

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 03/24/1969 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) ALDRIDGE GROUP, LLC 844 EAST ROCKLAND RD LIBERTYVILLE, IL 60048 2b Employer Identification Number (EIN) 46-4566651 2c Plan Sponsor's telephone number 847-680-5200 2d Business code (see instructions) 238210

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	622
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)	512
	6a(2)	532
	6b	7
	6c	95
	6d	634
	6e	0
	6f	634
	6g(1)	591
	6g(2)	625
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 2S 2T 3B 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 checked="" type="checkbox"/> Insurance	(1) <input checked="" 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALDRIDGE GROUP, LLC</p>	<p>D Employer Identification Number (EIN) 46-4566651</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	781014-01	634	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	5657162
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 8396530
c	Additions: (1) Contributions deposited during the year	7c(1) 263875
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 274688
	(4) Transferred from separate account	7c(4) 368898
	(5) Other (specify below)..... ▶ LOAN PAYMENTS	7c(5) 23957
	(6) Total additions	7c(6) 931418
d	Total of balance and additions (add lines 7b and 7c(6))	7d 9327948
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1815446
	(2) Administration charge made by carrier.....	7e(2) 14378
	(3) Transferred to separate account	7e(3) 1810376
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 3640200	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 5687748

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALDRIDGE GROUP, LLC	D Employer Identification Number (EIN) 46-4566651	

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	106586	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

RBC CAPITAL MARKETS LLC

60 S 6TH ST COMMISSIONS ACCTG P-14
MINNEAPOLIS MN
MINNEAPOLIS, MN 55402

(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	INVESTMENT ADVISOR	77147	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE VANDERBLOEMEN GROUP LLC

215 W NORTH ST
WAUKESHA WI
WAUKESHA, WI 53188

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	23900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ADMINISTRATIVE FIDUCIARY SERVICES I

PO BOX 2590
FORT SMITH AR
FORT SMITH, AR 72902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	8852	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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"/>

(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

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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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALDRIDGE GROUP, LLC</u>	D Employer Identification Number (EIN) <u>46-4566651</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH FUND II CLASS R1</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-7304118-183</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9179382</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALDRIDGE GROUP, LLC	D Employer Identification Number (EIN) 46-4566651

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1244074	1147028
(9) Value of interest in common/collective trusts	1c(9)	0	9179382
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	88444171	100828864
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8396530	5687748
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	98084775	116843022
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	98084775	116843022

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)	3496980	
(B) Participants.....	2a(1)(B)	6071214	
(C) Others (including rollovers).....	2a(1)(C)	853595	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10421789
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	87047	
(F) Other.....	2b(1)(F)	275463	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		362510
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5034688	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5034688
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(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)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	9480413
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	25299400

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6279982
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	6279982
f Corrective distributions (see instructions)	2f	10402
g Certain deemed distributions of participant loans (see instructions)	2g	34282
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	106587
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	77147
(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)	32753
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	216487
j Total expenses. Add all expense amounts in column (b) and enter total	2j	6541153

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	18758247
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: VANDERBLOEMEN GROUP LLC

(2) EIN: 20-1640706

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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALDRIDGE GROUP, LLC</u>	D Employer Identification Number (EIN) <u>46-4566651</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 20-3691708

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**ALDRIDGE GROUP, LLC
401(K) RETIREMENT PLAN**

Report of Independent
Certified Public Accountants
and
Financial Statements
and Supplemental Schedule

December 31, 2024 and 2023
and
Year Ended December 31, 2024

C O N T E N T S

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Trustees and Plan Administrator
ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN
Libertyville, Illinois

Opinion

We have audited the financial statements of the Aldridge Group, LLC 401(K) Retirement Plan ("Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Aldridge Group, LLC 401(K) Retirement Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

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 Aldridge Group, LLC 401(K) Retirement 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 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to error or fraud.

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 Aldridge Group, LLC 401(K) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
(Continued)

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

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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these 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 Aldridge Group, LLC 401(K) Retirement 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Aldridge Group, LLC 401(K) Retirement Plan's ability to continue as a going concern for a reasonable period of time.



REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
(Continued)

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year), referred to as "supplemental information," are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The VanBuren Group LLC

Certified Public Accountants
September 26, 2025

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

COMPARATIVE STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31,</u> <u>2024</u>	<u>December 31,</u> <u>2023</u>
ASSETS		
Participant-directed investments - at contract value (Notes A-12 and C):		
Fixed interest accounts (Notes A-14, B and D)	\$ 5,687,748	\$ 8,396,530
Mutual funds (Note D)	100,828,864	88,444,171
Collective investment fund (Note D)	<u>9,179,382</u>	<u>—</u>
Total participant-directed investments - at fair value	115,695,994	96,840,701
Notes receivable from participants (Notes A-5 and E)	1,147,028	1,244,074
Contributions receivable (Note A-2):		
Employees	—	—
Employer	<u>—</u>	<u>—</u>
Total receivables	<u>1,147,028</u>	<u>1,244,074</u>
TOTAL ASSETS	116,843,022	98,084,775
LIABILITIES	<u>—</u>	<u>—</u>
NET ASSETS AVAILABLE FOR BENEFITS - at fair value (Note I)	<u><u>\$116,843,022</u></u>	<u><u>\$ 98,084,775</u></u>

See Report of Independent Certified Public Accountants and Notes to Financial Statements.

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2024

ADDITIONS:

INVESTMENT INCOME:

Interest income	\$ 275,463	
Dividends income	5,034,688	
Net realized and unrealized appreciation (depreciation) on investments in mutual funds	<u>9,480,413</u>	\$ 14,790,564

INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS		87,047
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CONTRIBUTIONS (Note A-2):

Participants	6,071,214	
Employer	<u>3,496,980</u>	9,568,194

PARTICIPANT ROLLOVERS INTO THE PLAN		<u>853,595</u>
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TOTAL ADDITIONS		25,299,400
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DEDUCTIONS:

BENEFITS PAID TO PARTICIPANTS (Note A-6)		6,279,982
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ADMINISTRATIVE EXPENSE (Note A-7):

Record keeping fees	106,587	
Investment advisory and management fees	52,500	
Other	<u>57,400</u>	216,487

OTHER DEDUCTIONS:

Corrective distributions	10,402	
Certain deemed distributions	<u>34,282</u>	<u>44,684</u>

TOTAL DEDUCTIONS		<u>6,541,153</u>
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INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		18,758,247
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NET ASSETS AVAILABLE FOR BENEFITS:

AT BEGINNING OF YEAR		<u>98,084,775</u>
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AT END OF YEAR		<u>\$116,843,022</u>
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See Report of Independent Certified Public Accountants
and Notes to Financial Statements.

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2024

NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES

The following description of the Aldridge Group, LLC 401(K) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan with a 401(k) salary reduction covering all non-signatory employees of Aldridge Electric, Inc. (the "Plan Sponsor"), who have three months of service, one year of service is required to be eligible for employer contributions, are age twenty-one or older, have not opted out and who are not members of a collective bargaining unit. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 3% of eligible compensation. The Board of Trustees oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. AFS serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

2. Contributions

The Plan is funded by contributions from participants to the Plan through salary reductions up to 100% of annual compensation, as defined by the Plan, subject to the maximum amount deductible under the Internal Revenue Code. Participants may designate all or a portion of their salary deductions as Roth Elective Deferrals (after tax).

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan's default investment account is the American Funds Target Retirement Fund that corresponds to the participant's defined retirement year of age 65. The Plan Sponsor makes Safe Harbor matching contributions equal to 100% of elective deferrals that do not exceed 6% of each eligible participant's eligible compensation. An eligible participant is a participant who has one year of service and is age twenty-one or older.

The Plan Sponsor may also make a discretionary profit-sharing contribution at the option of the Plan Sponsor's board of directors. The Plan Sponsor's profit-sharing contributions are integrated with the taxable wage base to all participants during the plan year. Participants must be employed on the last day of the plan year to be eligible for any discretionary profit sharing contribution. There were no discretionary contributions for the year ended December 31, 2024.

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

Year Ended December 31, 2024

NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES - Continued

3. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's matching contributions and (b) Plan earnings (losses) and (c) charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the participant's vested account balance. The participant's account is invested directly into various options as directed by the participant. There are no non-participant directed investments.

4. Vesting

Participants are immediately 100% vested in their contributions and the Plan Sponsor's Safe Harbor matching contributions plus actual earnings thereon. Vesting in the Plan Sponsor's discretionary profit-sharing contributions plus actual earnings thereon is based on years of continuous service. The vesting schedule begins after one year of service, becoming 100% vested after five years of service.

5. Notes Receivable from Participants

Notes receivable from participants (participant loans) are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance at the time the loan is originated. Loan terms generally cannot exceed five years, but can be extended to as many as thirty years for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. The loans bear interest from 3.25% to 8.50%, depending on the prevailing market rate at the time of the loan. The loans are secured by the balance in the participant's account. The number of loans a participant may have outstanding is two.

6. Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may make an election to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installment payments in monthly, quarterly, semi-annual, or annual amounts that may not extend beyond the earlier of the participant's life or the life expectancy of the participant. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Benefits are recorded when paid.

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

Year Ended December 31, 2024

NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES - Continued

7. Administrative Costs

The Plan pays all administrative expenses of the Plan.

8. Forfeitures

Forfeitures arising from terminated employees who were not 100% vested in the Plan Sponsor's discretionary contributions are first used to pay administrative expenses and any remaining amount is used to reduce any future Plan Sponsor contributions. No amount was received from forfeited nonvested accounts during the year ended December 31, 2024 that were used to pay administrative expenses.

9. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

10. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

11. 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 that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

12. Investment Valuation and Income Recognition

Investments in mutual funds are recorded at the fair value of the underlying assets. The accounts are credited with the actual earnings and realized and unrealized gains and losses on the underlying investments. The accounts are charged for withdrawals used to pay benefits. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. The MassMutual SAGIC is valued at contract value, as reported to the Plan by Empower, which represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participant loans are valued at their outstanding balances, which approximates 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 C for additional discussion of fair value measurements.

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(Continued)

Year Ended December 31, 2024

NOTE A - DESCRIPTION OF PLAN AND ACCOUNTING POLICIES - Continued

13. Additions, Deductions, and Changes in Net Assets

Income and expenses are recorded on the accrual basis. Employer and participant contributions are recorded on the accrual basis in the plan year in which the contribution applies. Unrealized appreciation and depreciation in the fair value of the investments are included in the accompanying financial statements.

14. Fully Benefit-Responsive Investment Contracts

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 946, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, investment contracts held by a defined contribution plan are required to be reported at fair value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by FASB ASC 962 *Plan Accounting - Deferred Contribution Pension Plans*, no adjustment from fair value to contract value is required. Plans must report fully benefit-responsive investment contracts only at contract value.

15. Subsequent Events

FASB ASC 855, *Subsequent Events*, establishes general standards of accounting for and the standard for disclosure of events that occur after the Statements of Net Assets Available for Benefit date but before financial statements are issued or are available to be issued. In particular, this standard sets forth the period after the Statements of Net Assets Available for Benefit date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements. It also identifies the circumstances under which an entity should recognize events or transactions occurring after the Statements of Net Assets Available for Benefit date in its financial statements and the disclosures that an entity should make about events or transactions that occurred after the Statements of Net Assets Available for Benefit date.

Management has determined that the proper date for evaluation of subsequent events is the date the financial statements were available to be issued, which was September 26, 2025.

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

Year Ended December 31, 2024

NOTE B - GUARANTEED INVESTMENT ACCOUNT

The Plan has a fully benefit-responsive guaranteed investment contract with Empower. Empower maintains the contributions in a fixed interest fund. The fixed interest fund assets are long-term bonds, mortgage loans, short-term investments and cash and small positions of common stock, partnership arrangements and real estate. The duration of the investment varies over time.

The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note A-14, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented at contract on the face of the statement of net assets available for benefits. Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than three percent. Such interest rates are reviewed on a semi-annual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that significantly affect the Plan's normal operations, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer, and that also would limit the ability of the Plan to transact at the contract value with the participants.

The guaranteed investment contract does not permit Empower to terminate the agreement prior to the scheduled maturity date.

NOTE C - FAIR MARKET VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

Year Ended December 31, 2024

NOTE C - FAIR MARKET VALUE MEASUREMENTS - Continued

Fair value is defined as 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. Authoritative guidance establishes a framework for measuring fair value that includes a hierarchy used to classify the inputs used in measuring fair value based on their observability. The hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

- Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Company for identical assets or liabilities. These generally provide the most reliable evidence and are used to measure fair value whenever available. Active markets provide current pricing data on a more frequent basis. Examples include certain U.S. Treasury securities and exchange-traded equity securities.
- Level 2 - Fair value is based on quoted prices for similar assets or liabilities in active markets, inactive markets, or model-derived valuations in which all significant inputs and significant value drivers are observable in active markets. This level includes financial instruments that are valued by independent pricing services using models or other valuation methodologies. These models are primarily industry-standard models that consider various inputs which are observable or derived from observable information in the marketplace. Examples include certain public and private corporate securities, certain government and agency securities, and certain mortgage-backed securities.
- Level 3 - Fair value is based on valuations derived from techniques in which one or more significant inputs or significant value drivers are unobservable for assets or liabilities. Non-binding broker quotes on certain fixed maturity securities, which are utilized when pricing service information is not available, are reviewed for reasonableness by the Company, and are generally considered Level 3. Examples include certain public and private corporate securities, certain mortgage-backed securities and other less liquid securities (such as FHLBI stock and limited partnerships), and embedded derivatives resulting from certain products with guaranteed benefits.

In certain instances, the inputs used to measure fair value fall into different levels of the fair value hierarchy. In such cases, the level disclosed is based on the lowest level significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement and ultimate classification of each asset and liability requires judgement.

The methods and assumptions the Company uses to estimate fair values of assets and liabilities measured on a recurring basis are summarized below.

Mutual and collective investment funds: Valued at the net asset value of shares held by the plan at year end. Includes funds that invest in various stocks and bonds and the fair value is determined based upon these accounts.

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

Year Ended December 31, 2024

NOTE C - FAIR MARKET VALUE MEASUREMENTS - Continued

Investment contract: Fair value is the amount plan participants or plan sponsors would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity.

The Plan administrator determines the fair value measurement level based on consultations with the custodian of the Plan.

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2024 and 2023.

	<u>Assets at Fair Value as of December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Intermediate-term bonds	\$ 4,683,649	\$ -	\$ -	\$ 4,683,649
High yield bonds	1,732,925	-	-	1,732,925
Asset allocation / lifestyle	9,665,088	-	-	9,665,088
Asset allocation / lifecycle	26,356,946	-	-	26,356,946
Large-cap stocks	35,416,283	-	-	35,416,283
Mid-cap stocks	5,004,481	-	-	5,004,481
Small-cap stocks	8,406,350	-	-	8,406,350
Foreign stocks	8,293,593	-	-	8,293,593
Emerging market equity	1,269,549	-	-	1,269,549
Collective investment fund				
Mid-cap growth	9,179,382	-	-	9,179,382
Investment contract	-	5,687,748	-	5,687,748
Total assets at fair value	<u>\$110,008,246</u>	<u>\$ 5,687,748</u>	<u>\$ -</u>	<u>\$115,695,994</u>

	<u>Assets at Fair Value as of December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Intermediate-term bonds	\$ 3,846,084	\$ -	\$ -	\$ 3,846,084
High yield bonds	1,363,746	-	-	1,363,746
Asset allocation / lifestyle	8,470,634	-	-	8,470,634
Asset allocation / lifecycle	19,712,555	-	-	19,712,555
Large-cap stocks	27,444,129	-	-	27,444,129
Mid-cap stocks	12,187,478	-	-	12,187,478
Small-cap stocks	7,428,319	-	-	7,428,319
Foreign stocks	7,023,995	-	-	7,023,995
Emerging market equity	953,031	-	-	953,031
Investment contract	-	8,410,730	-	8,410,730
Total assets at fair value	<u>\$88,429,971</u>	<u>\$ 8,410,730</u>	<u>\$ -</u>	<u>\$96,840,701</u>

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(Continued)

Year Ended December 31, 2024

NOTE D - INVESTMENTS

The following presents the investments of the Plan as of:

	<u>December 31,</u> <u>2024</u>	<u>December 31,</u> <u>2023</u>
Fixed Interest Accounts - at fair value and contract value	<u>\$ 5,687,748*</u>	<u>\$ 8,410,730*</u>

The Plan sponsor believes that contract value is an approximate determination of fair value of the contract, thus no adjustment is considered necessary between the fair value and the contract value.

	<u>December 31,</u> <u>2024</u>	<u>December 31,</u> <u>2023</u>
Mutual funds:		
Intermediate-term bonds:		
Western Asset Core Plus Bond Fund	\$ -	\$ 3,846,084
Victory Pioneer Bond Fund	4,683,649	-
High yield bonds:		
Vanguard High-Yield Corporate Fund	1,732,925	1,363,746
Asset allocation/lifestyle:		
American Funds Balanced Fund	9,665,088*	8,470,634*
Asset allocation/lifecycle:		
American Funds 2015 Target Date Retirement Fund	1,315,947	1,168,085
American Funds 2020 Target Date Retirement Fund	583,312	581,725
American Funds 2025 Target Date Retirement Fund	1,981,943	1,697,840
American Funds 2030 Target Date Retirement Fund	3,154,968	2,512,172
American Funds 2035 Target Date Retirement Fund	1,942,393	1,480,140
American Funds 2040 Target Date Retirement Fund	3,775,259	3,035,349
American Funds 2045 Target Date Retirement Fund	2,937,046	1,926,151
American Funds 2050 Target Date Retirement Fund	4,159,926	2,899,269
American Funds 2055 Target Date Retirement Fund	3,321,032	2,340,784
American Funds 2060 Target Date Retirement Fund	3,185,120	2,071,039

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(Continued)

Year Ended December 31, 2024

NOTE D - INVESTMENTS - Continued

	<u>December 31,</u> 2024	<u>December 31,</u> 2023
Large-cap stocks:		
Vanguard Equity-Income Fund	\$ 8,910,814*	\$ 8,205,125*
BlackRock iShares S&P 500 Index Fund	14,265,574*	10,161,537*
Vanguard US Growth Fund	12,239,895*	9,077,467*
Mid-cap stocks:		
Victory Sycamore Established Value Fund	2,303,645	2,168,849
Vanguard Mid Capitalization Index Fund	2,700,836	2,015,422
Janus Henderson Enterprise Fund		
Invesco International Bond Fund	-	8,003,208*
Small-cap stocks:		
Franklin Small Cap Value Fund	3,733,335	3,666,398
Vanguard Small Cap Index Fund	3,071,642	2,336,381
Janus Henderson Triton Fund	1,601,373	1,425,540
Foreign stocks:		
American Funds Capital World Growth & Income Fund	1,879,331	1,517,386
MFS International Value Fund	4,305,223	3,717,671
American Funds Europacific Growth Fund	2,109,039	1,788,938
Emerging market equity:		
American Funds New World Fund	1,269,549	953,031
Collective investment fund:		
Mid Cap Growth Fund II Class R	<u>9,179,382*</u>	<u>-</u>
Total investment at fair value	<u>\$110,008,246</u>	<u>\$88,429,971</u>

* Investments representing more than 5% of plan assets.

NOTE E - NOTES RECEIVABLE FROM PARTICIPANTS

Following is a summary of participant loan activity for the years ending December 31, 2024 and 2023.

	<u>December 31,</u> 2024	<u>December 31,</u> 2023
Balance - beginning of year	\$ 1,244,074	\$ 889,871
Loans made to participants	398,156	767,194
Principal payments	(451,924)	(359,711)
Loan distribution	(10,008)	(53,599)
Deemed distributed loans	(34,282)	-
Accrued interest	<u>1,012</u>	<u>319</u>
Balance - end of year	<u>\$ 1,147,028</u>	<u>\$ 1,244,074</u>

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

Year Ended December 31, 2024

NOTE F - RELATED PARTY TRANSACTIONS

The Plan invested in certain instruments managed by the custodian. Transactions in these investments are non-prohibited related party transactions. Commissions paid by the Plan to the custodian for investment management services were none for the year ended December 31, 2024.

NOTE G - TAX STATUS

The Plan is a prototype plan. The prototype plan has received a favorable opinion letter from the Internal Revenue Service (IRS) that the prototype plan, as designed, qualified for federal income tax-exempt tax status. The Plan has not individually sought a determination letter from the IRS on its qualification status, but the Plan sponsor believes this specific plan qualifies.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examination for years prior to 2018.

NOTE H - PLAN TERMINATION

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

NOTE I - TERMINATED PARTICIPANTS

The account value of individuals who left the Company prior to the years ended December 31, 2024 and 2023 and elected to withdraw from the Plan subsequent to the respective Plan year end was approximately \$7,784,000 and \$2,033,000, respectively. Under ERISA, employees who have terminated employment with the Plan Sponsor, with balances in the Plan greater than \$5,000, are allowed to maintain their investments in the Plan, but are not allowed to make additional contributions. As of December 31, 2024 and 2023, these cumulative balances were approximately \$16,325,000 and \$11,069,000, respectively.

SUPPLEMENTAL SCHEDULE
(See Report of Independent Certified Public Accountants)

ALDRIDGE GROUP, LLC 401(K) RETIREMENT PLAN
EMPLOYER IDENTIFICATION NUMBER 36-2355856
PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party In Interest	Identity of Issuer, Borrower or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value
*	MassMutual SAGIC	Fixed Interest Fund - interest rate of 3.75%	**	\$ 5,687,748
		Mutual funds:		
	Vanguard	Vanguard High-Yield Corporate Fund	**	1,732,925
	American Funds	American Funds American Balanced Fund	**	9,665,088
	American Funds	American Funds 2015 Target Date Retirement Fund	**	1,315,947
	American Funds	American Funds 2020 Target Date Retirement Fund	**	583,312
	American Funds	American Funds 2025 Target Date Retirement Fund	**	1,981,943
	American Funds	American Funds 2030 Target Date Retirement Fund	**	3,154,968
	American Funds	American Funds 2035 Target Date Retirement Fund	**	1,942,393
	American Funds	American Funds 2040 Target Date Retirement Fund	**	3,775,259
	American Funds	American Funds 2045 Target Date Retirement Fund	**	2,937,046
	American Funds	American Funds 2050 Target Date Retirement Fund	**	4,159,926
	American Funds	American Funds 2055 Target Date Retirement Fund	**	3,321,032
	American Funds	American Funds 2060 Target Date Retirement Fund	**	3,185,120
	Vanguard	Vanguard Equity-Income Fund	**	8,910,814
	BlackRock	BlackRock iShares S&P 500 Index Fund	**	14,265,574
	Vanguard	Vanguard US Growth Fund	**	12,239,895
	Victory Capital	Victory Sycamore Established Value Fund	**	2,303,645
	Vanguard	Vanguard Mid Cap Index Fund	**	2,700,836
	Franklin Templeton	Franklin Small Cap Value Fund	**	3,733,335
	Vanguard	Vanguard Small Cap Index Fund	**	3,071,642
	Janus Henderson	Janus Henderson Triton Fund	**	1,601,373
	American Funds	American Funds Capital World Growth and Income Fund	**	1,879,331
	MFS Investment Management	MFS International Intrinsic Value Fund	**	4,305,223
	American Funds	American Funds EuroPacific Growth Fund	**	2,109,039
	American Funds	American Funds New World Fund	**	1,269,549
	Victory Capital	Victory Pioneer Bond Y	**	4,683,649
		Collective fund:		
	Janus Henderson	Mid Cap Growth Fund II Class R1	**	9,179,382
	Participant Loans	Various maturities and repayment terms for notes up to thirty years at rates from 3.25% to 8.50%	-	1,147,028
		Total investments		<u>\$ 116,843,022</u>

** Cost information not required

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Aldridge Group, LLC 401(k) Retirement Plan

01-JAN-24 to 31-DEC-24

02-FEB-25 21:19:42

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRFJTX			1,249,008.02	1,315,947.12
IRRCTX			552,866.82	583,311.78
IRFDTX			1,857,841.39	1,981,943.49
IRFETX			2,817,515.65	3,154,968.11
IRFFTX			1,746,727.84	1,942,392.68
IRFGTX			3,192,670.17	3,775,258.85
IRFHTX			2,536,348.01	2,937,046.39
IRFITX			3,554,574.06	4,159,925.85
IRFKTX			2,846,337.70	3,321,032.07
IRFUTX			2,749,862.55	3,185,119.95
IRWIGX			1,604,404.11	1,879,330.71
IRREGX			1,945,808.69	2,109,038.55
IRNWGX			1,141,086.50	1,269,549.15
IMINGX			4,570,899.30	4,305,222.96
IFVADX			3,437,532.01	3,733,335.18
IJGMNX			1,559,496.54	1,601,372.64
IVSMAX			2,516,905.92	3,071,642.49
IMCIIR1			8,436,170.46	9,179,382.47
IVIMAX			2,211,140.74	2,700,835.98
IVEVRX			2,358,342.20	2,303,644.99
IWFSPX			10,300,500.21	14,265,574.04
IVEIRX			8,827,994.88	8,910,813.79
IVWUAX			7,897,582.62	12,239,894.90
IRLBGX			8,278,478.57	9,665,088.22
IPICYX			4,664,283.19	4,683,648.90
IVWEAX			1,665,602.17	1,732,924.94
ISGCTQ0		3.500	5,003,022.36	5,530,877.06
			99,523,002.68	115,539,123.26
PARTICIPANT LOANS	VARIOUS	3.250-8.500	1,147,710.69	1,147,028.02
FORFEITURES			150,619.96	156,870.84

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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Aldridge Group, LLC 401(k) Retirement Plan

01-JAN-24 to 31-DEC-24

02-FEB-25 21:19:42

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1RFJTX	American Funds 2015 Trgt Date Retire R6	1RRCTX	American Funds 2020 Trgt Date Retire R6
1RFDTX	American Funds 2025 Trgt Date Retire R6	1RFETX	American Funds 2030 Trgt Date Retire R6
1RFFTX	American Funds 2035 Trgt Date Retire R6	1RFGTX	American Funds 2040 Trgt Date Retire R6
1RFHTX	American Funds 2045 Trgt Date Retire R6	1RFITX	American Funds 2050 Trgt Date Retire R6
1RFKTX	American Funds 2055 Trgt Date Retire R6	1RFUTX	American Funds 2060 Trgt Date Retire R6
1RWIGX	American Funds Capital World G/I R6	1RREGX	American Funds EuroPacific Gr R6
1RNWGX	American Funds New World R6	1MINGX	MFS International Intrinsic Value R3
1FVADX	Franklin Small Cap Value Adv	1JGMNX	Janus Henderson Triton N
1VSMAX	Vanguard Small Cap Index Adm	1MCIR1	Mid Cap Growth Fund II Class R1
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	1VEVRX	Victory Sycamore Established Value R6
1WFSPX	iShares S&P 500 Index K	1VEIRX	Vanguard Equity-Income Adm
1VWUAX	Vanguard US Growth Adm	1RLBGX	American Funds American Balanced R6
1PICYX	Pioneer Bond Y	1VWEAX	Vanguard High-Yield Corporate Adm
1SGCTQ0	SAGIC Core Bond II		

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

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year