Investment Company (RIC)	**		37,655
Ab Global Bond Fund - Class Z	Registered Investment Company (RIC)	**		25,575
Avantis Emerging Markets Equity Fund - Instn	Registered Investment Company (RIC)	**		63,747
Legal & General Commodity Strategy Fund - Ir	Registered Investment Company (RIC)	**		34,365
* NW FXD SEL OPTN	Guaranteed Investment Contract (GIC)	**		226,878
Total			\$	6,791,179

* Denotes party in interest (Nationwide Trust Company)

** Cost information is omitted for participant-directed or beneficiary-directed transactions under an individual account plan.

The above information has been certified by Nationwide Trust Company, the Trustee, as complete and accurate.