

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] 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: DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/04/1982
2a Plan sponsor's name (employer, if for a single-employer plan): DEAN DORTON ALLEN FORD, PLLC
2b Employer Identification Number (EIN): 27-3858252
2c Plan Sponsor's telephone number: 859-255-2341
2d Business code (see instructions): 541211

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	455
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)	401
	6a(2)	539
	6b	0
	6c	129
	6d	668
	6e	0
	6f	668
	6g(1)	438
6g(2)	645	
6h	31	
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:
 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEAN DORTON ALLEN FORD, PLLC	D Employer Identification Number (EIN) 27-3858252	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

BUCKINGHAM ASSET MANAGEMENT

20-8306720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	N/A	48372	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)

SCHWAB RETIREMENT PLAN SERVICES, IN

34-1479833

(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?
15 50 64	N/A	45028	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)

ALPHAMARK ADVISORS LLC

36-4293631

(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?
26 50	N/A	15926	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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71	N/A	1206	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)

(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
CHARLES SCHWAB & CO., INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation SEE ATTACHED	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	KRAFTCPAS	b EIN:	62-0713250
c Position:	AUDITOR		
d Address:	555 GREAT CIRCLE ROAD NASHVILLE, TN 37228	e Telephone:	615-242-7351

Explanation: KRAFTCPAS MERGED WITH BAKER TILLY US, LLP EFFECTIVE AUGUST 1, 2025

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.	OMB No. 1210-0110 <hr/> 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>DEAN DORTON ALLEN FORD, PLLC 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>DEAN DORTON ALLEN FORD, PLLC</u>	D Employer Identification Number (EIN) <u>27-3858252</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>GALLIARD STABLE RETURN FUND CORE</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>46-6208187-001</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>110684</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)

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)

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 DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEAN DORTON ALLEN FORD, PLLC	D Employer Identification Number (EIN) 27-3858252

Part I	Asset and Liability Statement
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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	1048	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1435719	2112841
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	230168	389004
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	313259	441795
(9) Value of interest in common/collective trusts	1c(9)	0	110684
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	43604282	74704702
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1200939	7912507

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	46785415	85671533
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	46785415	85671533

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)	2112841	
(B) Participants.....	2a(1)(B)	5177093	
(C) Others (including rollovers).....	2a(1)(C)	2709718	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9999652
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5316	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	25301	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		30617
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1688368	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1688368
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	2998
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	5441070
c Other income	2c	543895
d Total income. Add all income amounts in column (b) and enter total.....	2d	17706600

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3813184
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	3813184
f Corrective distributions (see instructions)	2f	55225
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	45028
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	64298
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	109326
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	3977735

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	13728865
l Transfers of assets:		
(1) To this plan.....	2l(1)	25157253
(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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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.		X	

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>DEAN DORTON ALLEN FORD, PLLC 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>DEAN DORTON ALLEN FORD, PLLC</u>	D Employer Identification Number (EIN) <u>27-3858252</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	
---	--

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): 82-3967259

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 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number _____.

Financial Statements and Supplemental Schedule

for

**DEAN DORTON ALLEN FORD, PLLC
RETIREMENT PLAN**

As of December 31, 2024 and 2023 and
Year Ended December 31, 2024
with Independent Auditors' Report

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All other supplemental schedules ordinarily required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable to this Plan for the audit years addressed in the Independent Auditor's Report.

INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Advisory Committee and Plan Participants of
Dean Dorton Allen Ford, PLLC Retirement Plan
Lexington, Kentucky

SCOPE AND NATURE OF THE ERISA SECTION 103(A)(3)(C) AUDIT OF THE 2024 FINANCIAL STATEMENTS

We have performed an audit of the financial statements of Dean Dorton Allen Ford, PLLC Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

OPINION ON THE 2024 FINANCIAL STATEMENTS

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section:

- the amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BASIS FOR OPINION ON THE 2024 FINANCIAL STATEMENTS

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

RESPONSIBILITIES OF MANAGEMENT FOR THE 2024 FINANCIAL STATEMENTS

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE 2024 FINANCIAL STATEMENTS

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

OTHER MATTER - 2024 SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA

The supplemental schedule of assets (held at the end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

IN OUR OPINION:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

OTHER MATTER - AUDITORS' REPORT ON THE 2023 FINANCIAL STATEMENTS

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 10, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedule, other than the information in the 2023 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Nashville, Tennessee
October 1, 2025

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Non-interest bearing cash	\$ -	\$ 1,048
Interest bearing cash equivalents	389,004	230,167
Investments, at fair value	82,727,893	44,805,222
Plan Sponsor contribution receivables	2,112,841	1,435,719
Notes receivable from participants	<u>441,795</u>	<u>313,259</u>
Total assets	85,671,533	46,785,415
Liabilities		
Excess contributions payable	<u>44,477</u>	<u>55,225</u>
Net assets available for benefits	<u>\$ 85,627,056</u>	<u>\$ 46,730,190</u>

See accompanying notes.

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 5,960,903
Interest and dividends	<u>1,693,449</u>

Total investment income	7,654,352
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Contributions:

Participants	5,132,616
Plan Sponsor	2,112,841
Rollover	<u>2,709,718</u>

Total contributions	9,955,175
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Interest income on notes receivable from participants	25,301
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Other income	<u>236</u>
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Total additions	17,635,064
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Deductions from net assets attributed to:

Benefits paid to participants	3,813,184
Administrative expenses	<u>82,267</u>

Total deductions	<u>3,895,451</u>
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Transfer from VonLehman & Co., Inc. Employee's Savings Plan	<u>25,157,253</u>
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Net increase	38,896,866
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Net assets available for benefits:

Beginning of year	<u>46,730,190</u>
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End of year	<u>\$ 85,627,056</u>
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See accompanying notes.

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Notes to the Financial Statements

1. Description of Plan

The following description of the Dean Dorton Allen Ford, PLLC Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan's provisions.

General

The Plan, as amended and restated effective January 1, 2022, is a defined contribution plan covering substantially all employees of Dean Dorton Allen Ford, PLLC (the Plan Sponsor and Plan Administrator) as well as Dean Dorton Healthcare Solutions, LLC and Dean Dorton Wealth Management, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as well as applicable sections of the Internal Revenue Code (IRC). The Plan Sponsor's Board of Directors is responsible for oversight of the Plan. The Retirement Plan Advisory Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan Sponsor's Board of Directors.

Charles Schwab Trust Bank (Schwab Trust Bank) is the appointed trustee for the Plan and Charles Schwab & Co., Inc. (Schwab) is the custodian.

Effective April 1, 2024, the VonLehman & Company, Inc. Employee's Savings Plan was merged into the Plan with \$25,157,253 of assets being transferred into the Plan.

Eligibility

All employees, other than union, temporary and leased employees, interns and nonresident aliens, are eligible to participate in the Plan beginning immediately for elective deferrals, as defined in the Plan adoption agreement.

Participants become eligible to participate in the Plan for all other purposes after one (1) year of service and attainment of age twenty-one (21). The Plan entry dates for all other purposes are January 1, April 1, July 1, or October 1 following the satisfaction of the eligibility requirements.

Prior service is credited to employees that join the Plan Sponsor through acquisition or merger.

Effective January 1, 2024, employees from VonLehman & Company, Inc., a full-service accounting and advisory firm, joined the Plan Sponsor and employees from DeRosa Mangold Consulting, Inc., a SaaS solutions provider, joined the Plan Sponsor effective July 1, 2024. Additionally, employees from Shilts CPA, a full-service accounting and advisory firm, joined the Plan Sponsor effective December 1, 2024. Prior service was credited to these employees.

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Notes to the Financial Statements, continued

1. Description of Plan, continued

Contributions

Each year, participants may contribute pre-tax and/or Roth elective deferrals of annual compensation, as defined in the Plan agreement. Participants may change their salary deferral percentage at any time. Participants may contribute an amount up to the overall annual limit set by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants may make after-tax contributions to reach the overall annual contribution limit (inclusive of Plan Sponsor contributions) set by law.

The Plan Sponsor makes safe harbor nonelective contributions equal to 3% of eligible participants' compensation. Eligible participants will receive the safe harbor nonelective contribution regardless of whether or not they contribute to the Plan.

The Plan Sponsor may make discretionary matching contributions equal to 50% of the first 5% of eligible compensation deferred. Additionally, the Plan Sponsor may make discretionary profit-sharing contributions at 2% of eligible compensation.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, the Plan Sponsor's safe harbor nonelective contributions, the Plan Sponsor's discretionary matching and profit-sharing contributions (if any), an allocation of Plan earnings, and administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

The Plan's trustee is the named fiduciary for purposes of ERISA and has the general authority to determine the investment, reinvestment and disposition of Plan assets. The Retirement Plan Advisory Committee has been given the authority to oversee the investment options and make changes to the investment menu as deemed necessary.

Participants direct the investment of their contributions into various investment options offered by the Plan. Subject to the authority of the trustee, individual participants of the Plan may elect to self-direct his or her plan accounts outside the investment funds offered by the Plan in publicly-traded securities or other investments and held within the Plan's trust through Schwab, the custodian. Plan Sponsor contributions are invested the same manner as elected for participant contributions.

Periodic transfers among funds of certain accumulated account balances and changes in the direction of future participant and Plan Sponsor contributions is permitted.

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Notes to the Financial Statements, continued

1. Description of Plan, continued

Vesting

Participants are 100% vested in that portion of their accounts attributable to elective deferrals and rollover contributions plus actual earnings thereon. The safe harbor nonelective contributions made by the Plan Sponsor are 100% vested at all times including related earnings. The portion of participant balances related to other Plan Sponsor contributions are subject to a graded vesting schedule ranging from twenty percent (20%) upon completion of two years of service to one hundred percent (100%) upon completion of at least six years of service. The Plan provides for 100% vesting for any participant whose termination is attributable to death, normal retirement, or permanent disability.

Participant Loans

A participant may borrow up to 50% of his or her vested account balance, up to \$50,000, with a minimum loan of \$1,000. Other than loans used to acquire a principal residence of the borrower, participants have up to five years to repay the loan. The loans are secured by the balance in the participant's account and bear market rates of interest. Generally, the rates are fixed and based upon published prime rates plus 1% (4.25%-9.50% as of December 31, 2024). Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service, participants may elect to receive a lump-sum amount equal to the value of their vested account balance or rollover their vested balance into a qualified plan or individual retirement account.

Forfeited Accounts

Forfeitures result from termination of employment under circumstances in which the participant is not fully vested in Plan Sponsor contributions. During the year ended December 31, 2024, participants forfeited \$169,365 from the nonvested portion of their accounts. As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$139,886 and \$5,684, respectively.

The forfeitures will be (1) used to reduce future Plan Sponsor contributions, (2) used to pay administrative expenses, or (3) allocated to participants. During the year ended December 31, 2024, forfeitures of \$4,636 were used to reduce Plan Sponsor contributions.

2. Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) which require management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Notes to the Financial Statements, continued

2. Summary of Significant Accounting Policies, continued

The following is a summary of the significant accounting policies consistently followed by the Plan in the preparation of its financial statements:

Interest Bearing Cash Equivalents

Participants may elect to have all or part of his or her funds deposited into a money market deposit account (MMDA) at Schwab Trust Bank. Funds in the MMDA are eligible for Federal Deposit Insurance Corporation (FDIC) insurance up to \$250,000, subject to FDIC rules concerning aggregation of a participant's other deposit accounts with Schwab Trust Bank. For purposes of the FDIC's \$250,000 coverage limit, a participant's funds, if any, in deposit accounts (including certificates of deposit) at Schwab Trust Bank held through certain other self-directed retirement plan accounts and individual retirement accounts will be aggregated with funds from a participant's Plan account deposited in the Plan MMDA at Schwab Trust Bank. Each Plan participant is responsible for monitoring all deposits held with Schwab Trust Bank in order to determine the extent of FDIC coverage available for their accounts.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Plan Advisory Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 5 for discussion of fair value measurements.

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

Contributions

Contributions from participants are recorded in the year in which the contributions are withheld from compensation. The Plan Sponsor's contributions are recorded in the year to which they are contributed toward.

Notes Receivable from Participants

Participant loans are classified as notes receivable from participants within the financial statements and are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent loans are treated as distributions based on the terms of the Plan agreement.

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Notes to the Financial Statements, continued

2. Summary of Significant Accounting Policies, continued

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions to the applicable participants during the calendar year after the year in which those contributions were withheld from compensation, including related earnings.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and payment of benefits to participants are charged directly to the participant's account and are included in administrative expenses.

Administrative expenses are exclusive of investment expenses. The investment expenses are charged to each mutual fund and are netted against the fund's net appreciation. Any management expenses related to self-directed accounts are the participant's responsibility and paid from the participant's account.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit rate, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Subsequent Events

The Plan Sponsor has evaluated subsequent events for accounting and disclosure requirements through October 1, 2025, the date that the financial statements were available to be issued.

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Notes to the Financial Statements, continued

3. Certified Investment Information

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments and notes receivable from participants held as of December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Schwab Trust Bank, a qualified institution.

4. Investment Contracts

The Plan's investment options at December 31, 2024 included the Galliard Stable Return Fund C, (Stable Return Fund). The Stable Return Fund invests in fully benefit-responsive investment contracts and security-backed contracts. The Stable Return Fund allows for earnings stability regardless of the volatility of the financial markets. Participants will receive the principal and accrued earnings credited to their accounts on withdrawal for allowed events. These events include transfers to other Plan investment options, and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan. Certain events, such as Plan termination or a Plan merger initiated by the Plan sponsor, may permit the issuer to temporarily delay withdrawal from the funds in order to ensure that securities liquidations are carried out in an orderly business manner.

The Stable Return Fund is recorded at fair value in the accompanying financial statements using net asset value (NAV) as a practical expedient. See Note 5 for additional discussion. The Stable Return Fund's net assets include fully benefit-responsive investment contracts that are accounted for at contract value in the determination of NAV.

Interest is credited to the funds at interest rates that reflect the performance of the underlying portfolio. There are no reserves for credit risk of the contract issuer or otherwise. The credited interest rate resets quarterly. The average yield on actual earnings for the Stable Return Fund was 4.88% for 2024, and the average yield credited to participants was 3.35% for 2024.

5. Fair Value Measurements

The Plan classifies its investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs). The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no changes in the valuation methodologies used at December 31, 2024 and 2023. Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Notes to the Financial Statements, continued

5. Fair Value Measurements, continued

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust: Valued based on the NAV of units of the collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily, and there were no redemption or frequency restrictions on the collective funds as of December 31, 2024. There were no unfunded commitments related to the collective fund investments at December 31, 2024.

Self-directed accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices and money market funds that are valued at cost which approximates fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2024</u>				
Investments measured at fair value:				
Mutual funds	\$ 74,704,702	\$ -	\$ -	\$ 74,704,702
Self-directed accounts	<u>7,912,507</u>	<u>-</u>	<u>-</u>	<u>7,912,507</u>
 Total investments in fair value hierarchy	 <u>\$ 82,617,209</u>	 <u>\$ -</u>	 <u>\$ -</u>	 <u>82,617,209</u>
Investments measured at NAV:				
Collective trust				<u>110,684</u>
 Total investments, at fair value				 <u>\$ 82,727,893</u>
 <u>December 31, 2023</u>				
Investments measured at fair value:				
Mutual funds	\$ 43,604,283	\$ -	\$ -	\$ 43,604,283
Self-directed accounts	<u>1,200,939</u>	<u>-</u>	<u>-</u>	<u>1,200,939</u>
 Total investments in fair value hierarchy	 <u>\$ 44,805,222</u>	 <u>\$ -</u>	 <u>\$ -</u>	 <u>\$ 44,805,222</u>

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Notes to the Financial Statements, continued

6. Related-Party Transactions and Party-in-Interest Transactions

Certain Plan investments are managed by Schwab Trust Bank or Schwab. Schwab Trust Bank, is the trustee and Schwab is the custodian and recordkeeper for the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Schwab provides certain administrative services to the Plan pursuant to an agreement between the Plan Sponsor and Schwab. Schwab receives revenue from mutual fund service providers for services Schwab provides to the funds. This revenue is used to offset certain amounts owed to Schwab for its administrative services to the Plan.

If the revenue received by Schwab from such mutual fund service providers exceeds the amount owed under the agreement, Schwab remits the excess to the Plan's trust on a quarterly basis and these funds are held in an ERISA account. Amounts in the ERISA account may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. The Plan or Plan Sponsor may make a payment to Schwab for administrative expenses not covered by revenue sharing.

As of December 31, 2024 and 2023, the cumulative balance remaining in the ERISA account totaled \$2,655 and \$2,603, respectively. During 2024, there were no excess amounts received and no amounts were applied toward expenses or reallocated to participants.

Additionally, Dean Dorton Wealth Management, LLC provides investment advisory services and BAM Advisor Services, LLC (BAM Advisor) provides investment management services to the Plan.

7. Income Tax Status of the Plan

The Plan has adopted a prototype plan document sponsored by Schwab Retirement Plan Services, Inc. The prototype plan has received an opinion letter from the IRS, dated September 21, 2020, which states that the prototype plan document satisfies the applicable provisions of the IRC. The Plan itself has not applied for a separate determination letter from the IRS.

The Plan has been amended to comply with current laws since receiving the opinion letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified as of the financial statement date and no provision for income tax has been included in the Plan's financial statements.

8. Plan Termination

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

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Notes to the Financial Statements, continued

9. Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 85,627,056	\$ 46,730,190
Differences in:		
Excess contributions payable	<u>44,477</u>	<u>55,225</u>
Net assets per Form 5500	<u>\$ 85,671,533</u>	<u>\$ 46,785,415</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31, 2024:

Change in net assets available for benefits per the financial statements	\$ 38,896,866
Differences due to excess contributions payable:	
Contributions from participants	44,477
Benefits paid to participants	(55,225)
Transfer from VonLehman & Co., Inc. Employee's Savings Plan	<u>(25,157,253)</u>
Net income per Form 5500	<u>\$ 13,728,865</u>

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Form 5500, Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Plan Sponsor: Dean Dorton Allen Ford, PLLC

Plan Sponsor's EIN: 27-3858252

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
<u>Mutual funds:</u>				
Vanguard	Total Stock Market Index	**	\$ 12,642,729	
Dimensional Fund Advisors	US Targeted Value I	**	9,015,915	
Vanguard	Intermediate Term Treasury Index	**	5,989,155	
Vanguard	500 Index Admiral	**	5,879,636	
Vanguard	Developed Market Index	**	5,643,111	
Dimensional Fund Advisors	International Small Cap Value I	**	4,984,448	
Dimensional Fund Advisors	Emerging Markets Core Equity	**	3,823,975	
Dimensional Fund Advisors	ST Extended Quality Institutional	**	3,223,026	
Vanguard	Growth Index	**	2,724,936	
Vanguard	Target Retirement 2050	**	2,618,938	
Vanguard	Target Retirement 2035	**	2,364,946	
Vanguard	ST Inflation Protection	**	2,193,880	
Vanguard	Target Retirement 2040	**	1,808,261	
Vanguard	Target Retirement 2030	**	1,772,112	
Vanguard	Target Retirement 2045	**	1,732,120	
Dimensional Fund Advisors	US Large Cap Value III	**	1,687,691	
Vanguard	Target Retirement 2055	**	1,131,560	
Vanguard	Small Cap Index	**	1,084,135	
Vanguard	Mid-Cap Growth Index	**	1,051,396	
Vanguard	Small Cap Growth Index	**	547,170	
Vanguard	Mid-Cap Value Index	**	511,447	
Dimensional Fund Advisors	Global Real Estate Securities	**	500,253	
Vanguard	Target Retirement 2025	**	454,296	
Vanguard	Target Retirement 2065	**	453,193	
Vanguard	Target Retirement 2060	**	356,650	
Vanguard	Mid-Cap Index	**	299,824	
Vanguard	Target Retirement 2020	**	106,675	
Vanguard	Target Retirement Income	**	59,014	
Vanguard	Emerging Markets Index	**	41,307	
Vanguard	Target Retirement 2060	**	2,903	
Total mutual funds			**	74,704,702
<u>Collective trust:</u>				
Galliard	Stable Return Fund	**	110,684	
<u>Money market account (interest bearing cash):</u>				
* Schwab Bank Savings	Money Market Deposit Account	**	389,004	
<u>Self-directed accounts:</u>				
* Self-directed accounts	Various	**	7,912,507	
<u>Participant loans:</u>				
* Participant loans	Interest at the prime rate plus 1% (4.25%-9.50%) maturing through October 2031	\$0	441,795	
			\$	<u>83,558,692</u>

* Party-in-interest to the Plan.

** Cost information is not required by ERISA for participant directed investments.

See Independent Auditors' Report.

DEAN DORTON ALLEN FORD, PLLC RETIREMENT PLAN

Form 5500, Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Plan Sponsor: Dean Dorton Allen Ford, PLLC

Plan Sponsor's EIN: 27-3858252

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
<u>Mutual funds:</u>				
Vanguard	Total Stock Market Index	**	\$ 12,642,729	
Dimensional Fund Advisors	US Targeted Value I	**	9,015,915	
Vanguard	Intermediate Term Treasury Index	**	5,989,155	
Vanguard	500 Index Admiral	**	5,879,636	
Vanguard	Developed Market Index	**	5,643,111	
Dimensional Fund Advisors	International Small Cap Value I	**	4,984,448	
Dimensional Fund Advisors	Emerging Markets Core Equity	**	3,823,975	
Dimensional Fund Advisors	ST Extended Quality Institutional	**	3,223,026	
Vanguard	Growth Index	**	2,724,936	
Vanguard	Target Retirement 2050	**	2,618,938	
Vanguard	Target Retirement 2035	**	2,364,946	
Vanguard	ST Inflation Protection	**	2,193,880	
Vanguard	Target Retirement 2040	**	1,808,261	
Vanguard	Target Retirement 2030	**	1,772,112	
Vanguard	Target Retirement 2045	**	1,732,120	
Dimensional Fund Advisors	US Large Cap Value III	**	1,687,691	
Vanguard	Target Retirement 2055	**	1,131,560	
Vanguard	Small Cap Index	**	1,084,135	
Vanguard	Mid-Cap Growth Index	**	1,051,396	
Vanguard	Small Cap Growth Index	**	547,170	
Vanguard	Mid-Cap Value Index	**	511,447	
Dimensional Fund Advisors	Global Real Estate Securities	**	500,253	
Vanguard	Target Retirement 2025	**	454,296	
Vanguard	Target Retirement 2065	**	453,193	
Vanguard	Target Retirement 2060	**	356,650	
Vanguard	Mid-Cap Index	**	299,824	
Vanguard	Target Retirement 2020	**	106,675	
Vanguard	Target Retirement Income	**	59,014	
Vanguard	Emerging Markets Index	**	41,307	
Vanguard	Target Retirement 2060	**	2,903	
Total mutual funds			**	74,704,702
<u>Collective trust:</u>				
Galliard	Stable Return Fund	**	110,684	
<u>Money market account (interest bearing cash):</u>				
* Schwab Bank Savings	Money Market Deposit Account	**	389,004	
<u>Self-directed accounts:</u>				
* Self-directed accounts	Various	**	7,912,507	
<u>Participant loans:</u>				
* Participant loans	Interest at the prime rate plus 1% (4.25%-9.50%) maturing through October 2031	\$0	441,795	
			\$	<u>83,558,692</u>

* Party-in-interest to the Plan.

** Cost information is not required by ERISA for participant directed investments.

See Independent Auditors' Report.

Dean Dorton Allen Ford, PLLC Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2024

EIN: 27-3858252

Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Global Investors	Not Available	Range of 0.02 - 0.10% of average daily balance of assets
American Century Investments	43-0821857	Rate of 0.07% of average daily balance of asset(s)
American Funds	90-0924512	Rate of 0.37% of average daily balance of asset(s)
BlackRock	04-6171663	Range of 0.06 - 0.40% of average daily balance of assets
Causeway	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Cohen & Steers	14-1904657	Rate of 0.10% of average daily balance of asset(s)
GMO	Not Available	Rate of 0.10% of average daily balance of asset(s)
Goldman Sachs	Not Available	Rate of 0.10% of average daily balance of asset(s)
GQG Partners Inc	Not Available	Rate of 0.10% of average daily balance of asset(s)
Guggenheim Investments	Not Available	Rate of 0.10% of average daily balance of asset(s)
Harbor	04-2679462	Rate of 0.08% of average daily balance of asset(s)
Janus Henderson	43-1804048	Rate of 0.35% of average daily balance of asset(s)
John Hancock	04-3483032	Range of 0.10 - 0.40% of average daily balance of assets
Pear Tree Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Performance Trust Asset Management	Not Available	Rate of 0.40% of average daily balance of asset(s)
PGIM Investments	22-3703799	Rate of 0.27% of average daily balance of asset(s)
Principal Funds	42-1520346	Rate of 0.10% of average daily balance of asset(s)
Smead Funds	26-0218243	Rate of 0.10% of average daily balance of asset(s)
T ROWE-PRICE	Not Available	Rate of 0.15% of average daily balance of asset(s)
Thornburg	Not Available	Rate of 0.10% of average daily balance of asset(s)
Thrivent Funds	39-0123480	Rate of 0.36% of average daily balance of asset(s)
William Blair Funds	36-2214610	Range of 0.08 - 0.40% of average daily balance of assets

Annual Return of A One-Participant (Owners/Partners and Their Spouses) Retirement Plan or A Foreign Plan

2024

This Form is Open to Public Inspection.

Department of the Treasury
Internal Revenue Service

This form is required to be filed under section 6058(a) of the Internal Revenue Code.
Certain foreign retirement plans are also required to file this form (see instructions).
Complete all entries in accordance with the instructions to the Form 5500-EZ.
Go to www.irs.gov/Form5500EZ for instructions and the latest information.

Part I Annual Return Identification Information

For the calendar plan year 2024 or fiscal plan year beginning (MM/DD/YYYY) **01/01/2024** and ending **12/31/2024**

A This return is: (1) the first return filed for the plan (3) the final return filed for the plan
(2) an amended return (4) a short plan year return (less than 12 months)

B Check box if filing under Form 5558 automatic extension
 special extension (enter description) _____

C If this return is for a foreign plan, check this box (see instructions) _____

D If this return is for the IRS Late Filer Penalty Relief Program, check this box
(Must be filed on a paper Form with the IRS. See instructions) _____

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 MANGANARO BLOODSTOCK INC MONEY PURCHASE PLAN		1b Three-digit plan number (PN) 001
2a Employer's name MANGANARO BLOODSTOCK, INC. Trade name of business (if different from name of employer) In care of name Mailing address (room, apt., suite no. and street, or P.O. box) 52 CUMMINGS PARK City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instr.) WOBURN MA 01801		1c Date plan first became effective (MM/DD/YYYY) 01/01/2000
3a Plan administrator's name (if same as employer, enter "Same") SAME In care of name Mailing address (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 instr.)		2b Employer Identification Number (EIN) (Do not enter your Social Security Number) 31-1409973
4 If the employer's name, the employer's EIN, and/or the plan name has changed since the last return filed for this plan, enter the employer's name and EIN, the plan name, and the plan number for the last return in the appropriate space provided.		2c Employer's telephone number 781-937-8880
a Employer's name		2d Business code (see instructions) 112900
4c Plan name		3b Administrator's EIN
5a(1) Total number of participants at the beginning of the plan year		3c Administrator's telephone number
a(2) Total number of active participants at the beginning of the plan year		4b EIN
b(1) Total number of participants at the end of the plan year		4d PN
b(2) Total number of active participants at the end of the plan year		5a(1) 1
c Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		5a(2) 1
		5b(1) 1
		5b(2) 1
		5c

Part III Financial Information

	(1) Beginning of year	(2) End of year
6a Total plan assets	6a 2346036	2764681
b Total plan liabilities	6b	
c Net plan assets (subtract line 6b from 6a)	6c 2346036	2764681

Part III Financial Information *(continued)*

7 Contributions received or receivable from:		Amount
a Employers	7a	57500
b Participants	7b	
c Others (including rollovers)	7c	

Part IV Plan Characteristics

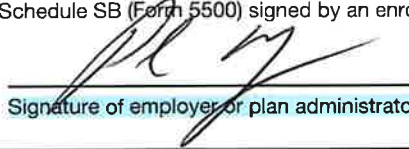
8 Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions.
 2C 3D

Part V Compliance and Funding Questions

		Yes	No	Amount
9	During the plan year, did the plan have any participant loans? If "Yes," enter amount as of year end		X	
10	Is this a defined benefit plan that is subject to minimum funding requirements? If "Yes," complete Schedule SB (Form 5500) and line 10a below (see instructions.)		X	
a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500), line 40 ...			10a
11	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? If "Yes," complete lines 11a or 11b, 11c, 11d, and 11e below, as applicable.	X		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, enter the month, day, and year (MM/DD/YYYY) of the letter ruling granting the waiver (see instructions)			11a
b	Enter the minimum required contribution for this plan year			11b 57500
c	Enter the amount contributed by the employer to the plan for this plan year			11c 57500
d	Subtract the amount in line 11c from the amount in line 11b. Enter the result (enter a minus sign to the left of a negative amount)			11d 0
e	Will the minimum funding amount reported on line 11d be met by the funding deadline?	X		
12	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 _____ (MM/DD/YYYY) and the Opinion Letter serial number			

Caution: A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established.

Under penalties of perjury, I declare that I have examined this return including, if applicable, any related Schedule MB (Form 5500) or Schedule SB (Form 5500) signed by an enrolled actuary, and, to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here  10.9.25 PAUL MASCANA
 Signature of employer or plan administrator Date Type or print name of individual signing as employer or plan administrator