

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>AEU HOLDING LLC EMPLOYEE BENEFIT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AEU HOLDING LLC</u></p> <p><u>8131 LYNDON B JOHNSON FWY STE 750</u> <u>DALLAS, TX 75251-1331</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2007</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>85-4146141</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>844-543-1943</u></p> <p><b>2d</b> Business code (see instructions) <u>524210</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/01/2025	ROBERT MOORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>RECEIVERSHIP MANAGEMENT, INC.</p> <p>1994 GALLATIN PIKE N STE 202 MADISON, TN 37115-2024</p>	<p><b>3b</b> Administrator's EIN 20-0200514</p> <p><b>3c</b> Administrator's telephone number 615-370-0050</p>																				
<p><b>4</b> 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:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>																				
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	<b>5</b>	0																		
<b>5</b>	0																				
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits.....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>6a(1)</b></td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6a(2)</b></td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6b</b></td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6c</b></td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6d</b></td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6e</b></td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6f</b></td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6g(1)</b></td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6g(2)</b></td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;"><b>6h</b></td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	<b>6a(1)</b>	0	<b>6a(2)</b>	0	<b>6b</b>	0	<b>6c</b>	0	<b>6d</b>	0	<b>6e</b>	0	<b>6f</b>	0	<b>6g(1)</b>	0	<b>6g(2)</b>	0	<b>6h</b>	0
<b>6a(1)</b>	0																				
<b>6a(2)</b>	0																				
<b>6b</b>	0																				
<b>6c</b>	0																				
<b>6d</b>	0																				
<b>6e</b>	0																				
<b>6f</b>	0																				
<b>6g(1)</b>	0																				
<b>6g(2)</b>	0																				
<b>6h</b>	0																				
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	<b>7</b>	0																		
<b>7</b>	0																				

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4A

<p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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

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

Receipt Confirmation Code 165836162

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>AEU HOLDING LLC EMPLOYEE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AEU HOLDING LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>85-4146141</b>	

**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

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**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)

RECEIVERSHIP MANAGEMENT, INC.

1994 N GALLATIN PIKE STE 202  
MADISON, TN 37115-5049

20-0200514

(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?
12 13 15 16 31 49 50 99	NONE	35531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ROBINSON CURLEY, PC

600 WEST VAN BUREN ST STE 700  
CHICAGO, IL 60607

36-3736242

(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?
29	NONE	22213	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WYATT TARRANT & COMBS

400 WEST MARKET ST STE 2000  
LOUISVILLE, KY 40202

61-0468003

(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?
29	NONE	141545	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE I</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information—Small Plan</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>AEU HOLDING LLC EMPLOYEE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AEU HOLDING LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>85-4146141</b>

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

		(a) Beginning of Year	(b) End of Year
<b>1 Plan Assets and Liabilities:</b>			
<b>a</b> Total plan assets .....	<b>1a</b>	6545218	12670375
<b>b</b> Total plan liabilities .....	<b>1b</b>	33862603	26402780
<b>c</b> Net plan assets (subtract line 1b from line 1a) .....	<b>1c</b>	-27317385	-13732405
<b>2 Income, Expenses, and Transfers for this Plan Year:</b>		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable:			
(1) Employers .....	<b>2a(1)</b>		
(2) Participants .....	<b>2a(2)</b>		
(3) Others (including rollovers) .....	<b>2a(3)</b>		
<b>b</b> Noncash contributions .....	<b>2b</b>		
<b>c</b> Other income .....	<b>2c</b>	5391490	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....	<b>2d</b>		5391490
<b>e</b> Benefits paid (including direct rollovers) .....	<b>2e</b>	-8408518	
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Administrative service providers (salaries, fees, and commissions) .....	<b>2h</b>	200935	
<b>i</b> Other expenses .....	<b>2i</b>	14093	
<b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....	<b>2j</b>		-8193490
<b>k</b> Net income (loss) (subtract line 2j from line 2d) .....	<b>2k</b>		13584980
<b>l</b> Transfers to (from) the plan (see instructions) .....	<b>2l</b>		0

**3 Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
<b>a</b> Partnership/joint venture interests .....	<b>3a</b>		X	
<b>b</b> Employer real property .....	<b>3b</b>		X	
<b>c</b> Real estate (other than employer real property) .....	<b>3c</b>		X	
<b>d</b> Employer securities .....	<b>3d</b>		X	
<b>e</b> Participant loans .....	<b>3e</b>		X	
<b>f</b> Loans (other than to participants) .....	<b>3f</b>		X	
<b>g</b> Tangible personal property .....	<b>3g</b>		X	

<b>Part II</b>	<b>Compliance Questions</b>
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		Yes	No	Amount
<b>4</b> During the plan year:				
<b>a</b> 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.) .....	<b>4a</b>		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....	<b>4b</b>		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....	<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....	<b>4d</b>		X	
<b>e</b> Was the plan covered by a fidelity bond? .....	<b>4e</b>	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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? .....	<b>4g</b>		X	
<b>h</b> 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? .....	<b>4h</b>		X	
<b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....	<b>4i</b>		X	
<b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4j</b>		X	
<b>k</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? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	<b>4k</b>	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>			
<b>n</b> 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 .....	<b>4n</b>			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

**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 \_\_\_\_\_.

# AEU EMPLOYER DETAIL

Company	Bill to 2	Bill to 3
2 Musketeers	43 Little Cahill	Trout Valley, IL 60013
5S FINANCIAL GROUP, LLC	3013 RED GRAPE DR	RALEIGH, NC 27607
AA TRUCK RENTING CORP	600 W John Street	Hicksville, NY 11801
Allstate Appraisal LP	320 W 202nd ST	Chicago Heights, IL 60411
AMERICAN BENEFIT ASSOCIATION	111 SMITHTOWN BYPASS, STE 202	HAUPPAUGE, NY 11788
ANDREWS MARINES	16 MINGE COVE ROAD	ALTON BAY, NH 03810
APEX INDUSTRIAL	6509 Hilburn Drive	Raleigh, NC 27613
BEELOW'S STEAKHOUSE	763 SOUTH RAND RD	LAKE ZURICH, IL 60047
BJR LLC - LEON'S & J&L	600 MAIN STREET	KEENE, NH 03431
BLACKHAWK TECHNOLOGIES, LLC	14460 NEW FALLS OF NEUSE RD.	RALEIGH, NC 27614
CAMPUS COOKS	1400 S. Wolf Rd.	Wheeling, IL 60090
CHARLES ZUGERMAN, MD LLC	201 E HURON ST #11-250	CHICAGO, IL 60611
GOLD LEAF CAPITAL	208 E. 61ST STREET	CHICAGO, IL 60637
CLEARWATER SERVICES, LLC	P.O. BOX 148175	NASHVILLE, TN 37214
COA ASSOCIATES, LP	700 1ST DRIVE NW	AUSTIN, MN 55912
COLIBRI SOLUTIONS LLC	873 BROADWAY SUITE 502A	NEW YORK, NY 10011
Collaborative Office Solutions, LLC	2855 E Guasti Rd	Ontario, CA 91761
COMPREHENSIVE PEDIATRIC CARE, LTD	657 E. GOLF ROAD, STE. 309	ARLINGTON HEIGHTS, IL 60005
CONRON AND ASSOCIATES	230 EAST OHIO #405	CHICAGO, IL 60611
CONTINENTAL INDUSTRIES, INC	100 W WINDSOR AVE	ELKHART, IN 46514
COUTURE DRAPES CO.	600 WAUKEGAN RD. #1	NORTHBROOK, IL 60062
D & N INVESTMENTS	4753 PEBBLEBROOK DR.	OLDSMAR, FL 34677
D&A MEDICAL LTD DBA DTA DERMATOLOGY	333 E BENTON PLACE, STE 204	CHICAGO, IL 60601
DERMATOLOGY CHICAGO SC	25 EAST WASHINGTON, 1131	CHICAGO, IL 60602
Dough Junkies, LLC	117A West Main St	Durham, NC 22701
DOVETAIL	2743 W. Windsor	Chicago, IL 60625
DUSTY DONUTS, LLC	PO BOX 3140	CHAPEL HILL, NC 27515
E 3 NV LLC	20 INDUSTRIAL PARKWAY	MOUND HOUSE, NV 89706
AMERICAN FAMILY CEMETERY GROUP	127 OAKWOOD CIRCLE	FAYETTEVILLE, WV 25840
ELDER CARE COTTAGE OF WI	7711 BIG BEND RD.	WATERFORD WI 53185
EAGLE PRINTING	805 OAKWOOD DR. STE 100	805 OAKWOOD DR. STE 100
DRURY BROTHERS, INC	11950 NEWBURG RD	DURAND, MI 48249
G&L RESOURCE DEVELOPMENT	805 OAKWOOD DR. STE 100	805 OAKWOOD DR. STE 100

Company	Bill to 2	Bill to 3
EMPTY SPACES, LLC	141 PARK AT NORTH HILLS ST STE 104	RALEIGH, NC 27609
EOI Service Company	1820 E. First St. Ste. 400	Santa Ana, CA 92705
ESCAZU ARTISAN CHOCOLATES	936 N. BLOUNT ST.	RALEIGH, NC 27604
Expression Galleries of Fine Art	18 W 1st St	Hinsdale, IL 60521
Fiberesin Industries	37031 East Wisconsin Avenue	Oconomowoc, WI 53066
Food-Seen by Felicia Perry	6947 Middleboro Drive	Raleigh, NC 277612
FOUR POINTS ENTERPRISES, INC	1513 E. MULBERRY	FT. COLLINS, CO 80524
GENERATION 6, LLC dba BRIGGS HARDWARE	111 E. HARGETT ST. STE 100	RALEIGH, NC 27601
GENESIS FIVE INC dba SAVORY SPICE SHOP	8470 Honeycutt Road	Raleigh, NC 27615
GLENDALE BAPTIST CHURCH	1021 GLENDALE LANE	NASHVILLE, TN 37204
GOLDEN TRAIL ADVISORS LLC	11S270 JACKSON ST, STE 101	BURR RIDGE, IL 60527
GRATEFUL HILL FARM	132 TUXEDO DRIVE	THOMASVILLE, GA 31792
Greater Highway Deliverance Temple	132 E. 111th Street	New York, NY 10029
GREGORY CLARKE MD. SC	333 N MICHIGAN AVE # 2104	CHICAGO, IL 60601
HANGING OUT LLC	1922 N WOOD STREET	CHICAGO, IL 60622
Healin Feelin Therapeutic Massage	8398 Six Forks Road Ste 101	Raleigh, NC 27545
HEIDTS AUTOMOTIVE	800 Oakwood Rd.	Lake Zurich, Il 60047
Hespeler Electrical Inc	6 Wolf Ridge Gap	Ledyard, CT 06339
HEYWARD REALTY LLC	5137 FAIRMEAD CIRCLE	RALEIGH, NC 27613
HORIZON ADVISORY SERVICES, LLC	711 PHILLIPPA	HINSDALE, IL 60521
AMERICAN HERITAGE	5100 W. 127TH STREET	ALSIP, IL 60803
A LIST STAFFING	505 E HUNTLAND DR. STE 190	AUSTIN, TX 78756
MIDWEST ADMINISTRATIVE	11701 BORMAN DR, STE: 315	ST LOUIS, MO 63146
Red Rooster Harlem, LLC	31 O Lenox Avenue	New York, NY 10027
RESOURCE COMPANY	1292 S. STRATFORD RD	WINSTON SALEM, NC 27103
Staff Right Solutions, LLC	81 Ellison Street	Paterson NJ 07505
STEADFAST STAFFING SOLUTIONS, LLC	193 GRAND STREET	WATERBURY, CT 06702
TECHNICAL NEEDS NORTH, INC	18 PELHAM RD	SALEM, NH 03079
TRIAD INC AMERICA	7500 EAST ARAPAHOE DR STE 285	GREENWOOD VILLAGE, CO 80112
HUFF ENTERPRISES, LLC DBA BONE APPETIT BA	1805 SUMMIT HILLS WAY, APT A	RALEIGH, NC 27607
HUGHES PUBLISHING, LLC	4801 GLENWOOD AVE STE 200	RALEIGH, NC 27612
HOGUE'S JEWELRY INC	202 N Washington St	Beeville, TX 78102
JAMES WOLF JEWELERS	5375 DEERFIELD BLVD	MASON, OH 45040

## Company

## Bill to 2

## Bill to 3

SMITH JEWELERS	105 E 2ND AVENUE	FRANKLIN, VA 23851
STOREY JEWELERS	1606 E Sarah DeWitt Dr PO Box 204	Gonzales, TX 78629
SYCAMORE JEWELERS	4676 Commonwealth Centre Parkway	Midlothian, VA 23112
IMPERIAL LIGHTING	4555 N ELSTON AVE	CHICAGO, IL 60630
INET COMMUNICATIONS	7 FANIEUL HALL MARKETPLACE, 3RD FLOOR	BOSTON, MA 02109
INHEALTH CT	923 MAIN ST ROUTE 6A BLD 5	YARMOUTH PORT, MA 02675
IPCA	122 N. Madison Street	Thomasville, GA 31792
IWONA SOBCZAK M.D.	7447 W. TALCOTT AVE STE 367	CHICAGO, IL 60631
J&S FOREIGN CAR REPAIR	6801 W. 16TH ST.	BERWYN, IL 60402
JEFFREY T. WARD & ASSOCIATES	4441 SIX FORKS RD STE 106-109	RALEIGH, NC 27609
JL LEISURE	347 N. ELM	HINSDALE, IL 60521
JMS GLOBAL SERVICES, LLC	3908 ELMSWICK CT	APEX, NC 27539
Joint Venture Jewelry, Inc	250 Grande Heights Drive	Cary NC 27513
JUST PAYROLL & STAFFING	655 Deerfield Rd. STE 100-132	Deerfield, IL 60015
KEY INSURANCE AGENCY, INC	120 E OGDEN AVE, STE 122	HINSDALE, IL 60521
LAUNCHING PAD RALEIGH TRAMPOLINE PARK,INC	6421 HILBURN DRIVE	RALEIGH, NC 27613
LI REALTY, LLC	705 FREEMAN DR.	COVINGTON, GA 30016
LIFE BROKERAGE PLUS	W4717 PEBBLE DRIVE	ELKHORN, WI 53121
LIMBACH CHIROPRACTIC LLC	3916 67TH STREET	KENOSHA, WI 53142
LITTLE BUG SPEECH THERAPY, PLLC	800 W WILLIAMS ST, STE 231 N	APEX, NC 27502
LIVE RALEIGH, LLC.	510 GLENWOOD AVE STE 201	RALEIGH, NC 27603
ADFORCE MEDIA, INC	913 ELM ST, 4TH FLOOR	MANCHESTER, NH 03101
Med Pol SC	7624 W. Belmont Ave	Chicago, IL 60634
MEDIX STAFFING	222 S RIVERSIDE PLAZA, STE 2120	CHICAGO, IL 60606
METRO ENFORCEMENT	618 E STATE ST	ROCKFORD, IL 61104
Meyer Family Medicine, LLC	7900 N. Milwaukee Ave. Ste 2-23	Niles, IL 60714
Michael J Plunkett MDSP	4801 W. PETERSON AVE STE 610	CHICAGO, IL 60646
MIDWEST EAR NOSE & THROAT	3 E HURON ST, 1ST FLOOR	CHICAGO, IL 60611
MONMOUTH TOWNSHIP	311 East Archer	Monmouth, IL 61462
My Benefits Advisor	1305 Walt Whitman Rod., STE 310	Melville, NY 11747
Nolan Group Real Estate, Inc.	125 N. 10th Street, N2A	Brooklyn, NY 11249
NORTHSIDE DERMATOLOGY, SC	1663 WEST CARMEN AVE	CHICAGO, IL 60640
Nutrition Andrea, Inc	2631 Lakeview Drive	Raleigh, NC 27609

Company

Bill to 2

Bill to 3

ORC PROTEL	17253 CONTINENTAL DR	LANSING, IL 60438
PACIFIC COAST VASCULAR & GENERAL SURGERY	9850 GENESEE AVE STE 780	LA JOLLA, CA 92037
PEORIA MEDICAL SOCIETY	7700 N HARKER DR, STE D	PEORIA, IL 61615
PKF	2020 CAMINO DEL RIO NORTH #500	SAN DIEGO, CA 92108
PMC, INC.	3008 Anderson Dr, Ste 180	Raleigh, NC 27609
PRO - TROOP LLC	1506 N THROOP ST	CHICAGO, IL 60642
PRO CARE DENTAL GROUP	605 E ALGONQUIN RD STE 300	ARLINGTON HEIGHTS, IL 60005
PUDGY'S PUB LLC	7800 WASHINGTON AVE.	RACINE, WI 53406
PUNTNEY MANAGEMENT CORP	701 W. JEFFERSON ST UNIT A	SHOREWOOD, IL 60404
QUEEN BLVD. EXTENDED CARE FACILITY	61-11 QUEEN BLVD.	WOODSIDE, NY 11377
RESTORATION EXPERTS OF NC	280-121 PREMIER DR	HOLLY SPRINGS, NC 27540
RIVETNA ARCHITECTS, INC.	340 E Randolph St., #505	340 E Randolph St., #505
ROBERT E. HEADRICK & ASSOC., INC.	35 BRADFORD LANE	OAK BROOK, IL 60523
Robert N Wadlington & Associates	111 West Washington, Ste. 1330	Chicago, IL 60602
COCKADOODLEMOO TRUCK	3204 CRANES WAY	RALEIGH, NC 27614
SB FINANCIAL GROUP	2000 Aerial Center Parkway Ste 112	Morrisville, NC 27560
SEA BREEZE PEDIATRICS, APC	12395 EL CAMINO REAL STE 311	SAN DIEGO, CA 92130
SHADY COVE RESORT & MARINA, LLC.	1110 SHADY COVE RD.	CASTALIAN SPRINGS, TN 37031
SIGN SOLUTIONS OF EAST ATLANTA, LLC	1075 RAILROAD ST NW	CONYERS, GA 30012
SITAR INDIAN CUISINE	3630 Durham-Chapel Hill Blvd	Durham, NC
SJ Adams, Inc	P.O. BOX 17886	RALEIGH, NC 27619
SKY NAPERVILLE INC	2244 CORPORATE LANE	NAPERVILLE, IL 60563
SMOOTH OPERATOR, INC. dba SMOOTHIE KING	1117 MARKET CENTER DR.	MORRISVILLE, NC 27560
ST. JACOB TOWNSHIP	602 BLUEMOND RD	HIGHLAND, IL 62249
STRATEGIC INSIGHTS	152 CAPCOM AVE., #103	WAKE FOREST, NC 27587
UNIFORCE STAFFING	17 ARCADIAN AVE., SUITE 106	PARAMUS, NJ 07652
THOMAS PREDEY LLC	34 SAWGRASS DR.	LEMONT, IL 60439
TIM'S POOLS & SPAS	1065 READING RD	MASON, OH 45040
TOP NOTCH PET SPA, LLC	8521 CANTILEVER WAY, STE 103	RALEIGH, NC 27613
PIEDRA AUTOMOTIVE	PO BOX 5756	Pagosa Springs, CO 81147
UNCLE BOB CONSULTING, LLC	PO BOX 823	ANTIOCH, IL 60002
UNIV. ASSOC. IN INTERNAL MED. S.C.	680 N. LAKE SHORE DR. #118	CHICAGO, IL 60611
US HYDRAULIC & PNEUMATIC, INC	6829 TEAYS VALLEY ROAD	SCOTT DEPOT, WV 25560

## Company

## Bill to 2

## Bill to 3

USBPT	PO BOX 1216	SCOTT DEPOT, WV 25560
CASTLEBERRY LAW OFFICE	3712 SWALLOWTAIL DR	MORGANTOWN, WV 26508
CORMANY LAW, PLLC	PO BOX 11827	CHARLESTON, WV 253339
DR. ROBERT W. POWELSON	401 Pike St	Shinnston, WV 26431
The Employment Law Center, PLLC	1208 Market Street	Parkersburg, WV 26101
HULS CHIROPRACTIC	156 KRUGER ST SUITE B	WHEELING WV, 26003
KIRKWOOD & ROGERS, PA, INC	155 ARMSTRONG STREET	KEYSER, WV 26726
LEE R MOORE JR. OD	PO BOX 116	CHARLES TOWN, WV 25414
MCKINNEY FAMILY CHIROPRACTIC	700 6TH AVE.	ST. ALBANS, WV 25523
NORTH MARION VISION CENTER	3208 HUSKY HWY	FARMINGTON, WV 26571
PEYTON LAW FIRM PLLC	PO BOX 216	NITRO, WV 25143
RAVENSWOOD EYECARE	706 WASHINGTON STREET	RAVENSWOOD, WV 26164
SHINNSTON MEMORIAL CEMETERY & MAUSOLEUM	1359 S PIKE STREET	SHINNSTON, WV 26431
ST. GEORGE ORTHODOX CATHEDRAL	PO BOX 2044	CHARLESTON, WV 25327
THE RPC GROUP LLC	PO BOX 1324	SCOTT DEPOT, WV 25560
THRUSH & CLARK ALLEGERISTS	3411 Noyes Ave	Charleston, WV 25304
WILSON, FRAME & MATHENEY, PLLC	1000 COOMBS FARM DRIVE, SUITE 106	MORGANTOWN, WV 26508
WEST VIRGINIA AUTOMOBILE TRUCK DEALERS	PO BOX 2028	CHARLESTON, WV 25327
ZAGULA LAW OFFICE	3660 Pennsylvania Ave.	Weirton, WV 26062
WATER HARVESTING	935 CURTISS ST, STE 1C	DOWNERS GROVE, IL 60515
WEALTH DESIGN CONSULTANTS, LLC	910 VIKING SUNRISE LANE	WESTFIELD, IN 46074
THE ESTATE PLANNING LAW GROUP	600 WEST ROOSEVELT ROAD	WHEATON, IL 60187
XPERTON, LLC.	22435 CHESTNUT RIDGE RD	KILDEER, IL 60047
MCDONALD'S	SREYES@OSSTOPLOSS.COM	MCDONALD'S
McDonald's_JSMS	RUBI@BLACKWOLFCONSULTINGINC.COM; sreyes@osstoploss.com	
McDonald's_KEW	RUBI@BLACKWOLFCONSULTINGINC.COM; sreyes@osstoploss.com	
McDonald's_PR PERNECKY	RUBI@BLACKWOLFCONSULTINGINC.COM; sreyes@osstoploss.com	
McDonalds_B&M STORY	RUBI@BLACKWOLFCONSULTINGINC.COM; sreyes@osstoploss.com	
McDonalds_KASSITY MANAGEMENT	RUBI@BLACKWOLFCONSULTINGINC.COM; sreyes@osstoploss.com	

# Receivership Management, Inc.

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510 Hospital Drive, Suite 490 Madison, TN 37115 (615) 370-0051 Fax (615) 373-4336


## MEMORANDUM

TO: U.S. DEPARTMENT OF LABOR  
EMPLOYEE BENEFITS SECURITY ADMINISTRATION  
OFFICE OF THE CHIEF ACCOUNTANT

FROM: ROBERT E. MOORE, JR., PRESIDENT  
RECEIVERSHIP MANAGEMENT INC.-INDEPENDENT FIDUCIARY  
AEU HOLDINGS LLC BENEFIT PLAN (a multiple employer welfare  
plan)

DATE: OCTOBER 15, 2025

RE: 2024 FORM 5500 SUBMISSION WITHOUT INDEPENDENT AUDIT



As the Independent Fiduciary of the above referenced multiple employer welfare plan, I am submitting the 2024 Form 5500 for this plan without an Independent Audit. Under the circumstances presented in connection with the AEU Holdings LLC Benefit Plan (the "Plan"), an independent audit would not be justified.

### Background

The Plan is alleged to be a multiple employer welfare plan by the U.S. Department of Labor in a pending case before the U.S. District Court for the Northern District of Illinois. In addition to this allegation, other allegations of breaches of fiduciary duties, mishandling of funds, failure to pay legitimate medical claims and engaging in prohibited transactions have been made by the U.S. Department of Labor.

After filing the lawsuit in November, 2017, the U.S. District Court for the Northern District of Illinois appointed Receivership Management Inc. ("RMI") as Independent Fiduciary over the Plan and any related Plans. The Plan filed its first Form 5500 in October of 2017 for plan year 2016. It had never filed a Form 5500 prior to that, even though it had been operating under a previous name since 2014.

Since RMI's appointment, it has petitioned the Court to terminate the Plan. The Court granted the petition and the Plan terminated all benefits effective 11:59 p.m central time on January 31, 2018. The Court has adopted an All Writs Order and has approved a Plan of Liquidation for the Plan. RMI is currently going through a validation process on unpaid medical claims. There were over 14,000 covered lives in the Plan.

## Audit and Audit Expense Not Justified

I would submit that an audit of this plan for plan year 2024 is not justified in light of the following:

1. Premium contributions and their use in the Plan's operation were investigated and provided to me by the U.S. Department of Labor, Employee Benefits Security Administration.
2. Limited resources of recovered plan funds already are limiting recovery to less than 20 cents on the dollar of medical claims. Currently the plan has just over \$10 million in Plan assets but over \$40 million in estimated unpaid medical claims.
3. The Plan has been terminated and is being liquidated.
4. All distributions and payments of medical claims will be made under the supervision of the U.S. District Court for the Northern District of Illinois.

In light of the above, it would appear that the estimated expense of \$25,000 to \$35,000 for an audit for plan year 2024 further reducing the funds available to participants, is not warranted. I would request relief from the independent audit requirement for plan year 2024.