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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
NEOVERA 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/2004

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)
NEOVERA, LLC

12100 SUNSET HILLS ROAD, SUITE 610
RESTON, VA 20190-3221

2b Employer Identification Number (EIN)
04-3643151

2c Plan Sponsor's telephone number
703-462-1800

2d Business code (see instructions)
541990

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.	10/15/2026	MARK DONOVAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	163
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	**6a(1)**	109
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	111
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	65
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	176
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	177
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	130
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	174
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	18
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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3B 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NEOVERA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEOVERA, LLC

D Employer Identification Number (EIN)
04-3643151

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	502316-01	23	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
324	0

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

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

APW CAPITAL INC
6120 HEARTHSTONE DR
PIPERSVILLE, PA 18947

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
324			3

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

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

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

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

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

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

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

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

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

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

(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	141245
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	67071
c	Additions: (1) Contributions deposited during the year	7c(1)	67551		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2108		
	(4) Transferred from separate account	7c(4)	75248		
	(5) Other (specify below)	7c(5)	12277		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	157184
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	224255
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	22326		
	(2) Administration charge made by carrier	7e(2)	134		
	(3) Transferred to separate account	7e(3)	60550		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	83010
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	141245

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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NEOVERA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEOVERA, LLC

D Employer Identification Number (EIN)
04-3643151

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	65876	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

APW CAPITAL INC

100 ENTERPRISE DR STE 504
ROCKAWAY, NJ 07866

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	31899	Yes [ ] No [X]

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	2833	Yes [ ] No [X]	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
APW CAPITAL INC	55	31899

(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.
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS

(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

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(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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NEOVERA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEOVERA, LLC

D Employer Identification Number (EIN)
04-3643151

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	46165	32205
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8558138	13912626
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	67071	141245
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	8671374	14086076
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8671374	14086076

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)	317358	
(B) Participants	2a(1)(B)	1088590	
(C) Others (including rollovers)	2a(1)(C)	356066	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1762014
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2980	
(F) Other	2b(1)(F)	2108	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5088
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	521915	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		521915
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1618955
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3907972
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1315800	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1315800
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		25516
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	65876	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	2833	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		68709
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1410025
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2497947
l Transfers of assets:			
(1) To this plan	2l(1)		2916755
(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) [X] 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) [X] 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: RENNER & COMPANY CPA PC **(2)** EIN: 54-1498950

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NEOVERA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEOVERA, LLC

D Employer Identification Number (EIN)
04-3643151

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): 20-3691708

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
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)	**14b**	
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)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

NEOVERA 401(k) PLAN

FINANCIAL STATEMENTS
Year Ended December 31, 2025

AND SUPPLEMENTAL INFORMATION
Year Ended December 31, 2025

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Renner
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INDEPENDENT AUDITORS' REPORT

To the Trustees of
Neovera 401(K) Plan
Reston, Virginia

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

We have performed audits of the accompanying financial statements of Neovera 401(K) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

Emphasis of Matter - Unaudited Comparative Financial Information

The accompanying statement of net assets available for benefits as of December 31, 2024, is presented for comparative purposes and has not been audited. Accordingly, we do not express an opinion nor provide any form of assurance on the net assets available as of December 31, 2024.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule 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 schedule 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).

Renner and Company, CPA, P.C.

Alexandria, Virginia
October 15, 2026

NEOVERA 401(k) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 (with unaudited comparative information as of December 31, 2024)

	2025	Unaudited 2024
ASSETS		
Investments at fair value	$ 14,053,871	$ 8,625,209
Receivables		
Employer contribution receivable	358,661	289,859
Notes receivable from participants	57,928	46,165
TOTAL ASSETS	$ 14,470,460	$ 8,961,233
NET ASSETS AVAILABLE FOR BENEFITS	$ 14,470,460	$ 8,961,233

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

NEOVERA 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2025

ADDITIONS TO NET ASSETS	
Contributions	
Participants' salary deferrals	$ 1,088,590
Employer's contribution	394,660
Rollovers	356,066
Total contributions	1,839,316
Investment income	
Interest and dividends	527,247
Net appreciation in fair value of investments	1,618,956
Total investment income	2,146,203
TOTAL ADDITIONS	3,985,519
DEDUCTIONS FROM NET ASSETS	
Benefit payments to participants	1,340,357
Administration expenses	63,861
TOTAL DEDUCTIONS	1,404,218
NET INCREASE IN PLAN ASSETS	2,581,301
TRANSFER OF ASSETS FROM PLAN MERGER	2,926,426
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	8,962,733
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 14,470,460

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

NEOVERA 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
As of and for the Year Ended December 31, 2025

1. DESCRIPTION OF PLAN

The Neovera 401(k) Plan (the Plan) is a defined contribution retirement plan sponsored by Neovera (the Employer). Effective July 1, 2024, the 10-D, Inc. 401(k) Plan was merged into the Plan, followed by the merger of the Emagined Security, Inc. 401(k) & Profit Sharing Plan on March 28, 2025, with the Neovera 401(k) Plan serving as the surviving plan. The Plan is established under Section 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Neovera 401(k) Plan (the Plan) is a defined contribution plan, covering eligible employees of Neovera who have attained age 20. Certain union employees, nonresident aliens, and reclassified employees are excluded from participation. Eligible long-term part-time employees may also participate in the Plan, subject to applicable service requirements. The Plan is administered by the Plan Administrator and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Eligible employees can make contributions (salary deferrals) to the Plan through either specified-percentage or fixed-dollar payroll deductions in any amount up to statutory limitations as specified in the Internal Revenue Code. Participants may elect to make contributions on either a pre-tax or Roth (after-tax) basis. Participants who have attained age 50 before the end of the plan year are also eligible to make catch-up contributions. The Plan automatically enrolls eligible employees with pre-tax salary deferrals unless they elect otherwise. Participants may increase, decrease, or discontinue their salary deferrals in accordance with procedures established by the Plan Administrator. Salary deferral elections remain effective until modified or terminated by the participant. Participants may also make an in-plan Roth rollover contributions and/or contribute amounts to the Plan representing rollover distributions from certain other qualified retirement plans.

Neovera may make discretionary matching contributions to the Plan for participants who make salary deferrals, including catch-up contributions. Matching contributions are calculated at 3% of participants' total compensation, subject to the statutory limitations specified in the Internal Revenue Code.

1. DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

Participants direct the investment of their account balances among the various investment options offered by the Plan. Participants may change their investment elections in accordance with procedures established by the Plan Administrator. Contributions from participants who do not make investment elections are invested in the Plan's designated default investment options. Investment earnings and losses are allocated to participants' individual accounts based on their respective investment selections. The Plan is intended to comply with Section 404(c) of ERISA.

For the plan year 2025, the total annual contributions to a participant's account are limited generally to no more than the lesser of $70,000 or 100% of a participant's annual compensation. The maximum allowed participant deferral contribution for plan year 2025 was $23,500 ($31,000 including catch-up contributions). For participants age 50 or older, catch-up contributions are an additional $7,500 for Plan year ended December 31, 2025.

Participant Accounts

Each participant's account is increased by contributions, transfers in, loan repayments and allocations of Plan earnings and decreased by allocations of Plan losses, withdrawals, transfers out, loan outs and administrative expenses. Allocations are based on account balances, as defined in the plan document. The benefit to which a participant is entitled is equal to the participant's vested account.

Vesting

Participants are immediately 100% vested in their salary deferrals, including Roth and catch-up contributions, rollover contributions, and related earnings. Vesting in employer matching and nonelective contributions is based on year of service. Participants become 20% vested after one year of service, 40% after two year, 60% after three year, 80% after four year, and 100% after five year. Participants also become fully vested upon attaining normal retirement age while employed, death, or termination due to disability. In addition, participants transferred from the 10-D, Inc. 401(k) Plan become fully vested upon attaining age 55 and completing five year of service, while participants transferred from the Emagined Security, Inc. 401(k) & Profit Sharing Plan on March 28, 2025, are fully vested in their prior safe harbor nonelective and qualified matching contributions..

1. DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Loans to participants are issued from the Plan's assets, specifically from each participant's vested account balance. Participants may borrow a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less, subject to applicable limitations. Participants may have only one outstanding loan at a time. Loans are generally repaid through payroll deductions over periods of 12 to 60 months for general-purpose loans and 61 to 360 months for principal residence loans. Interest rates are fixed at the Wall Street Journal prime rate plus 1% at the time of loan origination. Outstanding loans become due upon termination of employment. The interest rate on the outstanding loans to participants was 5.75% to 9% for the year ended December 31, 2025. Loans to participants, including accrued interest, totaled $57,928 at December 31, 2025.

Contributions Receivable

The Plan Sponsor makes annual matching contributions to the Plan based on eligible participants' compensation, subject to the provisions of the Plan and applicable Internal Revenue Code limitations. Employer matching contributions are funded in a single payment during the immediate prospective year. Accordingly, contribution receivable relating to the employer matching contribution attributable to the year ended December 31, 2025, which will be funded in Plan year 2026, has been recognized in the accompanying statement of net assets available for benefits as of December 31, 2025.

Benefit Payments

Once participants terminate their employment, they can elect to receive some or all of their account balance, subject to a federal penalty tax of 10% if they have not yet reached age 59 1/2, or they can roll over their account balance into an IRA or certain other eligible retirement plans. Terminated participants can also elect to leave their vested account balance in the Plan.

Normal retirement age under the Plan is 65 years. Participants may receive their vested account balances upon termination of employment, subject to the Plan's provisions. Distribution options include lump-sum payments and, for eligible participants who have attained normal retirement age, installment payments for required minimum distributions over their applicable life expectancy, among others.

1. DESCRIPTION OF PLAN (CONTINUED)

Benefit Payments (Continued)

Participants who terminate employment upon attaining the later of age 62 or normal retirement age of 65, may receive their vested account balances as a lump-sum payment. Participants with vested account balances exceeding $5,000 may also elect installment payments for required minimum distributions, over their life expectancy or the joint life expectancy of the participant and beneficiary, subject to the Plan's provisions.

In-Service Distributions

Participants may withdraw vested amounts from the Plan while still employed upon attaining age 59½ or experiencing a qualifying financial hardship, subject to the Plan's requirements. Participants may withdraw rollover contributions at any time. Hardship distributions are limited to amounts necessary to satisfy immediate and heavy financial needs, including medical expenses, purchase of a principal residence, educational expenses, prevention of eviction or foreclosure, funeral expenses, and certain casualty or disaster-related expenses. The Plan also permits certain distributions for qualified military service and disability, subject to applicable restrictions.

Death Benefits

In the event of the death of an active participant, the participant's account balance becomes fully vested and is payable to the designated beneficiary. For terminated participants, the beneficiary is entitled to the remaining vested account balance. Death benefits of $5,000 or less are paid in a single lump sum, while benefits exceeding $5,000 may be paid in a lump sum or annual installments, subject to the Plan's provisions.

Forfeited Accounts

Forfeitures arise when participants terminate employment before becoming fully vested in employer contributions. The nonvested portion of their account balances is forfeited and remains in the Plan. Forfeitures may be used to pay Plan administrative expenses, fund additional discretionary matching or nonelective contributions, or reduce future employer matching or nonelective contributions, in accordance with the Plan's provisions.

The Plan sponsor applied forfeitures totaling $12,400 to either pay certain plan expenses or to reduce employer contributions to the Plan during the year ended December 31, 2025. The balance of unapplied forfeitures available to offset future employer contributions totaled $7,933 at December 31, 2025.

1. DESCRIPTION OF PLAN (CONTINUED)

Administrative Costs and Investment Advisory Fees

Reasonable administrative expenses of the Plan are paid from the Plan's forfeiture accounts or by the Plan sponsor, Neovera, LLC. Certain Plan expenses may also be charged to participants' individual accounts, either proportionately based on their account balances or equally among participants, in accordance with the Plan's provisions.

Termination

Although it has not expressed any intent to do so, Neovera, LLC (the Plan Sponsor), has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in the Plan accounts.

2. SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The Plan prepares its financial statements under the accrual method of accounting.

Use of Estimates

The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires the Plan's Trustees to make estimates and assumptions that affect certain reported amounts and disclosures. These estimates are based on information available as of the date of the financial statements. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments in registered investment companies (mutual funds) are reported at net asset value as a practical expedient. Investments in fully benefit-responsive investment contracts are recorded at contract value.

2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Investment Income

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

Contributions

Contributions are recorded when received.

Payment of Benefits

Benefits are recorded when paid.

3. INVESTMENTS

The information included in the accompanying financial statements and the supplemental Schedule of Assets (Held at End of Year) related to investments, notes receivable from participants, net appreciation in fair value of investments, interest, and dividends as of and for the year ended December 31, 2025 was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Retirement LLC, a qualified institution, in accordance with 29 CFR 2520.103.8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA.

The Plan incurred $1,268,096 net appreciation in fair value of investments in mutual funds during the year ended December 31, 2025. This included realized gains/losses on investments sold and changes in unrealized gains/losses on investments held at the start and end of the year. The Plan earned $527,247 in interest and dividends for the year ended December 31, 2025.

4. FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of other than quoted prices in active markets that are either directly or indirectly observable; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs were not available. The Plan held no investments that were valued based on Level 3 inputs as of December 31, 2025.

Level 1

Level 1 inputs utilize unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

Level 2

Level 2 inputs are inputs other than quoted prices included in Level 1 that are observable for the assets or liabilities, either directly or indirectly. Level 2 inputs may include quoted prices for similar assets or liabilities in active markets, as well as inputs that are observable for the assets or liabilities (other than quoted prices), such as interest rates, foreign exchange rates and yield curves that are observable at commonly quoted intervals.

Level 3

Level 3 inputs are unobservable inputs for the assets or liabilities, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at December 31, 2025:

	2025			
	Level 1	Level 2	Level 3	Fair Value
Registered investment companies (mutual funds)	$ 13,920,559	$ -	$ -	$ 13,920,559
Guaranteed investment contract	-	133,312		133,312
	$ 13,920,559	$ 133,312	$ -	$ 14,053,871

4. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Empower Trust Company, LLC was the custodian as defined by the Plan during the year ended December 31, 2025; therefore, the following transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management and administration services were included as a reduction of the return earned on each fund. Fees paid by the Plan for administrative services were $63,862 for the year ended December 31, 2025. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

5. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2025:

Net assets available for benefits per the financial statements	$ 14,470,460
Employer contribution receivable	(358,661)
Deemed distributed loans	(25,723)
Net assets available for benefits per Schedule H to the Form 5500	$ 14,086,076

The following is a reconciliation of notes receivable from participants per the financial statements to Schedule H of Form 5500:

Notes receivable from participants	$ 57,928
Deemed distributed loans	(25,723)
Participant loans per Schedule H of Form 5500	$ 32,205

6. SEPARATED PARTICIPANTS WITH DEFERRED VESTED BENEFITS

The Plan assets include account balances of 125 participants who withdrew from the Plan during the plan year 2025 with $477,805 in deferred vested benefits. As of December 31, 2025, there was a total of 41 separated participants who were terminated in 2025, with $1,257,353 in deferred vested benefits.

7. TAX STATUS

Effective December 31, 2018, the Plan was amended and restated by adopting the Empower Retirement, Inc. Non-Standardized Pre-Approved Profit Sharing/Money Purchase/CODA Plan. The IRS has determined and informed Empower Retirement, LLC by a letter dated November 14, 2022, that the Plan and related trust are designed in accordance with the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

9. RISKS AND UNCERTAINTIES

The Plan offers investments in various funds offered by Empower Trust Company, LLC, participant loans, and plan loans are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

In addition, the Plan's investments in registered investment companies (mutual funds) are subject to market risk associated with fluctuations in the fair value of the underlying investments. These investments are held through diversified investment funds and are not considered to represent significant concentrations of credit risk. The Plan's guaranteed investment contract is subject to credit risk associated with the issuer's ability to meet its contractual obligations. The Plan monitors this risk through its investment oversight procedures.

10. PLAN MERGER

Effective March 28, 2025, the Plan merged with the Emagined Security, Inc. 401(k) & Profit Sharing Plan (the Acquired Plan). The Acquired Plan was a defined contribution retirement plan sponsored by Emagined Security, Inc. that provided retirement benefits to eligible participants. Net assets transferred from the Acquired Plan totaled $2,926,426. The net assets transferred were recorded by the Plan as a transfer from the Acquired Plan and are reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2025.

11. SUBSEQUENT EVENTS

In preparing these financial statements, the Plan administrator has evaluated events and transactions for potential recognition or disclosure through October 15, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

NEOVERA 401(k) PLAN

SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

FEIN: 04-3643151, Plan Number 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost**	Current Value
	Fidelity Investments	Fidelity 500 Index		$ 1,722,458
	Vanguard	Vanguard Target Retirement 2045 Inv		1,433,847
	Vanguard	Vanguard Target Retirement 2035 Inv		1,422,258
	Vanguard	Vanguard Target Retirement 2040 Inv		1,105,110
	American Funds	American Funds American Balanced R6		1,028,381
	American Funds	American Funds Growth Fund of Amer R6		766,638
	Vanguard	Vanguard Target Retirement 2050 Inv		709,622
	Vanguard	Vanguard Morningstar Value Index Admiral		677,830
	Vanguard	Vanguard Target Retirement 2030 Inv		498,709
	PIMCO	Nuveen Large Cap Growth Index R6		433,013
	Vanguard	Vanguard Morningstar Mid-Cap Index Adm		395,381
	Vanguard	Vanguard Developed Markets Index Admiral		356,492
	Vanguard	Vanguard Interm-Term Bond Index Adm		327,195
	Vanguard	Vanguard Target Retirement 2055 Inv		240,271
	BlackRock Funds	BlackRock High Yield K		232,891
	American Funds	American Funds Capital World G/I R6		227,272
	Vanguard	Vanguard Morningstar Mid-Cap Val Idx Adm		225,881
	Vanguard	Vanguard Target Retirement 2060 Inv		222,705
	American Funds	American Funds New Perspective R6		186,938
	Fidelity Investments	Fidelity Advisor Semiconductors I		171,506
*	EAICA	Guaranteed Interest Fund		141,244
	T. Rowe Price	T. Rowe Price Integrated US Sm Gr Eq I		129,541
	Vanguard	Vanguard Interm-Term Investment-Grade Ad		129,336
	PIMCO	PIMCO Income Instl		127,363
	Dimensional Fund Advisors	DFA World ex US Core Equity Instl		124,608
	Vanguard	Vanguard Target Retirement 2025 Inv		100,978
	Dimensional Fund Advisors	DFA Real Estate Securities I		100,386
	Vanguard	Vanguard Morningstar Mid-Cap Grw Idx Adm		94,607
	MFS Investment Management	MFS Emerging Markets Debt R6		92,462
	MFS Investment Management	MFS International Intrinsic Equity R6		82,554

* *Identified as party-in-interest*
** *The accompanying financial statements classify participant loans as notes receivable from participants.*
*** *Cost information omitted for participant-directed investments.*

See Independent Auditors' Report.

NEOVERA 401(k) PLAN

SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

FEIN: 04-3643151, Plan Number 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost***	Current Value
	Vanguard	Vanguard Morningstar Sml-Cap Val Idx Adm		$ 78,480
	American Funds	American Funds New World R6		71,854
	Vanguard	Vanguard High-Yield Corporate Adm		70,697
	Vanguard	Vanguard International Growth Adm		67,928
	Vanguard	Vanguard Morningstar Sml-Cap Grw Idx Adm		65,243
	T. Rowe Price	T. Rowe Price Spectrum Mod Grwth Allc I		61,163
*	Participants Loans**	Interest rate for loans is 5.75% - 9%		57,928
	John Hancock Investment Mana	JHancock Bond R6		42,336
	Vanguard	Vanguard Wellesley Income Adm		27,675
	PIMCO	PIMCO Int Bond (USD-Hedged) Instl		22,549
	Dimensional Fund Advisors	DFA Inflation-Protected Securities I		13,469
	Vanguard	Vanguard LifeStrategy 20/80 Inv		9,994
	Vanguard	Vanguard Tax-Managed Small Cap Adm		9,905
	Vanguard	Vanguard Balanced Index Adm		4,020
	Vanguard	Vanguard Target Retirement Income Inv		1,081
			$ -	$ 14,111,799

* *Identified as party-in-interest*
** *The accompanying financial statements classify participant loans as notes receivable from participants.*
*** *Cost information omitted for participant-directed investments.*

See Independent Auditors' Report.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Neovera 401(k) Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TGIPX			58,889.07	61,162.72
1VTINX			1,102.20	1,081.25
1VTTVX			99,441.52	100,977.61
1VTHRX			447,551.03	498,709.41
1VTTHX			1,220,229.72	1,422,257.66
1VFORX			905,974.42	1,105,110.04
1VTIVX			1,160,923.97	1,433,847.18
1VFIFX			590,795.78	709,622.01
1VFFVX			186,487.76	240,270.62
1VTTSX			187,201.77	222,704.66
1RWIGX			185,556.13	227,272.03
1RNPGX			164,761.96	186,938.23
1RNWGX			62,518.40	71,853.81
1DFWIX			101,219.80	124,608.30
1MINJX			78,441.09	82,553.93
1VWILX			65,567.67	67,927.56
1VTMGX			289,760.15	356,492.47
1DFREX			105,440.12	100,386.20
1FELIX			169,981.73	171,506.04
1TQAIX			114,346.54	129,541.04
1VSGAX			54,297.27	65,243.35
1VSIAX			63,450.94	78,480.15
1VTMSX			9,161.98	9,905.10
1VMGMX			64,214.71	94,607.39
1VIMAX			261,243.38	395,380.66
1VMVAX			190,988.89	225,880.55
1RGAGX			665,088.36	766,637.70
1FXAIX			1,026,208.80	1,722,457.63
1TILIX			357,414.81	433,013.20
1VVIAX			545,641.70	677,829.99
1RLBGX			948,049.77	1,028,381.21
1VBIAX			4,080.84	4,020.16
1VASIX			9,646.08	9,993.32
1VWIAX			28,041.15	27,674.93
1BRHYX			235,801.88	232,891.41
1DIPSX			13,412.61	13,468.96
1JHBSX			43,680.21	42,335.86
1MEDHX			89,804.92	92,461.79
1PFORX			21,859.68	22,549.18
1PIMIX			132,391.92	127,362.73
1VWEAX			68,874.37	70,697.31
1VBILX			323,108.38	327,195.37
1VFIDX			132,509.21	129,335.60
1GWGIF		1.700	127,938.05	133,312.18
			11,613,100.74	**14,045,938.50**
PARTICIPANT LOANS	VARIOUS	5.750-9.500	32,187.12	32,204.94
FORFEITURES			7,759.69	7,932.55

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Neovera 401(k) Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

EIN # 04-3643151

LEGEND

INVESTMENT OPTION:

1TGIPX	T. Rowe Price Spectrum Mod Grwth Allc I	1VTINX	Vanguard Target Retirement Income Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1RWIGX	American Funds Capital World G/I R6	1RNPGX	American Funds New Perspective R6
1RNWGX	American Funds New World R6	1DFWIX	DFA World ex US Core Equity Instl
1MINJX	MFS International Intrinsic Value R6	1VWILX	Vanguard International Growth Adm
1VTMGX	Vanguard Developed Markets Index Admiral	1DFREX	DFA Real Estate Securities I
1FELIX	Fidelity Advisor Semiconductors I	1TQAIX	T. Rowe Price Integrated US Sm Gr Eq I
1VSGAX	Vanguard Small Cap Growth Index Admiral	1VSIAX	Vanguard Small Cap Value Index Admiral
1VTMSX	Vanguard Tax-Managed Small Cap Adm	1VMGMX	Vanguard Mid-Cap Growth Index Admiral
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	1VMVAX	Vanguard Mid-Cap Value Index Admiral
1RGAGX	American Funds Growth Fund of Amer R6	1FXAIX	Fidelity 500 Index
1TILIX	Nuveen Large Cap Growth Index R6	1VVIAX	Vanguard Value Index Adm
1RLBGX	American Funds American Balanced R6	1VBIAX	Vanguard Balanced Index Adm
1VASIX	Vanguard LifeStrategy Income Inv	1VWIAX	Vanguard Wellesley Income Adm
1BRHYX	BlackRock High Yield K	1DIPSX	DFA Inflation-Protected Securities I
1JHBSX	JHancock Bond R6	1MEDHX	MFS Emerging Markets Debt R6
1PFORX	PIMCO Int Bond (USD-Hedged) Instl	1PIMIX	PIMCO Income Instl
1VWEAX	Vanguard High-Yield Corporate Adm	1VBILX	Vanguard Interm-Term Bond Index Adm
1VFIDX	Vanguard Interm-Term Investment-Grade Ad	1GWGIF	Guaranteed Interest Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year