

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

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: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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: QUAD CAPITAL PARTNERS, LLC 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan): QUAD CAPITAL PARTNERS, LLC
2b Employer Identification Number (EIN): 87-3117769
2c Sponsor's telephone number: 734-994-5050
2d Business code (see instructions): 523900
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
4d PN
5a Total number of participants at the beginning of the plan year: 6
5b Total number of participants at the end of the plan year: 8
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 6
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 8
5d(1) Total number of active participants at the beginning of the plan year: 6
5d(2) Total number of active participants at the end of the plan year: 6
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 1

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 07/18/2025, KELLY G. FRITZSCH. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	745557	1034497
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	745557	1034497
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	40062	
(2) Participants	8a(2)	101559	
(3) Others (including rollovers)	8a(3)	25521	
b Other income (loss)	8b	121798	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		288940
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		288940
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		426
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702984A.

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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D If the plan is a collectively-bargained plan, check here []
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: Quad Capital Partners, LLC 401(k) Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan): Quad Capital Partners, LLC
2b Employer Identification Number (EIN): 87-3117769
2c Sponsor's telephone number: 734-994-5050
2d Business code (see instructions): 523900
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 6
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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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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: Signature of plan administrator: Kelly G. Fritzsch, Date: 7/16/24
SIGN HERE: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year..... (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	745,557	1,034,497
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	745,557	1,034,497
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	40,062	
(2) Participants.....	8a(2)	101,559	
(3) Others (including rollovers).....	8a(3)	25,521	
b Other income (loss).....	8b	121,798	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		288,940
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d		
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		0
i Net income (loss) (subtract line 8h from line 8c).....	8i		288,940
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
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b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e	X		426
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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Part VI Pension Funding Compliance

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a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

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13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702984a.

Kelly Fritzsch

From: Chris Grant <CGrant@watkinsross.com>
Sent: Saturday, July 12, 2025 10:59 PM
To: Kelly Fritzsch
Subject: 2024 Quad Capital Form 5500 - Action Required
Attachments: Form 5500 Quad Partners 2024.pdf; SAR Quad Partners 2024.pdf

[EXTERNAL]

This message was sent from outside the company by someone with a display name matching a user in your organisation. Please do not click links or open attachments unless you recognise the source of this email and know the content is safe.

Re: Quad Capital Partners LLC 401(k) Plan
2024 5500 Due Date: July 31, 2025
Your Response Required no later than July 20, 2025

Kelly:

Attached is a PDF copy of the Form 5500 filing forms for the plan year ending 12/31/2024. This is for your records only – DO NOT FILE THE HARD COPY.

We have completed this return on the basis of information provided to us from various sources and believe it to be correct and in compliance with the appropriate regulations. However, the ultimate liability for its accuracy and completeness rest with the plan administrator. Therefore, you should review the Form 5500 before it is submitted. Your signature attests that has been done and that, to the best of your knowledge and belief, it is true, correct and complete.

Please examine the attached forms and do the following:

- 1) Print the forms
- 2) Review them for accuracy
- 3) Sign the Form 5500 and keep a hard copy with your original signature in your plan records. *(Although the forms are filed electronically, the DOL requires the plan sponsor to retain a signed hard copy).*
- 4) Email a pdf of the signed 5500 form back to Watkins Ross *(we are unable to e-file the 5500 without a copy attached that has been signed by the plan sponsor)*
- 5) Reply to this email no later than **July 20, 2025**

Also attached is a copy of the *Summary Annual Report (SAR)*. A copy is to be provided to each plan participant and beneficiaries of deceased participants by **September 30, 2025**.

Please contact me if you should have any questions.

Thanks,
Chris

Chris Grant

**Quad Capital Partners, LLC 401(k) Plan
Summary of Participant Accounts - Totals
For the Period 01/01/2024 to 12/31/2024**

	Beginning Balance	Contributions	Forfeitures	Gains / Losses	Transfers	Distributions	Ending Balance
John Hancock							
EE Deferral	\$172,205.44	\$101,558.75	\$0.00	\$30,470.86	\$0.00	\$0.00	\$304,235.05
						Vested	\$304,235.05
ER Match	\$33,499.10	\$0.00	\$0.00	\$10,217.16	\$39,178.93	\$0.00	\$82,895.19
						Vested	\$82,895.19
Unrelated rollover	\$500,673.99	\$0.00	\$0.00	\$81,109.92	\$25,521.09	\$0.00	\$607,305.00
						Vested	\$607,305.00
Totals for John Hancock	\$706,378.53	\$101,558.75	\$0.00	\$121,797.94	\$64,700.02	\$0.00	\$994,435.24
						Vested	\$994,435.24
RECEIVABLES							
ER Match Receivable	\$39,178.93	\$40,062.21	\$0.00	\$0.00	(\$39,178.93)	\$0.00	\$40,062.21
						Vested	\$36,625.70
Grand Total Account Balances:	\$745,557.46	\$141,620.96	\$0.00	\$121,797.94	\$25,521.09	\$0.00	\$1,034,497.45
						Vested	\$1,031,060.94
				Current base suspense account is	\$	0.00	
				Current pre-tax match suspense account is	\$	0.00	
				Current post-tax match suspense account is	\$	0.00	
				Total all accounts including suspense accounts	\$	1,034,497.45	

TRUST RECONCILIATION

Quad Capital Partners, LLC 401(k) Plan January 1, 2024 through December 31, 2024

Trust Reconciliation Per Statements

	401(k) Deferral	Employer Match	Rollover	Profit Sharing	Forfeitures	Total
Market Value 1/1/2024	172,205.44	33,499.10	500,673.99	0.00	0.00	706,378.53
Current Year Contributions	101,558.75	0.00	0.00	0.00	0.00	101,558.75
Prior Year Contributions	0.00	39,178.93	0.00	0.00	0.00	39,178.93
Gain/Loss	30,470.86	10,217.16	81,109.92	0.00	0.00	121,797.94
Forfeitures	0.00	0.00	0.00	0.00	0.00	0.00
Distributions	0.00	0.00	0.00	0.00	0.00	0.00
Transfers	0.00	0.00	25,521.09	0.00	0.00	25,521.09
Market Value 12/31/2024	304,235.05	82,895.19	607,305.00	0.00	0.00	994,435.24
<i>Accruals:</i>						
2024 Match Receivable		40,062.21				40,062.21
Balance 12/31/2024	304,235.05	122,957.40	607,305.00	0.00	0.00	1,034,497.45

Trust Reconciliation Per Allocation

	401(k) Deferral	Employer Match	Rollover	Profit Sharing	Forfeitures	Total
Balance 1/1/2024	172,205.44	72,678.03	500,673.99	0.00	0.00	745,557.46
Contributions	101,558.75	40,062.21	0.00	0.00	0.00	141,620.96
Forfeitures	0.00	0.00	0.00	0.00	0.00	0.00
Gain/Loss	30,470.86	10,217.16	81,109.92	0.00	0.00	121,797.94
Transfers	0.00	0.00	25,521.09	0.00	0.00	25,521.09
Distributions	0.00	0.00	0.00	0.00	0.00	0.00
Balance 12/31/2024	304,235.05	122,957.40	607,305.00	0.00	0.00	1,034,497.45

