

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 ALLREDI, LLC RETIREMENT PLAN 1b Three-digit plan number (PN) 003 1c Effective date of plan 01/01/1986 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALLREDI, LLC 3009 PASADENA FREEWAY PASADENA, TX 77503 2b Employer Identification Number (EIN) 82-1900378 2c Plan Sponsor's telephone number 821-930-0808 2d Business code (see instructions) 423800

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	337
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)	225
	6a(2)	223
	6b	0
	6c	154
	6d	377
	6e	0
	6f	377
	6g(1)	329
6g(2)	370	
6h	57	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan ALLREDI, LLC RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALLREDI, LLC</p>	<p>D Employer Identification Number (EIN) 82-1900378</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	DH1608	377	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

(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	

(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	

(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	

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	247594
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶ GROUP PENSION FUNDING

b Balance at the end of the previous year	7b	249911
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c Additions: (1) Contributions deposited during the year	7c(1)	14891
	7c(2)	
	7c(3)	4169
	7c(4)	
	7c(5)	

(6) Total additions	7c(6)	19060
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d Total of balance and additions (add lines 7b and 7c(6))	7d	268971
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11120
	7e(2)	755
	7e(3)	
	7e(4)	364

(5) Total deductions	7e(5)	12239
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	256732
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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)
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)
	(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)
	(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 ALLREDI, LLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ALLREDI, LLC	D Employer Identification Number (EIN) 82-1900378	

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	42802	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)

CIRA (CAMBRIDGE INVESTMENT RESEARCH

42-1445429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	BROKER/DEALER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	16378	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIRA (CAMBRIDGE INVESTMENT RESEARCH)	99	16378

(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.
VOYA RETIREMENT INSURANCE AND ANNUI 71-0294708	OTHER FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 ALLREDI, LLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ALLREDI, LLC	D Employer Identification Number (EIN) 82-1900378

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.

Assets	(a) Beginning of Year	(b) End of Year
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)	0
(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)	14260331
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	256732
(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	12133087	14517063
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	12133087	14517063

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)	447984	
(B) Participants.....	2a(1)(B)	1116794	
(C) Others (including rollovers).....	2a(1)(C)	168788	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1733566
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)	5	
(F) Other.....	2b(1)(F)	4169	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4174
(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)	402233	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		402233
(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)		1435935
c Other income	2c		-202
d Total income. Add all income amounts in column (b) and enter total	2d		3575706

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1145389	
(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)		1145389
f Corrective distributions (see instructions)	2f		3539
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)	41652	
(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)	1150	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		42802
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1191730

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2383976
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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.	OMB No. 1210-0110 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>ALLREDI, LLC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLREDI, LLC</u>	D Employer Identification Number (EIN) <u>82-1900378</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): <u>71-0294708</u>		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Q702844A.

ALLREDI, LLC RETIREMENT PLAN

FINANCIAL STATEMENTS

For The Years Ended December 31, 2024 and 2023

**with
Independent Auditor's Report**



BARNETT & STEGALL, LLC
Certified Public Accountants and Business Advisors

ALLREDI, LLC RETIREMENT PLAN

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December 31, 2024 and 2023

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BARNETT & STEGALL, LLC
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Allredi, LLC Retirement Plan

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

We have performed an audit of the financial statements of Allredi, LLC Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Allredi, LLC Retirement 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 audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ABC Company 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 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 ABC Company 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 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 ABC Company 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 ABC Company 401(k) Plan's ability to continue as a going concern for a

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 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 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—Supplemental Schedules Required by ERISA

The supplemental schedules of 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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).

October 8, 2025

ALLREDI, LLC RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

ASSETS	As of	
	December 31, 2024	December 31, 2023
Investments, at fair value:		
Mutual funds	\$14,260,331	\$11,881,055
Pooled separate accounts	<u>256,732</u>	<u>249,911</u>
Total Investments	\$14,517,063	\$12,130,966
Participant loans	<u>-</u>	<u>2,121</u>
Net Assets Available for Benefits	<u><u>\$14,517,063</u></u>	<u><u>\$12,133,087</u></u>

The accompanying notes are an integral part of these financial statements.

ALLREDI, LLC RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024

Net Assets Available for Benefits at January 1, 2023		\$12,133,087
Additions		
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation in fair value of investment	\$1,435,733	
Dividends received	402,233	
Interest received	5	
Other income	4,169	
Contributions:		
Participants	1,116,794	
Employer	447,984	
Rollover	168,788	3,575,706
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries	(1,148,928)	
Administrative expenses	(42,802)	(1,191,730)
Net Assets Available for Benefits at December 31, 2024		<u>\$14,517,063</u>

The accompanying notes are an integral part of these statements.

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

A Description of Plan

The Allredi, LLC Retirement Plan "the Plan" was established effective January 1, 1986. The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Allredi, LLC Retirement Plan is a defined contribution plan which was organized for the primary purpose of providing a retirement benefit for eligible employees and their beneficiaries. The Plan was established under the provisions of Section 401(a) of the Internal Revenue Code (the "IRC") which includes a qualified cash or deferred arrangement as described in Section 401 (k) of the IRC, for the benefit of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Allredi, LLC is the administrator of the Plan. Principal Life Insurance Company (Principal) is the former custodian. Effective January 4, 2021, Voya Retirement Insurance and Annuity Company (Voya) became the new custodian. Voya is responsible for holding the assets of the Plan and for executing asset transactions at the direction of the Plan's participants. The trustees are responsible for oversight of the Plan, determine the appropriateness of the Plan's investment offerings, and monitor investment performance.

Eligibility:

Employees are eligible to participate in the Plan at the beginning of each month coinciding with or following the date on which the employee has completed six months of service provided the employee is at least twenty-one years of age.

Contributions:

Participants may contribute up to 100% of pretax annual compensation, as defined in the Plan document, up to the maximum limits of the Internal Revenue Code (IRC) (subject to federal limitations). Participants may designate all or a portion of their deferred contributions as after-tax contributions in a Roth account. 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 contribution plans otherwise known as rollover contributions. Participants direct the investment of all contributions into various investment options offered by the Plan.

The Plan has an automatic enrollment feature. Employees are automatically enrolled in the Plan at a pretax deferral rate of 3% of eligible compensation the first day of the calendar quarter coinciding with or following the date on which the eligibility requirements are met (entry date), unless the employee elects out, selects a different percentage or selects a Roth feature.

The Company, at the discretion of the Company's Board of Directors, can contribute both matching and discretionary contributions. For the year ended December 31, 2024, the Company's matching contributions were 50% of each participant's contribution up to 6% of each employee's eligible wages as long as the employee is participating. The Company did not make a discretionary contribution for the year ended December 31, 2024.

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

A Description of Plan (continued)

Vesting:

Participants are fully vested at all times in their voluntary contributions plus actual earnings thereon. Vesting in Company matching and discretionary contributions plus actual earnings thereon is based on years of continuous service. Participants vest in Company matching contributions ratably over a three-year vesting period. Notwithstanding the above, participants become 100% vested upon death or permanent disability.

Participant accounts:

Individual accounts are maintained for each of the Plan's participants which reflect the participants' share of the Plan's income (loss), expenses, contributions, and net realized and unrealized gains and losses on investments. Participants choose investments for their accounts from offered investment funds.

Investments options:

Upon enrollment, participants may direct the investments of their entire account balance, including all Company and participant contributions, into various investment options offered by the Plan. Participants may change their elections and request transfers at any time through the third party administrator.

Payment of benefits:

Upon termination of service, death, disability or retirement, a participant may elect to receive, or have their beneficiary receive, the value of the vested interest in their account in the form of a lump-sum distribution, rollover or partial withdrawal. Distribution of benefits upon termination becomes automatic if the participant's account balance is less than \$5,000. Participants with an account balance less than \$5,000 but greater than \$1,000 receive a direct rollover into a qualified individual retirement account unless they elect to receive a lump-sum payment. Those with a balance less than \$1,000 receive a lump-sum payment. The Plan allows participants to withdraw funds from their account balance after the age of 59½. Participants may also withdraw funds derived from their account balance in the event of hardship, as defined by the Plan.

Administrative expenses:

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included as an offset to net appreciation in fair value of investments.

Plan termination:

Although the Company intends for the Plan to continue, the Company reserves the right to discontinue annual contributions or to terminate the Plan. In the event of the Plan's termination, the account of each participant will be fully vested and nonforfeitable as of the effective date of termination of the Plan.

Tax status:

The Sponsor adopted a prototype 401(k) Profit Sharing Plan. The Internal Revenue Service determined and informed the Plan's trustees that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. Accordingly, the Plan is exempt from income taxes.

ALLREDI, LLC RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

A Description of Plan (continued)

Participant loans:

The Plan does not allow for participant loans; however, participants from the former Abrasive Products and Equipment, LLC plan were previously allowed to borrow from their accounts, and upon merger the outstanding notes receivable from participants were carried over to the Plan. The notes are secured by the participant's accounts and are repaid in accordance with the repayment schedules through payroll deduction or participant checks issued to the trustee. Interest rates on notes outstanding at December 31, 2022 ranged from 5.00% to 6.50%, and the notes mature at various dates through June 2024.

Forfeited accounts:

Forfeited balances of terminated participant's nonvested accounts are used to pay for the Plan's general administrative expenses and/or to fund employer contributions. Total forfeitures used to fund employer contributions totaled

B Summary of Significant Accounting Policies

Basis of accounting:

The Plan's financial statements are prepared on the accrual basis of accounting as permitted under the Department of Labor Rules and Regulations. Investment earnings are recorded based on the fair value of the investments at the end of the Plan year.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities 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 revenues and expenses during the reporting period. Actual results could differ from those estimates.

Method used to value investments and income recognition:

The Plan's investments are stated at fair value which is valued at contract value. Investments in securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the year. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses on sales of investments and unrealized appreciation and depreciation in fair value of investments are based upon beginning of year market values or cost, if acquired during the year. Interest and dividend income is recorded when earned and received on the last day of the quarter.

Date of management's review:

Management has evaluated events and transactions occurring after the statement of net assets available for benefits (modified cash basis) date through October 8, 2025, which is the date the financial statements were available to be issued. Management has determined that none of the events occurring after the date of the balance sheet through the date of management's review substantially affect the amounts, presentation and disclosure of the accompanying

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

B Summary of Significant Accounting Policies (continued)

Risks and uncertainties:

The plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit 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.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis.

Related fees are recorded as an administrative expense and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2023. If a participant ceases to make loan repayments, and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Notes receivable have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule, Schedule H, line 4i— schedule of assets (held at end of year).

Payment of benefits:

Benefits paid to participants are recorded when paid.

C Information Certified or Provided by the Plan's Custodian

The following is a summary of the Plan's asset information as of December 31, 2024, and for the year ended December 31, 2024, obtained by management and agreed to or derived from information certified by Voya (the custodian) as of and for the year ended December 31, 2024. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets are complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to information that appears throughout the financial statements and ERISA-required supplemental schedule related to the following assets:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Mutual funds	\$14,260,331	\$11,881,055
Common Collective Trusts	256,732	249,911

Voya also certified to the completeness and accuracy of \$1,435,733 of net appreciation in the fair value of investments, \$402,233 of dividends income related to the aforementioned investments, and \$5 of interest income on notes receivable from participants and \$4,169 of other income for the year ended December 31, 2024.

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

D Participant Loans

The following table presents a summary of changes in the participant loans balance for the years ended December 31, 2023 and 2022:

	December 31, 2024	December 31, 2023
Balance, beginning of year	\$2,121	\$5,734
Issuances and settlements, net	(2,121)	(3,613)
Balance, end of year	<u>\$ -</u>	<u>\$2,121</u>

E Party-in-Interest Transactions

Voya, the custodian of the Plan, manages certain Plan investments. Therefore, these transactions qualify as party-in-interest transactions. During 2024, the Plan paid \$42,802 in administration fees.

F Concentrations of Risks and Uncertainties

In accordance with accounting principles generally accepted in the United States of America, the Plan administrator has evaluated the Plan's risks and uncertainties. The Plan administrator believes that all significant risk has been disclosed in Plan documents and participant literature. The Plan's investments are exposed to various risks such as interest rates, market, and credit risks. In consideration of the nature and level of risk associated with certain investments, it is at least reasonably possible that changes in investment values will occur in the near term, and that such changes could materially affect participants account balances and the amounts included on the statements of net assets available for benefits.

G Reconciliation of Net Assets Available for Benefits

The following is a reconciliation of Net Assets available for benefits per the financial statements at December 31, 2024 and 2023 and the Form 5500 for the years then ended:

	December 31, 2024	December 31, 2023
Net assets available for benefits, financial statements	\$14,517,063	\$12,133,087
Adjustment from contract value to market value	-	-
Net assets available for benefits, Form 5500	<u>\$14,517,063</u>	<u>\$12,133,087</u>

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

H Fair Value Measurements

The Fair value measurements enable the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. The Plan classifies and discloses assets carried at fair value in of the following three categories. Refer to Note A for details in the procedures used to value investments in common collective trust funds measured at NAV, which is used as a practical expedient to estimate fair value.

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

Level 2: Inputs are observable inputs other than quoted (Level 1) prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The assets fair value measurements level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Classification within the fair value hierarchy table 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.

Mutual funds: Investments in mutual funds are valued daily at publicly quoted market prices of shares held by the Plan.

Pooled separate accounts: Pooled separate accounts were valued on the net asset value (NAV) per unit as reported by the investment manager, which is published daily. The underlying assets of the pooled separate accounts consisted solely of investments in mutual funds registered with the Securities and Exchange Commission.

Participant Loans: Participant loans are valued at the unpaid principal balance plus any accrued unpaid interest.

The following tables present information about the Plan's assets measured at fair value on a recurring basis as of December 31, 2024:

Assets Measured at Fair Value at December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$14,260,331	\$ -	\$ -	\$14,260,331
Common Collective Trusts	-	256,732	-	256,732
Participant Loans	-	-	-	-
Total	<u>\$14,260,331</u>	<u>\$256,732</u>	<u>\$ -</u>	<u>\$14,517,063</u>

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

H Fair Value Measurements - continued

Assets Measured at Fair Value at December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$11,881,055	\$ -	\$ -	\$11,881,055
Common Collective Trusts	-	249,911	-	249,911
Participant Loans	-	-	2,121	2,121
Total	\$11,881,055	\$249,911	\$ 2,121	\$12,133,087

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

I Fully Benefit-Responsive Investment Contract

In accordance with accounting principles generally accepted in the United States of America, the Plan administrator has evaluated the Plan's risks and uncertainties. The Plan administrator believes that all significant risk has been disclosed in Plan documents and participant literature. The Plan's investments are exposed to various risks such as interest rates, market, and credit risks. In consideration of the nature and level of risk associated with certain investments, it is at least reasonably possible that changes in investment values will occur in the near term, and that such changes could materially affect participants account balances and the amounts included on the statements of net assets available for benefits.

The Plan has a traditional, fully benefit-responsive guaranteed investment contract with Voya that is reported at contract value. Voya maintains the contributions in a general account. The account is credited with contributions, earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

I Fully Benefit-Responsive Investment Contract - Continued

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation



Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

ALLREDI, LLC RETIREMENT PLAN

EIN#82-1900378

Plan# 003

As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	American Funds New World R6	Registered Investment Company		\$55,054
	American Funds Nw Prspctv R6	Registered Investment Company		\$99,059
	Columbia Dividend Income Fd I3	Registered Investment Company		\$32,572
	Fidelity 500 Index Fund	Registered Investment Company		\$577,210
	Fidelity Mid Cap Idx Fd	Registered Investment Company		\$214,623
	Hartford Strat Inc R6	Registered Investment Company		\$14,291
	JPMorgan LgCp Grw Fnd R6	Registered Investment Company		\$1,196,058
	Lord Abbett Develop Grw Fd R6	Registered Investment Company		\$72,752
	MSIF Growth Portfolio R6	Registered Investment Company		\$91,353
	MSIF Tr Discovery Portfolio I	Registered Investment Company		\$137,642
	Nuveen Intl Eq Ind Fd R6	Registered Investment Company		\$42,788
	Nuveen Lifcyc In 2010 F R6	Registered Investment Company		\$55,958
	Nuveen Lifcyc In 2015 F R6	Registered Investment Company		\$4,175
	Nuveen Lifcyc In 2020 F R6	Registered Investment Company		\$127,672
	Nuveen Lifcyc In 2025 F R6	Registered Investment Company		\$64,579
	Nuveen Lifcyc In 2030 F R6	Registered Investment Company		\$2,530,541
	Nuveen Lifcyc In 2035 F R6	Registered Investment Company		\$1,386,572
	Nuveen Lifcyc In 2040 F R6	Registered Investment Company		\$1,879,906
	Nuveen Lifcyc In 2045 F R6	Registered Investment Company		\$1,164,433
	Nuveen Lifcyc In 2050 F R6	Registered Investment Company		\$2,219,097
	Nuveen Lifcyc In 2055 F R6	Registered Investment Company		\$323,665
	Nuveen Lifcyc In 2060 F R6	Registered Investment Company		\$259,262
	Nuveen Lifcyc In 2065 F R6	Registered Investment Company		\$13,453



Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

ALLREDI, LLC RETIREMENT PLAN

EIN#82-1900378

Plan# 003

	Nuveen Lifcyc In Rt I F R6	Registered Investment Company		\$13,749
	Nuveen Real Estate Sec Sel R6	Registered Investment Company		\$48,482
	Vangrd Balanced Index Fnd Adm	Registered Investment Company		\$61,008
	Vangrd Divd Apprec Indx Fd Adm	Registered Investment Company		\$94,076
	Vangrd Equity Income Fund Adm	Registered Investment Company		\$173,936
	Vangrd High-Yd Corp Fnd Adm	Registered Investment Company		\$204,516
	Vangrd Int-Trm Bd Indx Fd Adm	Registered Investment Company		\$343,859
	Vangrd Intl Grw Fnd Adm	Registered Investment Company		\$254,463
	Vangrd Mid-Cap VI Indx Fnd Adm	Registered Investment Company		\$94,666
	Vangrd Sm-Cap VI Index Fnd Adm	Registered Investment Company		\$7,356
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		\$200,837
	Vangrd Wellesley Inc Fnd Adm	Registered Investment Company		\$25,590
*	Voya Fixed Account (4450)	Insurance Company General Account		\$256,732
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		\$175,073
		TOTAL		\$14,517,063

* denotes party-in-interest

Column (d) is not required as the Plan investments are totally participant directed.

ALLREDI, LLC RETIREMENT PLAN

FINANCIAL STATEMENTS

For The Years Ended December 31, 2024 and 2023

**with
Independent Auditor's Report**



BARNETT & STEGALL, LLC
Certified Public Accountants and Business Advisors

ALLREDI, LLC RETIREMENT PLAN

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December 31, 2024 and 2023

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BARNETT & STEGALL, LLC
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Allredi, LLC Retirement Plan

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

We have performed an audit of the financial statements of Allredi, LLC Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Allredi, LLC Retirement 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 audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ABC Company 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 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 ABC Company 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 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 ABC Company 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 ABC Company 401(k) Plan's ability to continue as a going concern for a

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 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 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—Supplemental Schedules Required by ERISA

The supplemental schedules of 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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).

October 8, 2025

ALLREDI, LLC RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

ASSETS	As of	
	December 31, 2024	December 31, 2023
Investments, at fair value:		
Mutual funds	\$14,260,331	\$11,881,055
Pooled separate accounts	<u>256,732</u>	<u>249,911</u>
Total Investments	\$14,517,063	\$12,130,966
Participant loans	<u>-</u>	<u>2,121</u>
Net Assets Available for Benefits	<u><u>\$14,517,063</u></u>	<u><u>\$12,133,087</u></u>

The accompanying notes are an integral part of these financial statements.

ALLREDI, LLC RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024

Net Assets Available for Benefits at January 1, 2023		\$12,133,087
Additions		
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation in fair value of investment	\$1,435,733	
Dividends received	402,233	
Interest received	5	
Other income	4,169	
Contributions:		
Participants	1,116,794	
Employer	447,984	
Rollover	168,788	3,575,706
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries	(1,148,928)	
Administrative expenses	(42,802)	(1,191,730)
Net Assets Available for Benefits at December 31, 2024		<u>\$14,517,063</u>

The accompanying notes are an integral part of these statements.

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

A Description of Plan

The Allredi, LLC Retirement Plan "the Plan" was established effective January 1, 1986. The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Allredi, LLC Retirement Plan is a defined contribution plan which was organized for the primary purpose of providing a retirement benefit for eligible employees and their beneficiaries. The Plan was established under the provisions of Section 401(a) of the Internal Revenue Code (the "IRC") which includes a qualified cash or deferred arrangement as described in Section 401 (k) of the IRC, for the benefit of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Allredi, LLC is the administrator of the Plan. Principal Life Insurance Company (Principal) is the former custodian. Effective January 4, 2021, Voya Retirement Insurance and Annuity Company (Voya) became the new custodian. Voya is responsible for holding the assets of the Plan and for executing asset transactions at the direction of the Plan's participants. The trustees are responsible for oversight of the Plan, determine the appropriateness of the Plan's investment offerings, and monitor investment performance.

Eligibility:

Employees are eligible to participate in the Plan at the beginning of each month coinciding with or following the date on which the employee has completed six months of service provided the employee is at least twenty-one years of age.

Contributions:

Participants may contribute up to 100% of pretax annual compensation, as defined in the Plan document, up to the maximum limits of the Internal Revenue Code (IRC) (subject to federal limitations). Participants may designate all or a portion of their deferred contributions as after-tax contributions in a Roth account. 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 contribution plans otherwise known as rollover contributions. Participants direct the investment of all contributions into various investment options offered by the Plan.

The Plan has an automatic enrollment feature. Employees are automatically enrolled in the Plan at a pretax deferral rate of 3% of eligible compensation the first day of the calendar quarter coinciding with or following the date on which the eligibility requirements are met (entry date), unless the employee elects out, selects a different percentage or selects a Roth feature.

The Company, at the discretion of the Company's Board of Directors, can contribute both matching and discretionary contributions. For the year ended December 31, 2024, the Company's matching contributions were 50% of each participant's contribution up to 6% of each employee's eligible wages as long as the employee is participating. The Company did not make a discretionary contribution for the year ended December 31, 2024.

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

A Description of Plan (continued)

Vesting:

Participants are fully vested at all times in their voluntary contributions plus actual earnings thereon. Vesting in Company matching and discretionary contributions plus actual earnings thereon is based on years of continuous service. Participants vest in Company matching contributions ratably over a three-year vesting period. Notwithstanding the above, participants become 100% vested upon death or permanent disability.

Participant accounts:

Individual accounts are maintained for each of the Plan's participants which reflect the participants' share of the Plan's income (loss), expenses, contributions, and net realized and unrealized gains and losses on investments. Participants choose investments for their accounts from offered investment funds.

Investments options:

Upon enrollment, participants may direct the investments of their entire account balance, including all Company and participant contributions, into various investment options offered by the Plan. Participants may change their elections and request transfers at any time through the third party administrator.

Payment of benefits:

Upon termination of service, death, disability or retirement, a participant may elect to receive, or have their beneficiary receive, the value of the vested interest in their account in the form of a lump-sum distribution, rollover or partial withdrawal. Distribution of benefits upon termination becomes automatic if the participant's account balance is less than \$5,000. Participants with an account balance less than \$5,000 but greater than \$1,000 receive a direct rollover into a qualified individual retirement account unless they elect to receive a lump-sum payment. Those with a balance less than \$1,000 receive a lump-sum payment. The Plan allows participants to withdraw funds from their account balance after the age of 59½. Participants may also withdraw funds derived from their account balance in the event of hardship, as defined by the Plan.

Administrative expenses:

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included as an offset to net appreciation in fair value of investments.

Plan termination:

Although the Company intends for the Plan to continue, the Company reserves the right to discontinue annual contributions or to terminate the Plan. In the event of the Plan's termination, the account of each participant will be fully vested and nonforfeitable as of the effective date of termination of the Plan.

Tax status:

The Sponsor adopted a prototype 401(k) Profit Sharing Plan. The Internal Revenue Service determined and informed the Plan's trustees that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. Accordingly, the Plan is exempt from income taxes.

ALLREDI, LLC RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

A Description of Plan (continued)

Participant loans:

The Plan does not allow for participant loans; however, participants from the former Abrasive Products and Equipment, LLC plan were previously allowed to borrow from their accounts, and upon merger the outstanding notes receivable from participants were carried over to the Plan. The notes are secured by the participant's accounts and are repaid in accordance with the repayment schedules through payroll deduction or participant checks issued to the trustee. Interest rates on notes outstanding at December 31, 2022 ranged from 5.00% to 6.50%, and the notes mature at various dates through June 2024.

Forfeited accounts:

Forfeited balances of terminated participant's nonvested accounts are used to pay for the Plan's general administrative expenses and/or to fund employer contributions. Total forfeitures used to fund employer contributions totaled

B Summary of Significant Accounting Policies

Basis of accounting:

The Plan's financial statements are prepared on the accrual basis of accounting as permitted under the Department of Labor Rules and Regulations. Investment earnings are recorded based on the fair value of the investments at the end of the Plan year.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities 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 revenues and expenses during the reporting period. Actual results could differ from those estimates.

Method used to value investments and income recognition:

The Plan's investments are stated at fair value which is valued at contract value. Investments in securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the year. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses on sales of investments and unrealized appreciation and depreciation in fair value of investments are based upon beginning of year market values or cost, if acquired during the year. Interest and dividend income is recorded when earned and received on the last day of the quarter.

Date of management's review:

Management has evaluated events and transactions occurring after the statement of net assets available for benefits (modified cash basis) date through October 8, 2025, which is the date the financial statements were available to be issued. Management has determined that none of the events occurring after the date of the balance sheet through the date of management's review substantially affect the amounts, presentation and disclosure of the accompanying

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

B Summary of Significant Accounting Policies (continued)

Risks and uncertainties:

The plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit 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.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis.

Related fees are recorded as an administrative expense and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2023. If a participant ceases to make loan repayments, and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Notes receivable have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule, Schedule H, line 4i— schedule of assets (held at end of year).

Payment of benefits:

Benefits paid to participants are recorded when paid.

C Information Certified or Provided by the Plan's Custodian

The following is a summary of the Plan's asset information as of December 31, 2024, and for the year ended December 31, 2024, obtained by management and agreed to or derived from information certified by Voya (the custodian) as of and for the year ended December 31, 2024. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets are complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to information that appears throughout the financial statements and ERISA-required supplemental schedule related to the following assets:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Mutual funds	\$14,260,331	\$11,881,055
Common Collective Trusts	256,732	249,911

Voya also certified to the completeness and accuracy of \$1,435,733 of net appreciation in the fair value of investments, \$402,233 of dividends income related to the aforementioned investments, and \$5 of interest income on notes receivable from participants and \$4,169 of other income for the year ended December 31, 2024.

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

D Participant Loans

The following table presents a summary of changes in the participant loans balance for the years ended December 31, 2023 and 2022:

	December 31, 2024	December 31, 2023
Balance, beginning of year	\$2,121	\$5,734
Issuances and settlements, net	(2,121)	(3,613)
Balance, end of year	<u>\$ -</u>	<u>\$2,121</u>

E Party-in-Interest Transactions

Voya, the custodian of the Plan, manages certain Plan investments. Therefore, these transactions qualify as party-in-interest transactions. During 2024, the Plan paid \$42,802 in administration fees.

F Concentrations of Risks and Uncertainties

In accordance with accounting principles generally accepted in the United States of America, the Plan administrator has evaluated the Plan's risks and uncertainties. The Plan administrator believes that all significant risk has been disclosed in Plan documents and participant literature. The Plan's investments are exposed to various risks such as interest rates, market, and credit risks. In consideration of the nature and level of risk associated with certain investments, it is at least reasonably possible that changes in investment values will occur in the near term, and that such changes could materially affect participants account balances and the amounts included on the statements of net assets available for benefits.

G Reconciliation of Net Assets Available for Benefits

The following is a reconciliation of Net Assets available for benefits per the financial statements at December 31, 2024 and 2023 and the Form 5500 for the years then ended:

	December 31, 2024	December 31, 2023
Net assets available for benefits, financial statements	\$14,517,063	\$12,133,087
Adjustment from contract value to market value	-	-
Net assets available for benefits, Form 5500	<u>\$14,517,063</u>	<u>\$12,133,087</u>

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

H Fair Value Measurements

The Fair value measurements enable the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. The Plan classifies and discloses assets carried at fair value in of the following three categories. Refer to Note A for details in the procedures used to value investments in common collective trust funds measured at NAV, which is used as a practical expedient to estimate fair value.

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

Level 2: Inputs are observable inputs other than quoted (Level 1) prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The assets fair value measurements level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Classification within the fair value hierarchy table 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.

Mutual funds: Investments in mutual funds are valued daily at publicly quoted market prices of shares held by the Plan.

Pooled separate accounts: Pooled separate accounts were valued on the net asset value (NAV) per unit as reported by the investment manager, which is published daily. The underlying assets of the pooled separate accounts consisted solely of investments in mutual funds registered with the Securities and Exchange Commission.

Participant Loans: Participant loans are valued at the unpaid principal balance plus any accrued unpaid interest.

The following tables present information about the Plan's assets measured at fair value on a recurring basis as of December 31, 2024:

Assets Measured at Fair Value at December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$14,260,331	\$ -	\$ -	\$14,260,331
Common Collective Trusts	-	256,732	-	256,732
Participant Loans	-	-	-	-
Total	<u>\$14,260,331</u>	<u>\$256,732</u>	<u>\$ -</u>	<u>\$14,517,063</u>

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

H Fair Value Measurements - continued

Assets Measured at Fair Value at December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$11,881,055	\$ -	\$ -	\$11,881,055
Common Collective Trusts	-	249,911	-	249,911
Participant Loans	-	-	2,121	2,121
Total	\$11,881,055	\$249,911	\$ 2,121	\$12,133,087

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

I Fully Benefit-Responsive Investment Contract

In accordance with accounting principles generally accepted in the United States of America, the Plan administrator has evaluated the Plan's risks and uncertainties. The Plan administrator believes that all significant risk has been disclosed in Plan documents and participant literature. The Plan's investments are exposed to various risks such as interest rates, market, and credit risks. In consideration of the nature and level of risk associated with certain investments, it is at least reasonably possible that changes in investment values will occur in the near term, and that such changes could materially affect participants account balances and the amounts included on the statements of net assets available for benefits.

The Plan has a traditional, fully benefit-responsive guaranteed investment contract with Voya that is reported at contract value. Voya maintains the contributions in a general account. The account is credited with contributions, earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

ALLREDI, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

I Fully Benefit-Responsive Investment Contract - Continued

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation