

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: large;">2024</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection</p>
---	---	---

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>1a Name of plan <u>ALTMAN SOLON US, LP 401(K) PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>ALTMAN SOLON US, LP</u></p> <p><u>101 FEDERAL STREET, 28TH FLOOR</u> <u>BOSTON, MA 02110</u></p>	<p>1c Effective date of plan <u>01/01/2004</u></p> <p>2b Employer Identification Number (EIN) <u>05-0524931</u></p> <p>2c Plan Sponsor's telephone number <u>617-753-7200</u></p> <p>2d Business code (see instructions) <u>541600</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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2025	STEPHEN CONWAY
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	490
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	261
	6a(2)	237
	6b	0
	6c	264
	6d	501
	6e	0
	6f	501
	6g(1)	490
	6g(2)	501
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ALTMAN SOLON US, LP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTMAN SOLON US, LP	D Employer Identification Number (EIN) 05-0524931	

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

ASCENSUS

11-3665754

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

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

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

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

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

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

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

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

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

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

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

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

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

LPL FINANCIAL - RPCP

95-2834236

(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?
27	ADVISOR		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE VANGUARD GROUP, INC.

23-1945930

(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?
13	SERVICE PROVIDER		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ALTMAN SOLON US, LP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTMAN SOLON US, LP	D Employer Identification Number (EIN) 05-0524931

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	461033	541882
(2) Participant contributions	1b(2)	364983	401595
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		0
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	95034	191663
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	49774882	61113560
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	50695932	62248700
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	50695932	62248700

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)	2534261	
(B) Participants.....	2a(1)(B)	4260190	
(C) Others (including rollovers).....	2a(1)(C)	5376	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		6799827
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	11348	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		11348
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8227943
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		15039118

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3401461	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3401461
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	84889	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(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)		84889
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3486350

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11552768
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Altman Solon US, LP 401(k) Profit Sharing Plan

Financial Report
December 31, 2024

Contents

Independent auditor's report	1-3
<hr/>	
Financial statements	
Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
Notes to financial statements	6-12
Supplementary information	
Schedule H, line 4i—schedule of assets (held at end of year)	13

Independent Auditor's Report

Participants and Board of Directors
Altman Solon US, LP 401(k) Profit Sharing Plan

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

We have performed audits of the financial statements of Altman Solon US, LP 401(k) Profit Sharing 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, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from Ascensus LLC an authorized representative of Ascensus Trust Company and Newport Trust Company, LLC as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's 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 auditor's 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 U.S. GAAP.

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

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

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL'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 DOL'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).

RSM US LLP

Boston, Massachusetts
October 1, 2025

Altman Solon US, LP 401(k) Profit Sharing Plan

**Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	2024	2023
Assets		
Investments, at fair value	\$ 61,113,560	\$ 49,774,882
Receivables:		
Notes receivable from participants	191,663	95,034
Participant contributions receivable	401,595	364,983
Employer contributions receivable	541,882	461,033
Total receivables	1,135,140	921,050
Net assets available for benefits	\$ 62,248,700	\$ 50,695,932

See notes to financial statements.

Altman Solon US, LP 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 7,135,027
Interest and dividends	1,092,916
Total investment income	<u>8,227,943</u>
Interest income on notes receivable from participants	<u>11,348</u>
Contributions:	
Participants	4,260,190
Employer	2,534,261
Rollover	5,376
Total contributions	<u>6,799,827</u>
Total additions	15,039,118
Deductions from net assets attributed to:	
Benefits paid to participants	3,401,461
Administrative expenses	84,889
Total deductions	<u>3,486,350</u>
Net increase in net assets available for benefits	11,552,768
Net assets available for benefits:	
Beginning of year	<u>50,695,932</u>
End of year	<u>\$ 62,248,700</u>

See notes to financial statements.

Altman Solon US, LP 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of Altman Solon US, LP 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for more complete information regarding the terms of the Plan.

General: The Plan is a defined contribution plan established by Altman Solon US, LP (the Company or Plan Sponsor) on January 1, 2004, covering all eligible employees. During the 2020 Plan year, the Plan Sponsor changed its name from Altman Vilandrie & Company to Altman Solon US, LP and the Plan changed its name from Altman Vilandrie & Company 401(k) Profit Sharing Plan to Altman Solon US, LP 401(k) Profit Sharing Plan. The Plan utilizes Ascensus Trust Company and Newport Trust Company (Ascensus' subsidiary) as the trustee and Vanguard Management Trust Company (Vanguard) as the custodian. The Plan was most recently amended and restated April 11, 2024. An employee of the Company serves as the Plan Administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility: All employees of the Company who are age 21 or older, have completed one month of service and are not leased employees, independent contractors, covered by a collective bargaining agreement or are considered a nonresident alien are eligible to participate in the Plan. The employee will become a participant in the Plan on the first day of the month following the date on which they become eligible. In addition to meeting the aforementioned eligibility criteria, to be eligible to receive the employer profit sharing contribution, employees must have attained the age of 21 years and one year of service with minimum 1,000 hours of services and actively participating in the plan.

Contributions: Each year, participants may contribute up to the maximum allowable amounts on a pretax, or Roth basis, of eligible compensation, as defined by the Plan, subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company makes a safe harbor elective matching contribution in an amount of 100% of the participant's elective deferral not to exceed 5% of the participating employee's compensation. In 2024, safe harbor contributions totaled \$2,534,261.

The Company, at its discretion, may elect to contribute a discretionary employer profit sharing contribution, in an amount as determined by the Board of Directors, subject to IRC limitations. For the Plan year ended December 31, 2024, the Plan Sponsor made no discretionary employer profit sharing contributions to the Plan.

Participant accounts: Each participant's account is credited with the participant's contributions, allocation of the discretionary employer profit sharing contributions, plan earnings or losses, and administrative expenses, if any. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Altman Solon US, LP 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 1. Description of the Plan (Continued)

Vesting: Participants are immediately vested in their participant and rollover contributions, employer's safe harbor match and any actual earnings thereon. Vesting in the discretionary employer profit sharing contributions plus earnings thereon is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1	33%
2	66%
Greater than 3	100%

Notes receivable from participants: Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance (reduced by the excess of the participant's highest outstanding loan balance during the 12-month period ending on the date of the loan over the participant's current outstanding loan balance on the date of the loan). The loan repayment period is up to five years, however as per the recent amendment as on April 11, 2024, the loan repayment period in case of primary residence has been extended to a period of 15 years. Loans are secured by the balance in the participant's vested account balance and bear interest at a rate commensurate with the local prevailing interest rates for similar loans as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

Benefits and withdrawals: On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive an amount equal to the value of his or her vested account, either: (a) in a lump-sum payout, (b) have the payment paid as a direct rollover to his or her individual retirement account or (c) to another employer's tax qualified plan. Upon termination, if a participant's vested account is less than \$5,000, excluding rollovers, the Plan Administrator, after notification, will distribute the benefit to the participant.

In-service withdrawals other than hardship withdrawals are not permitted under the Plan. Hardship withdrawals are permitted only from a participant's elective deferral contribution account.

All distributions are subject to the applicable provisions of the Plan.

Investment elections: Each participant shall direct their investments into various options offered by the Plan, including mutual and money market funds. Participants may elect to transfer all or part of their account balances among the investment options at any time. Contributions may be diversified among one or more of the investments.

Forfeited accounts: Forfeited amounts represent the non-vested portion of terminated participant's account balances. Forfeited accounts are used to pay administrative expenses or to reduce discretionary employer profit sharing contributions. Amounts forfeited during the year ended December 31, 2024 were \$10,684 with earnings and fees of \$1,050 and \$179, respectively, on the forfeited amounts. The Plan used \$37,716 towards employer contributions and nothing was used to reduce administrative expenses and discretionary employer profit sharing contributions. The balance of forfeited amounts outstanding available to be used for future reduction of administrative expenses or discretionary employer profit sharing contributions as of December 31, 2024 and 2023, was \$11,555 and \$37,716, respectively.

Altman Solon US, LP 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 1. Description of the Plan (Continued)

Administrative expenses: The Plan Sponsor pays certain costs, charges and expenses, incurred by the trustee, in connection with the administration of the Plan; however, the Plan Sponsor may elect to have the trustee pay the expenses with Plan assets. Fees related to the administration of notes receivable from participants and payments of benefits to participants are charged directly to the participant's account and included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Note 2. Significant Accounting Policies

Basis of accounting: The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board (FASB) under the accrual method of accounting. The FASB sets generally accepted accounting principles in the United States of America (U.S. GAAP) to ensure net assets available for benefits and changes in net assets available for benefits are consistently reported. References to U.S. GAAP issued by the FASB in these footnotes are to the FASB Accounting Standards Codification (ASC).

Use of estimates: The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the note receivable balance is reduced and a benefit payment is recorded.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Income taxes: U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations but the U.S. federal, state or local tax authorities for the years before 2021.

Altman Solon US, LP 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 3. Fair Value Measurements

The Plan follows the guidance within FASB ASC 820, Fair Value Measurements and Disclosures, which defines fair value, and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2: Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Accordingly, the degree of judgment exercised by the Plan in determining fair value is greatest for instruments categorized in Level 3. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Fair value is a market-based measure considered from the perspective of a market participant rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, the Plan's own assumptions are set to reflect those that market participants would use in pricing the asset or liability at the measurement date. The Plan uses prices and inputs that are current as of the measurement date, including during periods of market dislocation. In periods of market dislocation, the observability of prices and inputs may be reduced for many instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or Level 2 to Level 3.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation techniques used during the current period.

Mutual funds: Valued at the quoted market prices. These funds are categorized in Level 1 as they are actively traded, and no valuation adjustments have been applied.

Money market fund: The money market fund is valued at net asset value (NAV) per unit based on the quoted market prices of the underlying investments. The underlying investments are in United States treasury bonds and agency bonds that are valued at the closing price reported on in the active market in which the individual securities are traded. The Plan has no specific intentions to sell investments at amounts other than NAV.

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

Altman Solon US, LP 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 3. Fair Value Measurements (Continued)

The following tables sets forth, by level within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds	\$ 60,396,579	\$ -	\$ -	\$ 60,396,579
Money market fund at NAV (a)				716,981
				<u>\$ 61,113,560</u>
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds	\$ 48,552,702	\$ -	\$ -	\$ 48,552,702
Money market fund at NAV (a)				1,222,180
				<u>\$ 49,774,882</u>

(a) In accordance with FASB ASC 820-10, certain investments that are measured at fair value using NAV per share practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023.

December 31, 2024	Fair Value	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Vanguard Cash Reserves Federal MM	\$ 716,981	N/A	Daily	12 Months
December 31, 2023	Fair Value	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Vanguard Cash Reserves Federal MM	\$ 1,222,180	N/A	Daily	12 Months

Altman Solon US, LP 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 4. Information Prepared and Certified by the Plan's Trustee

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

	2024	2023
Investments, at fair value:		
Mutual funds	\$ 60,396,579	\$ 48,552,702
Money market fund	716,981	1,222,180
	<u>\$ 61,113,560</u>	<u>\$ 49,774,882</u>
Notes receivable from participants	<u>\$ 191,663</u>	<u>\$ 95,034</u>

Ascensus, LLC, as an authorized representative of Ascensus Trust Company and Newport Trust Company, LLC also certified to the completeness and accuracy of \$7,135,027 of net appreciation in fair value of the Plan's investments, \$1,092,916 of interest income and dividends related to the aforementioned Plan investments, and \$11,348 of interest income on notes receivable from participants for the year ended December 31, 2024.

Note 5. Party-in-Interest Transactions

Certain investments of the Plan are managed by Vanguard, the custodian of the Plan. The Company also paid directly certain administrative expenses of the Plan. The Plan also issues loans to participants, which are secured by the balances in the participant's accounts. These are also considered to be party-in-interest transactions.

Note 6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

Note 7. Income Tax Status

The Plan adopted a Prototype Non-Standardized 401(k) Profit Sharing Plan and Trust (Prototype Plan) which received a favorable determination letter from the United States Internal Revenue Service (IRS) on June 30, 2020. The determination letter stated that the Prototype Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving this determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with applicable requirement of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Altman Solon US, LP 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 8. Risks and Uncertainties

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

Note 9. Subsequent Events

The Company has evaluated subsequent events through October 1, 2025, the date the financial statements were available to be issued.

Altman Solon US, LP 401(k) Profit Sharing Plan

**Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
December 31, 2024**

Employer Identification Number: 05-0524931
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identify of Issue Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Value
*	Vanguard 500 Index Inv	Mutual fund	Participant-	\$ 7,534,477
*	Vanguard Target Retirement 2055 Fund	Mutual fund	(Omitted for	7,298,768
*	Vanguard Target Retirement 2060 Fund	Mutual fund	Funds)	5,417,798
*	Vanguard Target Retirement 2050 Fund	Mutual fund	Directed	5,273,563
	American Funds New Perspective R5	Mutual fund		4,554,507
*	Vanguard Total Stock Market Index Inv	Mutual fund		3,704,577
	T. Rowe Price Growth Stock Inv	Mutual fund		3,468,793
*	Vanguard Target Retirement 2065 Fund	Mutual fund		3,059,578
	T. Rowe Price Dividend Growth I	Mutual fund		2,021,493
*	Vanguard Equity Income Inv	Mutual fund		1,578,989
*	Vanguard Target Retirement 2035 Fund	Mutual fund		1,449,276
*	Vanguard Target Retirement 2045 Fund	Mutual fund		1,439,178
*	Vanguard Mid-Cap Index Inv	Mutual fund		1,224,070
*	Vanguard Growth Index Adm	Mutual fund		1,199,828
*	Vanguard Total Intl Stock Index Inv	Mutual fund		1,132,697
*	Vanguard Small-Cap Index Inv	Mutual fund		1,108,719
	JPMorgan Mid Cap Growth R6	Mutual fund		869,128
	American Funds American Balanced R6	Mutual fund		730,689
*	Vanguard Real Estate Index ETF	Mutual fund		693,266
*	Vanguard Target Retirement 2030 Fund	Mutual fund		662,647
*	Vanguard Emerging Mkts Stock Idx Adm	Mutual fund		660,868
	First Eagle Global A	Mutual fund		649,821
	American Funds EuroPacific Gr R5	Mutual fund		634,543
*	Vanguard Inflation-Protected Sec Inv	Mutual fund		568,251
*	Vanguard Target Retirement 2025 Fund	Mutual fund		427,937
	BlackRock Strategic Income Opp Instl	Mutual fund		404,247
*	Vanguard Total Bond Market Index Inv	Mutual fund		330,737
	T. Rowe Price Small Cap Value Inv	Mutual fund		330,136
*	Vanguard Target Retirement 2040 Fund	Mutual fund		252,879
*	Vanguard Short-Term Invest Grade Inv	Mutual fund		243,360
	PIMCO CommoditiesPLUS Strategy	Mutual fund		241,311
	DFA U.S. Small Cap Portfolio I	Mutual fund		223,703
	DFA U.S. Large Cap Value Portfolio I	Mutual fund		181,132
	JPMorgan Small Cap Growth R6	Mutual fund		177,138
*	Vanguard Interm-Term Invst Grade Inv	Mutual fund		152,807
	Eaton Vance Atlanta Capital SMID-Cap I	Mutual fund		147,285
*	Vanguard Wellesley Income Adm	Mutual fund		107,053
*	Vanguard Target Retirement 2070 Fund	Mutual fund		78,491
*	Vanguard Target Retirement 2020 Fund	Mutual fund		76,151
	Parnassus Core Equity Inst	Mutual fund		58,545
	T. Rowe Price Balanced I	Mutual fund		25,874
*	Vanguard Target Retirement Income Fund	Mutual fund		2,269
*	Vanguard Cash Reserves Federal MM	Money Market		716,981
*	Participant loans	Participant loans 5% - 9.25%, maturing through 2033	-	191,663
				<u>\$ 61,305,223</u>

(*) Represents a party-in-interest to the Plan.

<p>Form 5500 Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p style="text-align: center;">Annual Return/Report of Employee Benefit Plan</p> <p style="text-align: center;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="text-align: right;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: 24pt;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
--	--	---

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.)

B This return/report is: a single-employer plan a DFE (specify) _____

the first return/report the final return/report

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

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

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

special extension (enter description)

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

Part II Basic Plan Information --- enter all requested information

<p>1a Name of plan Altman Solon US, LP 401(k) Profit Sharing Plan</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>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)</p> <p>Altman Solon US, LP</p> <p>101 Federal Street, 28th Floor</p> <p>US Boston MA 02110</p>	<p>1c Effective date of plan 01/01/2004</p> <p>2b Employer Identification Number (EIN) 05-0524931</p> <p>2c Plan Sponsor's telephone number (617) 753-7200</p> <p>2d Business code (see instructions) 541600</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.

SIGN HERE	<p><small>Signed by:</small> <i>Stephen D. Conway</i> <small>20240718PTADP1486...</small></p> <p>Signature of plan administrator</p>	<p>9/23/2025</p> <p>Date</p>	<p>Stephen Conway</p> <p>Enter name of individual signing as plan administrator</p>
SIGN HERE	<p>Signature of employer/plan sponsor</p>	<p>Date</p>	<p>Enter name of individual signing as employer or plan sponsor</p>
SIGN HERE	<p>Signature of DFE</p>	<p>Date</p>	<p>Enter name of individual signing as DFE</p>

Altman Solon US, LP 401(k) Profit Sharing Plan

**Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
December 31, 2024**

Employer Identification Number: 05-0524931
Plan Number: 001

(a)	(b) Identify of Issue Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Value
*	Vanguard 500 Index Inv	Mutual fund	Participant-	\$ 7,534,477
*	Vanguard Target Retirement 2055 Fund	Mutual fund	(Omitted for	7,298,768
*	Vanguard Target Retirement 2060 Fund	Mutual fund	Funds)	5,417,798
*	Vanguard Target Retirement 2050 Fund	Mutual fund	Directed	5,273,563
	American Funds New Perspective R5	Mutual fund		4,554,507
*	Vanguard Total Stock Market Index Inv	Mutual fund		3,704,577
	T. Rowe Price Growth Stock Inv	Mutual fund		3,468,793
*	Vanguard Target Retirement 2065 Fund	Mutual fund		3,059,578
	T. Rowe Price Dividend Growth I	Mutual fund		2,021,493
*	Vanguard Equity Income Inv	Mutual fund		1,578,989
*	Vanguard Target Retirement 2035 Fund	Mutual fund		1,449,276
*	Vanguard Target Retirement 2045 Fund	Mutual fund		1,439,178
*	Vanguard Mid-Cap Index Inv	Mutual fund		1,224,070
*	Vanguard Growth Index Adm	Mutual fund		1,199,828
*	Vanguard Total Intl Stock Index Inv	Mutual fund		1,132,697
*	Vanguard Small-Cap Index Inv	Mutual fund		1,108,719
	JPMorgan Mid Cap Growth R6	Mutual fund		869,128
	American Funds American Balanced R6	Mutual fund		730,689
*	Vanguard Real Estate Index ETF	Mutual fund		693,266
*	Vanguard Target Retirement 2030 Fund	Mutual fund		662,647
*	Vanguard Emerging Mkts Stock Idx Adm	Mutual fund		660,868
	First Eagle Global A	Mutual fund		649,821
	American Funds EuroPacific Gr R5	Mutual fund		634,543
*	Vanguard Inflation-Protected Sec Inv	Mutual fund		568,251
*	Vanguard Target Retirement 2025 Fund	Mutual fund		427,937
	BlackRock Strategic Income Opp Instl	Mutual fund		404,247
*	Vanguard Total Bond Market Index Inv	Mutual fund		330,737
	T. Rowe Price Small Cap Value Inv	Mutual fund		330,136
*	Vanguard Target Retirement 2040 Fund	Mutual fund		252,879
*	Vanguard Short-Term Invest Grade Inv	Mutual fund		243,360
	PIMCO CommoditiesPLUS Strategy	Mutual fund		241,311
	DFA U.S. Small Cap Portfolio I	Mutual fund		223,703
	DFA U.S. Large Cap Value Portfolio I	Mutual fund		181,132
	JPMorgan Small Cap Growth R6	Mutual fund		177,138
*	Vanguard Interm-Term Invst Grade Inv	Mutual fund		152,807
	Eaton Vance Atlanta Capital SMID-Cap I	Mutual fund		147,285
*	Vanguard Wellesley Income Adm	Mutual fund		107,053
*	Vanguard Target Retirement 2070 Fund	Mutual fund		78,491
*	Vanguard Target Retirement 2020 Fund	Mutual fund		76,151
	Parnassus Core Equity Inst	Mutual fund		58,545
	T. Rowe Price Balanced I	Mutual fund		25,874
*	Vanguard Target Retirement Income Fund	Mutual fund		2,269
*	Vanguard Cash Reserves Federal MM	Money Market		716,981
*	Participant loans	Participant loans 5% - 9.25%, maturing through 2033	-	191,663
				\$ 61,305,223

(*) Represents a party-in-interest to the Plan.

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Altman Solon US, LP 401(k) Profit Sharing Plan

Employer Identification Number

05-0524931

Three-digit
plan number

▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Loans			19,663
*	First Eagle Global A			649,821
*	Vanguard 500 Index Inv			7,534,479
*	T. Rowe Price Balanced I			25,874
*	Vanguard Growth Index Adm			1,199,828
*	JPMorgan Mid Cap Growth R6			869,128
*	Parnassus Core Equity Inst			58,545
	Vanguard Equity Income Inv			1,578,989
*	Vanguard Mid-Cap Index Inv			1,224,070
*	JPMorgan Small Cap Growth R6			177,138
*	Vanguard Real Estate Index ETF			693,266
*	Vanguard Small-Cap Index Inv			1,108,719
*	Vanguard Wellesley Income Adm			107,053
*	DFA U.S. Small Cap Portfolio I			223,703
*	T.Rowe Price Growth Stock Inv			3,468,793
*	T.Rowe Price Dividend Growth I			2,021,493
*	American Funds EuroPacific Gr			634,543
*	American Funds New Perspective			4,554,507
*	T.Rowe Price Small Cap Value I			330,136
*	American Funds American Balanc			730,689
*	Vanguard Total Intl Stock Inde			1,132,697
*	BlackRock Strategic Income Opp			404,247
*	DFA U.S. Large Cap Value Portf			181,132
*	PIMCO CommoditiesPlus Strategy			241,311
*	Vanguard Emerging Mkts Stock I			660,868
*	Vanguard Inflation-Protected S			568,251
*	Vanguard Interm-Term Invst Gra			152,807
*	Vanguard Short-Term Invest Gra			243,360
*	Vanguard Trgt Retirement 2020			76,151
*	Vanguard Trgt Retirement 2025			427,937
*	Vanguard Trgt Retirement 2030			662,647
*	Vanguard Trgt Retirement 2035			1,449,276
*	Vanguard Trgt Retirement 2040			252,879
*	Vanguard Trgt Retirement 2045			1,439,178
*	Vanguard Trgt Retirement 2050			5,273,563
*	Vanguard Trgt Retirement 2055			7,298,768
*	Vanguard Trgt Retirement 2060			5,417,798
*	Vanguard Trgt Retirement 2065			3,059,578
*	Vanguard Trgt Retirement 2070			78,491

