

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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: ARLINGTON/ROE & CO., INC. 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1995
2a Plan sponsor's name (employer, if for a single-employer plan): ARLINGTON/ROE & CO., INC.
2b Employer Identification Number (EIN): 35-1150545
2c Plan Sponsor's telephone number: 317-554-8550
2d Business code (see instructions): 523120

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	261
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)	236
	6a(2)	249
	6b	0
	6c	36
	6d	285
	6e	0
	6f	285
	6g(1)	244
6g(2)	273	
6h	9	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

- (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 1
- (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 _____

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1069784
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	20033939

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	1010016
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c Additions: (1) Contributions deposited during the year	7c(1)	96513
	7c(2)	164
	7c(3)	20763
	7c(4)	4058493
	7c(5)	

(6) Total additions	7c(6)	4175933
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d Total of balance and additions (add lines 7b and 7c(6))	7d	5185949
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	58260
	7e(2)	49
	7e(3)	4057858
	7e(4)	

(5) Total deductions	7e(5)	4116167
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1069782
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan ARLINGTON/ROE & CO., INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARLINGTON/ROE & CO., INC.	D Employer Identification Number (EIN) 35-1150545	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 19 38 59 60 64 65 99	RECORDKEEPER / CUSTODIAN	37556	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AMERICAN PENSION ADVISORS, LTD.

9465 COUNSELORS ROW
SUITE 120
INDIANAPOLIS, IN 46240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 64 99	THIRD PARTY ADMINISTRATO	1500	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)

LASALLE ST. SECURITIES, LLC

940 N. INDUSTRIAL DR, 5TH FLOOR
ELMHURST, IN 60126

(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?
		0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1268	Yes <input type="checkbox"/> No <input checked="" 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)

HORIZON CPA SERVICES INC.

9745 RANDALL DRIVE
SUITE 140
INDIANAPOLIS, IN 46280

(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?
10	AUDITING FIRM	15000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LASALLE ST. SECURITIES, LLC	27	1268

(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.
NATIONWIDE LIFE INSURANCE COMPANY ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 31-4156830	

(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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 ARLINGTON/ROE & CO., INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ARLINGTON/ROE & CO., INC.	D Employer Identification Number (EIN) 35-1150545

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(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)	
(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)	
(9) Value of interest in common/collective trusts	1c(9)	
(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)	17128479
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	21103723
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17128479	21103723
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17128479	21103723

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)	493107	
(B) Participants.....	2a(1)(B)	1493489	
(C) Others (including rollovers).....	2a(1)(C)	269243	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2255839
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	2819	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2819
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		2287765
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4546423

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	567360	
(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)		567360
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	1819	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3819
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		571179

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3975244
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HORIZON CPA SERVICES**

(2) EIN: **20-4287594**

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		284
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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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

A Name of plan ARLINGTON/ROE & CO., INC. 401(K) PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARLINGTON/ROE & CO., INC.	D Employer Identification Number (EIN) 35-1150545	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1** **0**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): **31-4156830**

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702823A.



ARLINGTON/ROE & CO., INC. 401(K) PLAN
AUDITED
FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023



TABLE OF CONTENTS

INDEPENDENT AUDITOR’S REPORT..... 1-4

FINANCIAL STATEMENTS:

Statements of net assets available for benefits – modified cash basis 5

Statements of changes in net assets available for benefits – modified cash basis 6

Notes to financial statements 7-13

SUPPLEMENTAL SCHEDULE:*

Form 5500 – Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)..... 14-15

Form 5500 – Schedule H, Part IV, Line 4a – Schedule of
Delinquent Participant Contributions.....16

**Schedules not filed herewith are omitted because of the absence of the condition under which they are required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.*



INDEPENDENT AUDITOR'S REPORT

To the Trustees of Arlington/Roe & Co., Inc. 401(k) Plan

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

We have performed an audit of the accompanying financial statements of Arlington/Roe & Co., Inc. 401(k) 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 – modified cash basis as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits – modified cash basis for the years 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 Arlington/Roe & Co., Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from qualified institutions as of and for the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting, as described in Note 2, which is a basis of accounting other than accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Arlington/Roe & Co., Inc. 401(k) 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.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules were prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting, as described in Note 2, which is a basis of accounting other than 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 Arlington/Roe & Co., Inc. 401(k) 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Arlington/Roe & Co., Inc. 401(k) 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 Arlington/Roe & Co., Inc. 401(k) 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 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 the modified cash basis of accounting.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of – Schedule of Assets (Held at End of Year), Schedule of Delinquent Participant Contributions, and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, 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 generally accepted auditing standards.

For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Horizon

Horizon CPA Services, Inc.

Indianapolis, Indiana

October 10, 2025

ARLINGTON/ROE & CO., INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS –
MODIFIED CASH BASIS
December 31, 2024 and 2023
(See Independent Auditor's Report)

	<u>2024</u>	<u>2023</u>
ASSETS		
Participant directed investments, at fair value	\$ 20,033,939	\$ 16,118,464
Fixed Interest Investments, at contract value	1,069,784	1,010,016
RECEIVABLES		
Employer contribution	-	-
Participant contributions	-	-
Total Receivables	<u>-</u>	<u>-</u>
Total Assets	21,103,723	17,128,480
LIABILITIES		
	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 21,103,723</u></u>	<u><u>\$ 17,128,480</u></u>

See accompanying notes to the audited financial statements.

ARLINGTON/ROE & CO., INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS --
MODIFIED CASH BASIS
Years Ended December 31, 2024 and 2023
(See Independent Auditor's Report)

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 2,323,001	\$ 2,303,196
Dividends	2,819	-
Interest	-	-
Net investment income	<u>2,325,820</u>	<u>2,303,196</u>
Contributions:		
Employer	493,107	436,276
Participants	1,493,489	1,298,742
Rollovers	269,243	313,551
Total contributions	<u>2,255,839</u>	<u>2,048,569</u>
Total Additions	<u>4,581,659</u>	<u>4,351,765</u>
DEDUCTIONS		
Benefits paid to participants	567,360	1,332,984
Administrative and other expenses	39,056	75,412
Total Deductions	<u>606,416</u>	<u>1,408,396</u>
NET INCREASE	3,975,243	2,943,369
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>17,128,480</u>	<u>14,185,111</u>
End of year	<u>\$ 21,103,723</u>	<u>\$ 17,128,480</u>

See accompanying notes to the audited financial statements.

ARLINGTON/ROE & CO., INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(See Independent Auditor's Report)

1. DESCRIPTION OF PLAN

The following description of Arlington/Roe & Co., Inc. (the "Company" and the "Sponsor") 401(k) Plan (the "Plan") provides for general information only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

The Plan was established on January 1, 1995 and is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was restated effective September 1, 2014 to include an after-tax (Roth) deferral provision, added an automatic enrollment provision, and an exclusion for employees classified as interns, and changed the formula for the discretionary nonelective employer matching contribution. The Plan was updated for all IRS/PPA current and known future requirements.

General – The Plan contains both discretionary nonelective and matching contribution provisions, and a separate 401(k) provision. All employees are generally eligible to participate in the Plan after attaining the age 21 years old. All Plan assets are maintained by Nationwide Financial Services, Inc. (the "Custodian" and the "Trustee").

Contributions – Effective with the Plan restatement September 1, 2014, the Plan includes an auto-enrollment provision whereby all newly eligible employees and existing participants who did not have a salary reduction agreement in effect, are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. In addition, automatically enrolled participants will have their deferral rate set at 3 percent of eligible compensation until changed by the participant.

Under the 401(k) provision of the Plan, eligible employees may contribute, through payroll deferral deductions, a maximum as adjusted in accordance with Section 402 of the Internal Revenue Code (the Code). Participants who have attained the age 50 years before the end of the plan year are eligible to make 'catch-up' contributions. Participants may also contribute (rollover) amounts representing distributions from other qualified defined benefit or contribution plans.

Nonelective contributions to the Plan may be made at the discretion of the Company, in any amount, and allocated to participants eligible to share in contributions; however, no annual contribution is required. For the years ended December 31, 2024 and 2023 the Company made no discretionary nonelective contribution to the Plan.

Any employee who has completed one hour of service may defer a portion of their salary through payroll deductions; these contributions are concurrently matched as described below, and vested as described in "*Vesting*." The employer matching contribution formula is match 50% of employee contributions up to 6% deferral of employee eligible compensation to a maximum of 3%. For the years ended December 31, 2024 and 2023 the Company made matching contributions of \$493,107 and \$436,276, respectively.

ARLINGTON/ROE & CO., INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(See Independent Auditor's Report)

1. DESCRIPTION OF PLAN (CONTINUED)

Participant accounts – Each participant's account is credited with the participant's contribution and employer matching contribution. Each participant's account is credited with allocations of (a) the Company's discretionary nonelective contribution and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or number of participants as defined in the plan documents. Participants must be employed at year end to be allocated a portion of the discretionary nonelective contribution. The benefit to which a participant is entitled to their vested account.

Investment options – The Plan is funded through a group annuity contract which offers a fixed interest investment option and a number of variable investment options. This allows for participants to choose the type of investment to which their contributions and Employer matching contributions are allocated based on their investment style and risk tolerance. When each participant enrolls in the Plan, a pooled separate account is created by the Custodian and contributions are directed to various investment options offered by the Plan, as designated by the participant.

Vesting – Participants' contributions and allocated amounts of investment income or loss are 100% vested at all times. Company discretionary contributions become 100% vested at a participant's normal or early retirement age, date disabled or deceased, or upon termination of the Plan. One year of service for vesting purposes is 1000 hours. Vesting of discretionary contributions prior to any of the previously noted attainments is determined as follows at December 31, 2024 and 2023:

<u>Completed Years of Credited Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Payments of benefits – Fully vested participants may withdraw money from their accounts in these events: retirement at the Plan's normal retirement age of 65, attaining age 59½, death, disability, or termination of employment. Terminated participants with vested account balances of less than \$5,000 will be required to withdraw their vested account balance from the Plan.

Forfeitures – Any amounts forfeited by participants under the discretionary nonelective contribution provision of the Plan shall be applied to reduce the Company's contributions for the plan year. Any forfeitures attributable to matching contributions will be used to reduce any matching contributions.

ARLINGTON/ROE & CO., INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(See Independent Auditor's Report)

1. DESCRIPTION OF PLAN (CONTINUED)

Forfeitures (Continued) – Any remaining forfeited amounts may be used to reduce plan expenses or may be allocated to the remaining plan participants in the same proportion as each individual participant's account balance as compared to the total plan account balance. At December 31, 2024, the balance of unused forfeited matching contributions was \$14,003. During the year, \$11,342 was forfeited, there were earnings of \$464 on the forfeited balance, and \$1,819 was used to pay fees and expenses. At December 31, 2023, the forfeited matching contributions balance was \$4,016. During 2023, \$22,475 was forfeited, there were earnings of \$548, and \$21,169 was used to pay fees and expenses. The beginning 2023 forfeited matching contributions was \$2,162.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan have been prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Under this basis, investment income is recognized when received, disbursements are recognized when made, and contributions are recognized when received. Accordingly, the financial statements are not intended to present the net assets available for benefits and the changes in net assets available for benefits in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates – The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are reported at fair value. Except fixed interest investments, which are reported at contract value. Fair value is the price that would have been received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Board of Directors determines the Plan's valuation policies utilizing information provided by the Plan's investment advisor, custodian, and insurer. See Note 4 for discussion of fair value measurements.

Payments of Benefits – Benefits are recorded when paid.

Administrative and Other Expenses – Administrative and investment-related expenses are recorded when paid. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

ARLINGTON/ROE & CO., INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(See Independent Auditor's Report)

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Financial Services, Inc., the Trustee of the plan, has certified to the completeness and accuracy of certain information obtained or derived from information supplied to the plan administrator and related to investments disclosed in the accompanying financial statements and supplemental schedules. This includes investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest, and dividends for the years ended December 31, 2024 and 2023.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

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

Mutual funds – Observable inputs are the accumulation units. The value of accumulation units are determined at the close of each business day and is directly related to the net asset value of the shares of the underlying specific mutual fund investment, adjusted for any dividends or distributions received and the daily equivalent of any fee charged pursuant to the contract.

ARLINGTON/ROE & CO., INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(See Independent Auditor's Report)

4. FAIR VALUE MEASUREMENTS (CONTINUED)

Fixed Interest Investment – This investment is not fully benefit responsive and is being presented at contract value instead of fair value. Contract value is determined by the Trustee and is equal to fair value less any contingent deferred sales charge, which is currently zero.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Totals
Mutual funds	\$20,033,939	\$ -	\$ -	\$20,033,939
Total assets in the fair value hierarchy	\$20,033,939	\$ -	\$ -	\$20,033,939
Fixed Interest Investments measured at contact value*	\$ -	\$ -	\$ -	\$1,069,784
Total assets at fair value	\$ -	\$ -	\$ -	\$21,103,723

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Totals
Mutual funds	\$16,118,464	\$ -	\$ -	\$16,118,464
Total assets in the fair value hierarchy	\$16,118,464	\$ -	\$ -	\$16,118,464
Fixed Interest Investments measured at contract value*	\$ -	\$ -	\$ -	\$ 1,010,016
Total assets at fair value	\$ -	\$ -	\$ -	\$17,128,480

*In accordance with Accounting Standards Codification, investments that were measured at contract value have not been classified in the fair value hierarchy. The amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Gains and (losses), realized and unrealized, on investments are reported in net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits – modified cash basis.

ARLINGTON/ROE & CO., INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(See Independent Auditor's Report)

5. RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan's investment options include certain investment options affiliated with the Custodian. Therefore, transactions in these investments qualify as exempt party-in-interest transactions under ERISA. Amounts held in these funds are detailed in the attached Supplemental Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year) and are considered party-in-interest transactions.

Services provided by the Administrator – The Plan has an agreement with a third party administrator to administer the Plan. The fees paid for these services by the Company on behalf of the Plan totaled \$7,275 and \$-0- during the years ended December 31, 2024 and 2023, respectively. In addition, fees paid by the Plan for these services totaled \$-0- and \$9,869 during the years ended December 31, 2024 and 2023, respectively, and these are party-in-interest transactions under ERISA.

Services provided by the Custodian – The Plan had an agreement with the Custodian to provide investment services. The fees paid by the Plan for these services totaled \$37,555 and \$52,043 during the years ended December 31, 2024 and 2023, respectively. These transactions are party-in-interest transactions under ERISA.

Services provided by the Accountant – The Plan engaged an accountant to provide financial statement auditing services. The fees paid by the plan for these services totaled \$-0- and \$13,500 during 2024 and 2023, respectively. Amounts owed to this party-in-interest at December 31, 2024 were \$15,000.

The Plan sponsor, Arlington/Roe & Co., Inc., provides certain accounting and administrative services to the Plan for which no fee is charged to the Plan.

The two members of the Plan Board of Trustees (the Company owner and the Company chief operating officer) are participants of the Plan.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to discontinue contributions at any time and terminate the Plan. If the Plan is terminated, all unallocated funds will be allocated proportionately to each participant and the individual participants shall be 100% vested in all employee, employer and profit-sharing contributions.

ARLINGTON/ROE & CO., INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023
(See Independent Auditor's Report)

7. TAX STATUS

The IRS has determined and informed the Company by a letter dated September 19, 1996, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Although the Plan has been amended and restated since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Audit periods remain open for review until the statute of limitations has passed.

8. RISKS AND UNCERTAINTIES

Investment options offered to participants consist of various investment securities. Investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. SUBSEQUENT EVENTS

Plan management has evaluated the need for disclosure and/or adjustment resulting from subsequent events through October 10, 2025 and determined that there are no subsequent events requiring disclosure and/or adjustment as of that date, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

ARLINGTON/ROE & CO., INC. 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(See Independent Auditor's Report)

(c) - Description of Investment	(e) - Current Value
<u>Investments at Fair Value</u>	
AmFds 2010 TrgtDtRtrmt R6	\$ 15,846
AmFds 2015 TrgtDtRtrmt R6	77,548
AmFds 2020 TrgtDtRtrmt R6	419,702
AmFds 2025 TrgtDtRtrmt R6	2,025,879
AmFds 2030 TrgtDtRtrmt R6	2,637,324
AmFds 2035 TrgtDtRtrmt R6	1,691,691
AmFds 2040 TrgtDtRtrmt R6	1,643,446
AmFds 2045 TrgtDtRtrmt R6	753,262
AmFds 2050 TrgtDtRtrmt R6	1,449,739
AmFds 2055 TrgtDtRtrmt R6	802,746
AmFds 2060 TrgtDtRtrmt R6	823,435
AmFds 2065 TrgtDtRtrmt R6	100,019
AmFds Cap Wld Gr Inc R6	466,789
AmFds Am Bal R6	776,444
AmFds Int Gr Inc R6	14,621
AmFds New Econ R6	280,534
AmFds New Wld R6	47,361
Baron Ptrns Inst	215,568
BlkRk Hlth Scnc Oppr Inst	14,240
BlkRk Hi Yld Bd Port K	47,626
DFA Glbl RealEst Sec Inst	11,271
DFA US SmCap Inst	245,752
EV Atlnta Cap SMID Cap I	1,125,616
Eventde Gilead I	27,802
F&T Beh SmCap Eq R6	27,938
Fed Hrns Gov Oblgtns Prmr	14,003
FidAdv Flot Rt Hi Inc Inst	27,324
FidAdv Gr Oppr Inst	15,219
Fid Blue Chip Gr K6	53,656
Fid Gr Co K6	53,286
Fid Intl Indx	7,362
Fid LgCap Gr Indx	53,902
Fid NSDQ Cmpst Indx	30,907
Fid US Bd Indx	3,808
Fnkln SmCap Gr Adv	150,144
Fnkln Inc Adv	81,143
FnklnTmp Glbl Ttl Ptn Adv	584
GdmnScs Emrg Mkt Db Inst	5,981
Invesco Intl SmMd Co	25,094
Invsco Mn St Y	666
Invesco SmCap Val Y	52,573
JnHnck Intl Gr I	14,253
JPM LgCap Gr R6	892,013
JPM SmCap Val R6	1,557
JPM Val Advtg R6	443,869
MFS Intl Intrinsic Val R6	357,374

ARLINGTON/ROE & CO., INC. 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(See Independent Auditor's Report)

(c) - Description of Investment	(e) - Current Value
<u>Investments at Fair Value</u>	
MSIF Intl Advtg I	56,285
Principal MdCap Val I Inst	164,344
PGIM Ttl Rtn Bd R6	44,930
PIMCO Inc Inst	106,969
Sierra Tctcl Cor Inc Inst	58,336
TRowePr Blue Chip Gr	56,607
Vanguard 500 Index Fd AS	33,571
Vanguard Divd Gr Inv	464,523
Vngrd Enrgy Indx Adml	8,715
Vngrd Explr Adml	6,049
Vanguard Extnd Mkt Indx Adml	54,375
Vngrd Gr Indx Adml	95,280
Vanguard Hlth Care Adml	5,434
Vanguard Info Tech Indx Adml	11,233
Vanguard Intl Gr Adml	124,024
Vngrd LgCap Indx Adml	53,409
Vngrd MdCap Gr Indx Adml	6,389
Vanguard MdCap Val Indx Adml	28,458
Vanguard RealEst Indx Adml	102,317
Vanguard SmCap Indx Fd AS	71,915
Vanguard Strat Eq Inv	63,622
Vanguard Ttl StMkt Indx Fd AS	383,180
Vanguard US Gr Adml	7,057
Sub-total - Mutual funds	20,033,939
<u>Investments at Contract Value</u>	
* Fixed Interest Investment (Nationwide)	Fixed contract 1,069,784
TOTAL ASSETS (HELD AT END OF YEAR)	\$ 21,103,723

* This is a Nationwide Financial Services, Inc. investment, and as trustee as defined by the Plan, qualifies as party-in-interest under ERISA.

Form 5500-Schedule H, Part IV, Line 4a
 Schedule of Delinquent Participant Contributions
 EIN: 35-1150545
 Plan No. 001

Arlington/Roe & Co., Inc. 401(k) Plan
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 Year Ended December 31, 2024
 (See Independent Auditor's Report)

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 284 *	\$ -	\$ -	\$ 284	\$ -

* - Does not include late participant loan repayments.

ARLINGTON/ROE & CO., INC. 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(See Independent Auditor's Report)

(c) - Description of Investment	(e) - Current Value
<u>Investments at Fair Value</u>	
AmFds 2010 TrgtDtRtrmt R6	\$ 15,846
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AmFds 2025 TrgtDtRtrmt R6	2,025,879
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AmFds 2055 TrgtDtRtrmt R6	802,746
AmFds 2060 TrgtDtRtrmt R6	823,435
AmFds 2065 TrgtDtRtrmt R6	100,019
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AmFds Am Bal R6	776,444
AmFds Int Gr Inc R6	14,621
AmFds New Econ R6	280,534
AmFds New Wld R6	47,361
Baron Ptrns Inst	215,568
BlkRk Hlth Scnc Oppr Inst	14,240
BlkRk Hi Yld Bd Port K	47,626
DFA Glbl RealEst Sec Inst	11,271
DFA US SmCap Inst	245,752
EV Atlnta Cap SMID Cap I	1,125,616
Eventde Gilead I	27,802
F&T Beh SmCap Eq R6	27,938
Fed Hrns Gov Oblgtns Prmr	14,003
FidAdv Flot Rt Hi Inc Inst	27,324
FidAdv Gr Oppr Inst	15,219
Fid Blue Chip Gr K6	53,656
Fid Gr Co K6	53,286
Fid Intl Indx	7,362
Fid LgCap Gr Indx	53,902
Fid NSDQ Cmpst Indx	30,907
Fid US Bd Indx	3,808
Fnkln SmCap Gr Adv	150,144
Fnkln Inc Adv	81,143
FnklnTmp Glbl Ttl Ptn Adv	584
GdmnScs Emrg Mkt Db Inst	5,981
Invesco Intl SmMd Co	25,094
Invsco Mn St Y	666
Invesco SmCap Val Y	52,573
JnHnck Intl Gr I	14,253
JPM LgCap Gr R6	892,013
JPM SmCap Val R6	1,557
JPM Val Advtg R6	443,869
MFS Intl Intrinsic Val R6	357,374

ARLINGTON/ROE & CO., INC. 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(See Independent Auditor's Report)

(c) - Description of Investment	(e) - Current Value
<u>Investments at Fair Value</u>	
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Principal MdCap Val I Inst	164,344
PGIM Ttl Rtn Bd R6	44,930
PIMCO Inc Inst	106,969
Sierra Tctcl Cor Inc Inst	58,336
TRowePr Blue Chip Gr	56,607
Vanguard 500 Index Fd AS	33,571
Vanguard Divd Gr Inv	464,523
Vngrd Enrgy Indx Adml	8,715
Vngrd Explr Adml	6,049
Vanguard Extnd Mkt Indx Adml	54,375
Vngrd Gr Indx Adml	95,280
Vanguard Hlth Care Adml	5,434
Vanguard Info Tech Indx Adml	11,233
Vanguard Intl Gr Adml	124,024
Vngrd LgCap Indx Adml	53,409
Vngrd MdCap Gr Indx Adml	6,389
Vanguard MdCap Val Indx Adml	28,458
Vanguard RealEst Indx Adml	102,317
Vanguard SmCap Indx Fd AS	71,915
Vanguard Strat Eq Inv	63,622
Vanguard Ttl StMkt Indx Fd AS	383,180
Vanguard US Gr Adml	7,057
Sub-total - Mutual funds	20,033,939
<u>Investments at Contract Value</u>	
* Fixed Interest Investment (Nationwide)	Fixed contract 1,069,784
TOTAL ASSETS (HELD AT END OF YEAR)	\$ 21,103,723

* This is a Nationwide Financial Services, Inc. investment, and as trustee as defined by the Plan, qualifies as party-in-interest under ERISA.