

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>004</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALLEGIS GROUP, INC.</u></p> <p><u>7312 PARKWAY DR</u> <u>HANOVER, MD 21076</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2018</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>52-1304931</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-886-9798</u></p> <p><b>2d</b> Business code (see instructions) <u>561300</u></p>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	ROBERT GREER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	ROBERT GREER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	45226
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	24457
	<b>6a(2)</b>	23794
	<b>6b</b>	2
	<b>6c</b>	19343
	<b>6d</b>	43139
	<b>6e</b>	97
	<b>6f</b>	43236
	<b>6g(1)</b>	42790
	<b>6g(2)</b>	41539
<b>h</b>	43	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALLEGIS GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>52-1304931</b>	

**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

**PRINCIPAL LIFE INSURANCE COMPANY**

**42-0127290**

**(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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	NONE	1691436	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)

CAPFINANCIAL PARTNERS

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	53776	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALSTON & BIRD

58-0137615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	174751	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SC&H ATTEST SERVICES, P.C.

52-1743645

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	72172	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALLEGIS GROUP, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>52-1304931</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL S&amp;P 500 IDX FD TIER 3</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
<b>c</b> EIN-PN <u>45-6138589-002</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>276189085</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL EXT EQY MKT IDX TIER 3</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
<b>c</b> EIN-PN <u>45-6138589-110</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11527121</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL AGGREGT BD IDX TIER 3</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
<b>c</b> EIN-PN <u>45-6138589-088</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33115847</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COL ACWI EXUS IV MKT IX T3</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
<b>c</b> EIN-PN <u>45-6138589-223</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7425257</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TRGT RTMT INC TR PLUS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0735883-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14697594</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TRGT RTMT 2020 TR PLS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0735899-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14315224</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TRGT RTMT 2025 TR PLS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0735963-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40946970</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2030 TR PLS		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
<b>c</b> EIN-PN 90-0735964-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59236236
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2035 TR PLS		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
<b>c</b> EIN-PN 90-0735965-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81302230
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2040 TR PLS		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
<b>c</b> EIN-PN 90-0735971-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106227845
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2045 TR PLS		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
<b>c</b> EIN-PN 90-0735972-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156085623
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2050 TR PLS		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
<b>c</b> EIN-PN 90-0735976-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253561401
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2055 TR PLS		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
<b>c</b> EIN-PN 90-0735978-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 237635720
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2060 TR PLS		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
<b>c</b> EIN-PN 45-3799736-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 145092146
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2065 TR PLS		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
<b>c</b> EIN-PN 82-6204383-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40705468
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PI		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 82-6652363-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70958157
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PNTR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 46-6208187-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33905

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE BD CIT TR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 94-3222878-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5125540
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR INTL EQ INDX CIT TR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 52-2265229-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6617601
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR RUSS 2000 I CIT TR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 52-2265233-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2318315
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR S&P 500 INDEX CIT TR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 94-3224211-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11741466
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR S&P MID INDEX CIT TR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 52-2265235-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3080783
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR AGG BD INDEX CIT TR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 20-5699010-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5554629
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/CAUS INTL VALUE CIT TR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 47-6375784-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/D&C INT BOND CIT TR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 47-6566265-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 280
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/MFS VALUE CIT TR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 45-6648640-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1558386
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/MULTI SM CAP CIT TR		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 45-6648658-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 893048

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINT. ROWE I LGC GR CIT TR

**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

<b>c</b> EIN-PN 45-6648614-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1303071
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE GR STK TR C CIT

**b** Name of sponsor of entity listed in (a): T ROWE PRICE TRUST COMPANY

<b>c</b> EIN-PN 52-6559833-013	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181701574
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TAR RET 2070 TR PLUS

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

<b>c</b> EIN-PN 88-6095930-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1441213
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALLEGIS GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>52-1304931</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	20017326	24871144
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1469554139	1770391826
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	356488527	399621405
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1846059992	2194884375
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1846059992	2194884375

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	32748296	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	167729090	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	16219392	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		216696778
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	1816583	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1816583
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	4485798	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		4485798
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		239188013
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		41120310
<b>c</b> Other income .....	<b>2c</b>		337582
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		503645064

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	151276240	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	25455	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		151301695
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		7789
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		33235
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	1597686	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	72172	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	53776	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	174751	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1898385
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		153241104

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		350403960
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1175967
(2) From this plan .....	<b>2l(2)</b>		2755544

**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: **SC&H ATTEST SERVICES, P.C.**

(2) EIN: **52-1743645**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ALLEGIS GROUP INC. RETIREMENT SAVINGS PLAN THREE	52-1304931	003
ALLEGIS GROUP INC. RETIREMENT SAVINGS PLAN TWO	52-1304931	002

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLEGIS GROUP, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>52-1304931</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 42-0127290

**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	
---	--

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

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

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

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

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

<b>Part III</b>	<b>Amendments</b>
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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.....  Increase  Decrease  Both  No

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.



## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the  
Allegis Group, Inc. Retirement Savings Plan One and its Participants:

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 3 to the financial statements, is complete and accurate.

### Opinion on the Financial Statements

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

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



## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Allegis Group, Inc. Retirement Savings Plan One 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.

## **Emphasis of Matter — Basis of Accounting**

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

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

## **Auditors' Responsibilities for the Audit of the 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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

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

### **Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 2024 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2024 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

JC+H Attest Services, P.C.

October 15, 2025

**ALLEGIS GROUP, INC.**  
**RETIREMENT SAVINGS PLAN ONE**  
**Plan Sponsor EIN: 52-1304931**  
**Plan Number: 004**

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Allspring Core Bond CIT TR	Interest in common/collective trusts	xx	\$ 5,125,540
	Galliard Stable Return PI	Interest in common/collective trusts	xx	70,958,157
	Galliard Stable Return PNTR	Interest in common/collective trusts	xx	33,905
	Northern Trust Aggregate Bond Index 4 Tier 3	Interest in common/collective trusts	xx	33,115,847
	Northern Trust All Country World Index ex-US Fund	Interest in common/collective trusts	xx	7,425,257
	Northern Trust Extended Energy Market Index Tier 3 Fund	Interest in common/collective trusts	xx	11,527,121
	Northern Trust S&P 500 Index Tier 3	Interest in common/collective trusts	xx	276,189,085
*	Principal BlackRock International Equity Index	Interest in common/collective trusts	xx	6,617,601
*	Principal BlackRock Russell 2000 Index	Interest in common/collective trusts	xx	2,318,315
*	Principal BlackRock S&P 500 Index	Interest in common/collective trusts	xx	11,741,466
*	Principal BlackRock S&P MidCap Index	Interest in common/collective trusts	xx	3,080,783
*	Principal BlackRock US Aggregate Bond Index	Interest in common/collective trusts	xx	5,554,629
*	Principal MFS Value	Interest in common/collective trusts	xx	1,558,386
*	Principal Multi-Manager Small Cap	Interest in common/collective trusts	xx	893,048
*	Principal T. Rowe Institutional Large-Cap Growth	Interest in common/collective trusts	xx	1,303,071
*	Principal/Caus International Value CIT TR	Interest in common/collective trusts	xx	91
*	Principal/D&C International Bond CIT TR	Interest in common/collective trusts	xx	280
	T. Rowe Price Growth Stock Trust A	Interest in common/collective trusts	xx	181,701,574
	Vanguard Target Retirement 2020 Trust Plus	Interest in common/collective trusts	xx	14,315,224
	Vanguard Target Retirement 2025 Trust Plus	Interest in common/collective trusts	xx	40,946,970
	Vanguard Target Retirement 2030 Trust Plus	Interest in common/collective trusts	xx	59,236,236
	Vanguard Target Retirement 2035 Trust Plus	Interest in common/collective trusts	xx	81,302,230
	Vanguard Target Retirement 2040 Trust Plus	Interest in common/collective trusts	xx	106,227,845
	Vanguard Target Retirement 2045 Trust Plus	Interest in common/collective trusts	xx	156,085,623
	Vanguard Target Retirement 2050 Trust Plus	Interest in common/collective trusts	xx	253,561,401
	Vanguard Target Retirement 2055 Trust Plus	Interest in common/collective trusts	xx	237,635,720
	Vanguard Target Retirement 2060 Trust Plus	Interest in common/collective trusts	xx	145,092,146
	Vanguard Target Retirement 2065 Trust Plus	Interest in common/collective trusts	xx	40,705,468
	Vanguard Target Retirement 2070 Trust Plus	Interest in common/collective trusts	xx	1,441,213
	Vanguard Target Retirement Trust Plus	Interest in common/collective trusts	xx	14,697,594
				<u>1,770,391,826</u>
	Acadian Emerging Markets Portfolio Class Investor	Interest in registered investment companies	xx	2,651,601
	American Funds EuroPacific Growth	Interest in registered investment companies	xx	2,111,303
	American Funds EuroPacific Growth R6	Interest in registered investment companies	xx	53,802,492
	American Funds Investment Company of America R6	Interest in registered investment companies	xx	109,002,627
	Fidelity Small Cap Growth K6 Fund	Interest in registered investment companies	xx	8,805,903
	JPMorgan Mid Cap Value Institutional	Interest in registered investment companies	xx	55,250,295
	MassMutual Mid Cap Growth Class I	Interest in registered investment companies	xx	52,829,760
	JPMorgan Core Plus Bond Fund Class R6	Interest in registered investment companies	xx	14,734,168
	MFS International Intrinsic Value Fund R6	Interest in registered investment companies	xx	23,573,283
	Neuberger Berman Genesis Fund R6	Interest in registered investment companies	xx	53,042,551
	Northern Global Real Estate Index	Interest in registered investment companies	xx	2,343,404
	PIMCO High Yield Fund Institutional Class	Interest in registered investment companies	xx	726,882
	PIMCO Real Return Fund Institutional Class	Interest in registered investment companies	xx	2,230,539
	T. Rowe Price International Bond Institutional TR	Interest in registered investment companies	xx	25
	Victory Sycamore Small Company Opportunity	Interest in registered investment companies	xx	18,516,572
				<u>399,621,405</u>
*	Participant Loans	Interest rates ranging from 4.25% to 9.50%; with maturity dates through January 2035	\$ -	24,871,144

\* A party-in-interest, as defined by ERISA  
xx Cost not required as the investment is participant-directed

**ALLEGIS GROUP, INC.  
RETIREMENT SAVINGS PLAN ONE**

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**Financial Statements – Modified Cash Basis  
Together with Independent Auditors’ Report**

**As of December 31, 2024, and 2023 and  
For the Year Ended December 31, 2024**



## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the  
Allegis Group, Inc. Retirement Savings Plan One and its Participants:

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 3 to the financial statements, is complete and accurate.

### Opinion on the Financial Statements

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

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



## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Allegis Group, Inc. Retirement Savings Plan One 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.

## **Emphasis of Matter — Basis of Accounting**

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

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

## **Auditors' Responsibilities for the Audit of the 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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

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

### **Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 2024 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2024 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

JC+H Attest Services, P.C.

October 15, 2025

**ALLEGIS GROUP, INC.**  
**RETIREMENT SAVINGS PLAN ONE**

**Statements of Net Assets Available for Benefits -  
Modified Cash Basis**

<i>As of December 31,</i>	<i>2024</i>	<i>2023</i>
<b>Assets</b>		
Investments, at fair value	\$ 2,173,641,458	\$ 1,829,420,214
Notes Receivable from Participants	24,871,144	20,017,326
<b>Total Assets</b>	<b>2,198,512,602</b>	<b>1,849,437,540</b>
<b>Liabilities</b>		
	-	-
<b>Net Assets Available for Benefits</b>	<b>\$ 2,198,512,602</b>	<b>\$ 1,849,437,540</b>

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

**ALLEGIS GROUP, INC.  
RETIREMENT SAVINGS PLAN ONE**

**Statement of Changes in Net Assets Available for Benefits -  
Modified Cash Basis  
For the Year Ended December 31, 2024**

Changes in Net Assets Available for Benefits Attributable to:

Contributions		
Participants	\$	167,729,090
Company		32,748,296
Rollovers		16,219,392
<hr/>		
Total Contributions		216,696,778
Investment Income		
Interest and dividend income		4,485,798
Net appreciation in fair value of investments		280,896,582
<hr/>		
Total Investment Income		285,382,380
Interest Income on Notes Receivable from Participants		1,816,585
Benefits Paid to Participants		(151,342,719)
Administrative Expenses		(1,898,385)
<hr/>		
Net Increase in Net Assets Available for Benefits before Transfers		350,654,639
Net Assets Transferred In from Related Plan (Note 1)		1,175,967
Net Assets Transferred Out To Related Plan (Note 1)		(2,755,544)
<hr/>		
Net Increase in Net Assets Available for Benefits after Transfers		349,075,062
Net Assets Available for Benefits:		
Beginning of Year		1,849,437,540
<hr/>		
End of Year	\$	2,198,512,602

*The accompanying notes are an integral part of this financial statement.*

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

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### 1. DESCRIPTION OF THE PLAN

The following description of the Allegis Group, Inc. Retirement Savings Plan One (the Plan or Plan One) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

#### General

The Plan is a defined contribution plan established on January 1, 2018. The Plan is a deferred compensation profit sharing plan covering eligible employees of the Allegis Group, Inc. and affiliated participating companies (collectively, the Company) who have adopted the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and was most recently amended January 1, 2024.

#### Plan Restructure

Effective January 1, 2018, the Allegis Group, Inc. Retirement Savings Plan (the Original Plan) was restructured and renamed the Allegis Group, Inc. Retirement Savings Plan Two (Plan Two) and the accounts of participants eligible for Allegis Group, Inc. Retirement Plan One and Allegis Group, Inc. Retirement Plan Three (Plan Three) spun off to form Plan One and Plan Three, respectively. All accounts for internal employees were transferred to Plan One, and all external employees either remained in Plan Two, or were transferred to Plan Three based on eligibility requirements.

In order to determine the correct plan assignment (Plan One, Plan Two or Plan Three) for participants, eligibility shall be determined as of (i) the first day of the Plan year if the employee is employed by the Company on such date, or, if not, (ii) the employee's first day of employment during the Plan year.

Annually, participant plan assignments are re-evaluated based upon the participant meeting certain eligibility requirements of each plan. As of January 1<sup>st</sup> of the Plan year, if a participant's current plan assignment changes due to a change in their eligibility (internal vs. external, compensation or job title) making him or her eligible for a different plan than that of which they are currently enrolled in, the participant's prior account balance is transferred to the new plan along with any future contributions. If a participant's classification changes post January 1, he or she will remain in the existing plan until the following January 1<sup>st</sup>, at which time he or she will be re-evaluated. Net transfers out totaled \$1,579,577 and are included on the accompanying statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2024.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

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### 1. DESCRIPTION OF THE PLAN – cont'd.

#### Eligibility

All internal employees of the Company are covered by the Plan, with the exception of any person classified as working or providing services in a capacity other than an employee, leased employees, non-resident aliens with no U.S. source income, individuals working abroad not on a U.S. payroll, interns, employees subject to a collective bargaining agreement that does not provide for Plan participation and any individual employed in Puerto Rico.

Employees become eligible to enter the Plan on the first pay period beginning on or after the first day of the month occurring at least 30 days after employment commences.

The Plan contains certain provisions relating to a Corporate-Owned Community, which is a retirement community owned by a direct or indirect subsidiary of Erickson Living Management, LLC and Devonshire at PGA National, LLC. Corporate-Owned Community participants become eligible to participate in the Plan immediately upon hire. Effective January 1, 2022, participants are eligible to receive Company contributions when employment commences upon attaining 18 years of age.

#### Participant Contributions

Participants may contribute from 1% to 100% of their annual compensation, as defined by the Plan, on a pre-tax or post-tax (Roth) basis, not to exceed the maximum allowable contribution under Section 402(g) of the Internal Revenue Code (the Code), which was \$23,000 for the year ended December 31, 2024. A participant's Roth elective contributions are allocated to a separate account maintained for such contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch-up contributions, subject to the limitation imposed by the Code, which was \$7,500 per participant for the year ended December 31, 2024. Participants are permitted to make pre-tax rollover contributions to the Plan.

Internal employees of Allegis Group, Inc. and its subsidiaries that participate in the Plan, team members of Maxim Healthcare Services, Inc. and its subsidiaries that participate in the Plan, all employees of Tradepoint Atlantic, LLC and Sparrows Point Enterprises, LLC and their subsidiaries that participate in the Plan, and all employees of Erickson Living Management, LLC and its subsidiaries that participate in the Plan, will be automatically enrolled in the Plan upon meeting eligibility requirements. Unless the participant elects otherwise, he or she will be auto enrolled at a pre-tax deferral rate of 3%. This percentage will increase annually on January 1<sup>st</sup> for all participants in increments of 1% up to a maximum of 15%.

Corporate-Owned Community participants, employees of Erickson Living Management, LLC, who are at least 18 years of age as of his or her hire date are auto-enrolled at a pre-tax deferral rate of 1% beginning with the first pay occurring at least 30 days following the date of hire, unless the participant elects otherwise. This percentage will increase annually on the participants' anniversary date for all participants in increments of 1% up to a maximum of 15%.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

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### 1. DESCRIPTION OF THE PLAN – cont'd.

#### Company Matching Contributions

The Company contributes annually to the Plan on behalf of each non-highly compensated eligible participant who is: (1)(A) in the case of employees of Allegis employers, has an employee classification of “INT” (internal employees) or employees who are assigned to the benefits program “F/T” or “MSF” in the payroll records of the employer, (B) in the case of employees of Maxim employers, is classified by the employer as “team member,” or (C) is an employee of a Sparrows Point employer; (2) is employed by the Employer in the category in (1) on each day of the Plan year commencing after January 7 (for this purpose, employment shall not be deemed to have terminated by an Authorized Leave of Absence); and (3) is employed by the Employer on the Valuation Date. Notwithstanding the foregoing, (1) if a Participant whose employment is terminated during a Plan year due to a layoff is rehired by the Employer during the same Plan year but no later than the 60<sup>th</sup> day following the date of his layoff, or (2) if a Participant whose employment terminates for any reason is rehired within 7 days, he shall be entitled to a matching contribution for the Plan year if he is otherwise eligible for such matching contribution. Notwithstanding the above, the following Employees are not eligible for a Matching contribution: (A) non-resident aliens with no U.S. source income (B) Employees included in a unit of employees covered by a collective bargaining agreement with the Employer that does not expressly provide that such employees are eligible for a Matching contribution, and (C) Employees of a Corporate-Owned Community.

For employees of Allegis companies, the Company contribution amount shall be equal to 100% of the first \$1,000 of the participant’s elective contributions for the Plan Year. If the participant is eligible to receive the Allegis Standard Profit Sharing or Enhanced Profit Sharing contribution, the Company contribution amount shall be 50% of the lesser of (i) the participant’s elective contributions for the plan year and (ii) 6% of the participant’s eligible compensation for the plan year.

Prior to January 1, 2024, for employees of Maxim Healthcare Services, the Company contribution amount was equal to 100% of the first \$500 of participant contributions and 50% of the next \$500 of participant contributions, up to a maximum of \$750.

Effective January 1, 2024, for employees of Maxim Healthcare Services, if the participant is eligible for the Investment Growth Plan or the Key Investment Growth Plan, the Company contribution shall be 100% of the first \$1,000 of the participant’s elective contributions for the plan year. If the aforementioned criteria is not met, the Company contribution shall be 50% of the lesser of (i) the participant’s elective contributions for the plan year and (ii) 6% of the participant’s eligible compensation.

Effective January 1, 2024, for employees of Amergis Healthcare Staffing, if the participant is (i) eligible for the Investment Growth Plan or the Key Investment Growth Plan, or (ii) is in a commission-based position, the Company contribution shall be 100% of the first \$1,000 of the participant’s elective contributions for the plan year. If the aforementioned criteria is not met, the Company contribution shall be 50% of the lesser of (i) the participant’s elective contributions for the plan year and (ii) 6% of the participant’s eligible compensation.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

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### 1. DESCRIPTION OF THE PLAN – cont'd.

#### Company Matching Contributions – cont'd

For employees of Tradepoint Atlantic, LLC and Sparrows Point, LLC, the Company contribution amount is equal to 100% of the first \$500 of participant contributions and 50% of the next \$500 of participant contributions, up to a maximum of \$750.

The Company contribution amount for employees of Erickson, a participating employer in the Plan, is 100% of a participant's elective contributions up to a maximum of 3% of the participant's eligible compensation, calculated on an annual basis. Employees are required to complete 1,000 hours of service in the plan year to receive a Company contribution.

The Company may contribute a separate discretionary matching contribution on behalf of each eligible highly compensated participant, not to exceed the amount contributed to the non-highly compensated eligible participants. The Company contribution amount for a Corporate-Owned Community for each eligible participant employed as of the last day of the year is equal to 100% of the participant's elective contributions for the Plan year, up to 3% of the participant's eligible compensation for the Plan year. Matching contributions including QNEC contributions of \$15,593 paid into the Plan totaled \$26,418,333 during the year ended December 31, 2024.

#### Bonus Contributions

The Plan provides for bonus contributions that TEKsystems, Inc. (TEKsystems) may contribute at its discretion on behalf of its non-highly compensated eligible participants. Participants eligible to receive a bonus contribution are classified consultants who are employed by TEKsystems on each day of the Plan year commencing after January 7<sup>th</sup> of the Plan year. However, those participants who began employment after January 7<sup>th</sup> may become eligible for a bonus contribution on the first entry date occurring on or after they complete ten months of employment. Participants must be employed on the valuation date, as defined by the Plan, to receive an allocation.

Bonus contributions are allocated to participant accounts based upon a formula which includes the participant's billable hours worked during the year and a base award as determined by TEKsystems. Although participants in Plan One are not eligible to receive bonus contributions based on their eligibility status, participants may still receive such contributions as the Plan reports on a modified cash basis. Therefore, the bonus contributions received by the Plan for the year ended December 31, 2024, would relate to the bonus contributions determined during 2023, when a participant may have been previously eligible to receive such contributions. Bonus contributions paid into the Plan during the year ended December 31, 2024 totaled \$0.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

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### 1. DESCRIPTION OF THE PLAN – cont'd.

#### Allegis Profit Sharing Contributions

The Plan provides for an Allegis profit sharing contribution that certain participating Allegis companies may contribute at their discretion on behalf of non-highly compensated eligible participants. Participants eligible to receive an Allegis profit sharing contribution are those internal employees set forth below, employed on each day commencing after January 7<sup>th</sup> of the Plan year by a participating Allegis company. Those participants who are employed after January 7<sup>th</sup> may become eligible for a profit-sharing contribution on the first day of the month following a participant's eligibility, if they complete six months of employment. Participants eligible to receive a profit sharing contribution allocation include all employees who (A) are classified as "internal employees", (B) are employed on the U.S. payroll; and (C) are employed on the valuation date, as defined by the Plan, by the participating Allegis company making the Allegis profit sharing contribution. The following companies are included: (i) Actalent, Inc., (ii) Actalent Scientific, LLC, (iii) Actalent Services, LLC, (iv) Aerotek, Inc., (v) Aerotek Aviation, LLC, (vi) Aerotek Scientific, LLC, (vii) Allegis Global Solutions, Inc., (viii) Allegis Group, Inc., (ix) Allegis Partners, LLC, (x) Aston Carter, Inc. (fka Stephen James Associates, Inc.), (xi) Beltway Capital Management, LLC, (xii) Getting Hired, Inc., (xiii) Major, Lindsey & Africa, LLC, (xiv) MarketSource, Inc., (xv) MLA Legal, LLC, (xvi) MLA Interim Legal Talent, LLC, (xvii) Redwood Capital Management, LLC, (xviii) TEK EF&I Solutions LP, (xix) TEKsystems, Inc., (xx) TEKsystems Global Services, LLC, and (xxi) TEKsystems Government Services, LLC.

Notwithstanding the foregoing, the following employees are not eligible for an Allegis profit sharing contribution: (A) contract employees; (B) employees who are hired on a temporary basis for a period of less than one year; (C) non-resident aliens with no U.S. source income; (D) employees who are employed in a sales or recruiting capacity, or as a contracts manager, sales manager or account manager, or employees who receive commission; (E) employees included in a unit of employees covered by a collective bargaining agreement with the employer that does not expressly provide that such employees are eligible for a profit sharing contribution; (F) employees of Allegis Group, Inc. or any subsidiaries thereof who are in an "enhanced profit sharing position"; (G) employees eligible for the Management Incentive Plan (formerly known as the Retention Bonus Plan); (H) employees who have received a grant of any size whether vested or nonvested, under the Allegis Group Incentive Investment Plan, the Allegis Group Incentive Growth Plan, the Allegis Group Incentive Plan for key employees, the MLA Incentive Investment Plan, or the MarketSource Incentive Investment Plan; and (I) employees who have received a grant of any size, whether vested or non-vested of incentive appreciation rights under the Allegis Group Incentive Appreciation Rights Plan, the MarketSource Incentive Appreciation Rights Plan, or the MLA Incentive Appreciation Rights Plan.

Allegis profit sharing contributions are allocated to participant accounts based on the participant's hours of service and years of employment as of the last day of the Plan year. Profit sharing contributions paid into the Plan totaled \$1,207,400 during the year ended December 31, 2024.

Participating Allegis Companies may, at their discretion, contribute a separate enhanced profit sharing Company contribution on behalf of non-highly compensated eligible participants. Enhanced profit sharing contributions paid into the Plan totaled \$929,250 during the year ended December 31, 2024.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

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### 1. DESCRIPTION OF THE PLAN – cont'd.

#### Maxim Profit Sharing Contributions

The Plan provides for a Maxim profit sharing contribution that certain participating Maxim companies may contribute at their discretion on behalf of non-highly compensated eligible participants. In the case of a participant that is classified as a “part time employee” during a Plan year, and who later is reclassified as a “full time employee” during the Plan year, the participant shall be treated as a “full time employee” for such Plan year only if the reclassification occurs on or before June 30<sup>th</sup> of such Plan year. Participants eligible to receive a Maxim profit sharing contribution allocation consist of all employees who (A) are classified as “team members” of Maxim Healthcare Services, Inc. or any of its participating subsidiaries; (B) are employed on the U.S. payroll; and (C) are employed on the valuation date, as defined by the Plan, by the participating Maxim company making the profit sharing contribution. Notwithstanding the foregoing, the following employees are not eligible for a Maxim profit sharing contribution: (A) “caregivers”; (B) employees who are compensated through commissions, including but not limited to those who are employed in a sales or recruiting capacity, such as an account manager or recruiter; (C) employees who are hired on a temporary basis for a period of less than one year; (D) non-resident aliens with no U.S. source income; (E) employees included in a unit of employees covered by a collective bargaining agreement with an employer that does not expressly provide that such employees are eligible for a profit sharing contribution; or (F) employees who participate in the Maxim Healthcare Services, Inc. Incentive Investment Plan. Employees who have vested in 1,500 or more incentive appreciation rights in the Maxim Healthcare Services, Inc. Incentive Appreciation Rights Plan shall become ineligible for the profit sharing contribution beginning with the Plan year following the Plan year in which they met such vesting thresholds.

Maxim profit sharing contributions are allocated to participant accounts based on the participant's hours of service and years of employment as of the last day of the Plan year. Maxim profit sharing contributions paid into the Plan totaled \$3,919,250 during the year ended December 31, 2024.

#### Amergis Profit Sharing Contributions

The Plan provides for a Amergis Profit Sharing contribution. Amergis may make a profit sharing contribution on behalf of each of its participants who is (A) eligible for the Amergis profit sharing contribution and (B) is a non-highly compensated employee. Certain eligible participants who satisfy all of the following requirements: (A) are classified as "team members" of Amergis; (B) are employed on the U.S. payroll; and (C) are employed by Amergis on the valuation date, as defined by the Plan. Notwithstanding the foregoing, the following employees are not eligible for an Amergis profit sharing contribution: (A) employees classified as "caregivers"; (B) employees who are compensated through commissions, including but not limited to those who are employed in a sales or recruiting capacity, such as an account manager or recruiter; (C) employees who are hired on a temporary basis for a period of less than one year; (D) non-resident aliens with no U.S. source income; (E) employees included in a unit of employees covered by a collective bargaining agreement with the employer that does not expressly provide that such employees are eligible for an Amergis profit sharing contribution; and (F) employees who participate in the Amergis Healthcare Staffing, Inc. Investment Growth Plan or the Investment Growth Plan for Key Employees.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

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### 1. DESCRIPTION OF THE PLAN – cont'd.

#### **Amergis Profit Sharing Contributions – cont'd**

Amergis profit sharing contributions are allocated to participant accounts based on the participant's years of employment as of the last day of the Plan year. Amergis profit sharing contributions paid into the Plan totaled \$274,063 during the year ended December 31, 2024.

#### **Participant Accounts**

Each participant's account is participant-directed and is credited with the participant's contributions and Company contributions in accordance with the investment options selected by each participant. Any earnings, losses, and administrative expenses are allocated to a participant's account based upon the balance in each account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **Notes Receivable from Participants**

Participants may borrow up to 50% of their vested account balance, not to exceed \$50,000, without regard to the intended use of the funds. The notes are collateralized by the participant's vested account balance. Employees may only have one note outstanding at any time. Note repayments are to be made at least quarterly with interest based on interest rates comparable to those offered by financial institutions at the time of note origination. Notes receivable for reasons other than the purchase of a primary residence must be repaid within five years. Notes receivable for the purchase of a home must be repaid within ten years. Notes receivable transferred into the Plan due to a plan merger follow the loan terms under the predecessor plan.

#### **Payment of Benefits**

Upon termination of service or attainment of age 59 ½, a participant or their beneficiary, in the event of death, is entitled to a distribution of their vested account balance. Distributions will be made in a lump-sum equal to the value of the participant's vested interest in their account or as installment payments pursuant to the required minimum distribution rules. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed, which are vested, may be withdrawn for a qualified hardship purpose. Certain income tax penalties may apply to withdrawals or distributions prior to age 59½. If a participant's vested account balance upon termination is less than \$1,000 and no distribution election is made by the participant, the balance can be distributed at any time without participant consent. Distributions are subject to the applicable provisions of the Plan agreement. As of December 31, 2024 and 2023, there were \$21,770 and \$83,905, respectively, of net assets of the Plan allocated to participants who had elected to withdraw from the Plan but had not been paid as of year-end.

**ALLEGIS GROUP, INC.  
RETIREMENT SAVINGS PLAN ONE**

**Notes to the Financial Statements – Modified Cash Basis  
As of December 31, 2024 and 2023 and  
For the Year Ended December 31, 2024**

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**1. DESCRIPTION OF THE PLAN – cont'd.**

**Payment of Benefits – cont'd**

Effective January 1, 2024, in accordance with the SECURE 2.0 Act (SECURE 2.0), the Plan elected to permit distributions of up to \$22,500 for expenses incurred as a result of a federally declared disaster, in accordance with the permanent disaster rules established under SECURE 2.0. Such federally declared disaster distributions are not subject to the 10 percent additional tax and are taken into account as gross income over three years, subject to specific repayment options. A formal amendment incorporating all SECURE 2.0 provisions is expected to be adopted no later than December 31, 2026, in accordance with Internal Revenue Service (IRS) guidelines. As of October 15, 2025, the Plan has not been formally amended for these provisions.

**Vesting**

Participants are immediately vested in participant, rollover, Company matching (other than Corporate-Owned Community matching), profit sharing, and discretionary contributions, plus earnings thereon. Participants vest in bonus contributions and earnings thereon based upon years of service according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participants vest in Corporate-Owned Community Matching contributions and earnings thereon based upon years of service according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	25%
3	50%
4	75%
5 or more	100%

Notwithstanding the above, effective January 1, 2017, an employee who transfers directly from a Corporate-Owned Community to an Erickson employer, prior to full vesting under the above table, shall be 100% vested in his Corporate-Owned Community matching contribution account.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

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### 1. DESCRIPTION OF THE PLAN – cont'd.

#### Forfeitures

Forfeitures shall be used to fund Company contributions; provided however that the Plan Sponsor, acting in its capacity as an employer and not in a fiduciary capacity, may direct the administrator to use such forfeitures to pay administrative expenses of the Plan rather than to fund Company contributions. When forfeitures are used to fund Company contributions, such use shall reduce the contributions required by the Participating Companies to fund such contributions, and shall not increase the Company contributions that would otherwise be allocated to Participants. Forfeitures become available to the Plan as of the earlier of the last day of the Plan year in which a former employee incurs five consecutive one-year breaks in service or a distribution of their entire vested account balance occurs. The forfeitures account totaled \$818,498 and \$544,670 as of December 31, 2024 and 2023, respectively. Forfeitures used to reduce administrative expenses totaled \$243,828 during the year ended December 31, 2024. The Plan's unclaimed checks account totaled \$3,712,957 and \$3,651,832 as of December 31, 2024 and 2023.

#### Plan Expenses

Expenses incurred in the administration of the Plan are required to be paid with assets of the Plan unless the Company, at its discretion, elects to pay them. The majority of Plan expenses were paid with Plan assets, with a portion of the expenses paid through an allocation of the Plan's ERISA account/budget. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net appreciation in fair value of investments.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Basis of Accounting

The Plan's financial statements are prepared using the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Accordingly, certain additions are not recorded until the cash is collected and certain deductions are not recorded until the obligation is disbursed.

#### Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting, a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to net assets available for benefits and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

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### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Risk and Uncertainties

The Plan provides for investments in assets that are exposed to 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 may occur and materially affect participant account balances and the amounts reported in the statements of net assets available for benefits – modified cash basis.

#### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

#### Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value and establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1      Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2      Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Fair Value Measurement – cont'd

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets or liability's fair value measurement level within the fair value hierarchy is based upon 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.

The following is a description of the valuation methodologies used for investments measured at fair value:

*Interests in registered investment companies:* Valued at the closing price reported in the active market in which the fund is traded.

*Interests in common/collective trusts:* Valued at the net asset value (NAV) of shares as a practical expedient held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	\$ 399,621,405	\$ -	\$ -	\$ 399,621,405
Total assets in the fair value hierarchy	399,621,405	-	-	399,621,405
Interests in common/collective trusts <sup>(a)</sup>	n/a	n/a	n/a	1,774,020,053
Total investments, at fair value	\$ 399,621,405	\$ -	\$ -	\$ 2,173,641,458

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

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	\$ 356,488,526	\$ -	\$ -	\$ 356,488,526
Total assets in the fair value hierarchy	356,488,526	-	-	356,488,526
Interests in common/collective trusts <sup>(a)</sup>	n/a	n/a	n/a	1,472,931,688
Total investments, at fair value	\$ 356,488,526	\$ -	\$ -	\$ 1,829,420,214

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - cont'd.

#### Fair Value Measurement – cont'd.

- (a) In accordance with ASC 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits – modified cash basis.

In accordance with the fair value measurements and disclosure guidance, the following table presents the category, fair value, redemption frequency, redemption notice period and unfunded commitments for the Plan investments, the fair value of which is estimated using the NAV per share as a practical expedient, as of December 31,:

	2024	2023	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
Common/Collective Trusts <sup>(b)</sup>	\$ 1,699,399,763	\$ 1,402,413,658	Daily	None	None
Common/Collective Trusts - Stable					
Return Funds <sup>(c)</sup>	74,620,290	70,518,030	Daily	None	None
<b>Total</b>	<b>\$ 1,774,020,053</b>	<b>\$ 1,472,931,688</b>			

- (b) Certain funds use an asset allocation strategy designed for investors based on expected retirement age. Other funds invest in equity and debt securities, fixed income securities, and money market funds.
- (c) These funds invests in conventional and synthetic investment contracts issued by insurance companies. Individual assets of the conventional and synthetic investment contracts include domestic fixed income securities and investments in investment companies or collective investment trusts.

#### Notes Receivable from Participants

Notes receivable from participants are recorded at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent notes are treated as distributions based on the terms of the Plan agreement.

#### Payment of Benefits

Benefits are recorded when paid.

#### Subsequent Events

The Plan evaluated for disclosure any subsequent events through October 15, 2025, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

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### 3. INVESTMENTS

All investment data, including notes receivable from participants, contained in the accompanying financial statements – modified cash basis as of December 31, 2024 and 2023, and interest and dividend income and net realized and unrealized appreciation in fair value of investments for the year ended December 31, 2024, was obtained or derived from information supplied and certified as complete and accurate by Principal Trust Company (Principal), the Custodian and Trustee of the Plan.

### 4. ADJUSTMENTS TO INCOME

Adjustments to income includes amounts remitted back to the participant accounts in connection with the Plan's Service Agreement with the Custodian and Trustee. During the year ended December 31, 2024, \$337,582 was remitted back to the Plan under this arrangement, and is included in net appreciation in fair value of investments on the accompanying statement of changes in net assets available for benefits – modified cash basis.

### 5. PARTY-IN-INTEREST TRANSACTIONS

The Company provides certain accounting and administrative services to the Plan for which no fees are charged. The Plan invests in shares of common/collective trusts managed by Principal. The Plan loans funds to its participants according to the applicable provisions of the Plan agreement. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

### 6. INCOME TAX STATUS

The Plan obtained its latest determination letter on January 30, 2020, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter, however, the Plan administrator and legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2024 and 2023.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any periods in progress.

# ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE

## Notes to the Financial Statements – Modified Cash Basis As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

### 7. PLAN TERMINATION

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

### 8. OPERATIONAL FAILURE

During the year ended December 31, 2024, the Company became aware of certain operational failures with respect to the definition of compensation and payroll data issues related to the calculation of matching contributions for two participating companies in the Plan, Maxim and Amergis. Management is working with the participating companies, Principal and legal counsel to correct these matters in accordance with procedures under the IRS Employee Plans Compliance Resolution System to avoid any penalties to the Plan or Plan Sponsor and preserve the tax status of the Plan. Management is currently working to calculate any potential missed matches due to this error and will make such corrections as soon as administratively feasible including any lost earnings. Such amount is not estimable at this time however the Company does not expect that the correction of the operational failure will result in any material adjustments to the Plan's financial statements.

### 9. RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

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

	2024	2023
Net assets available for benefits reported on the financial statements	\$ 2,198,512,602	\$ 1,849,437,540
Fair value adjustment reported on Form 5500	(3,628,227)	(3,377,548)
Net assets available for benefits reported on the Form 5500	\$ 2,194,884,375	\$ 1,846,059,992

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024:

Net increase in net assets available for benefits reported on the financial statements before transfers	\$ 350,654,639
Change in fair value adjustment reported on the Form 5500	(250,679)
Net increase in net assets available for benefits reported on the Form 5500 before transfers	\$ 350,403,960

SUPPLEMENTAL SCHEDULE PROVIDED  
PURSUANT TO DEPARTMENT OF LABOR'S  
RULES AND REGULATIONS

**ALLEGIS GROUP, INC.**  
**RETIREMENT SAVINGS PLAN ONE**  
**Plan Sponsor EIN: 52-1304931**  
**Plan Number: 004**

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Allspring Core Bond CIT TR	Interest in common/collective trusts	xx	\$ 5,125,540
	Galliard Stable Return PI	Interest in common/collective trusts	xx	70,958,157
	Galliard Stable Return PNTR	Interest in common/collective trusts	xx	33,905
	Northern Trust Aggregate Bond Index 4 Tier 3	Interest in common/collective trusts	xx	33,115,847
	Northern Trust All Country World Index ex-US Fund	Interest in common/collective trusts	xx	7,425,257
	Northern Trust Extended Energy Market Index Tier 3 Fund	Interest in common/collective trusts	xx	11,527,121
	Northern Trust S&P 500 Index Tier 3	Interest in common/collective trusts	xx	276,189,085
*	Principal BlackRock International Equity Index	Interest in common/collective trusts	xx	6,617,601
*	Principal BlackRock Russell 2000 Index	Interest in common/collective trusts	xx	2,318,315
*	Principal BlackRock S&P 500 Index	Interest in common/collective trusts	xx	11,741,466
*	Principal BlackRock S&P MidCap Index	Interest in common/collective trusts	xx	3,080,783
*	Principal BlackRock US Aggregate Bond Index	Interest in common/collective trusts	xx	5,554,629
*	Principal MFS Value	Interest in common/collective trusts	xx	1,558,386
*	Principal Multi-Manager Small Cap	Interest in common/collective trusts	xx	893,048
*	Principal T. Rowe Institutional Large-Cap Growth	Interest in common/collective trusts	xx	1,303,071
*	Principal/Caus International Value CIT TR	Interest in common/collective trusts	xx	91
*	Principal/D&C International Bond CIT TR	Interest in common/collective trusts	xx	280
	T. Rowe Price Growth Stock Trust A	Interest in common/collective trusts	xx	181,701,574
	Vanguard Target Retirement 2020 Trust Plus	Interest in common/collective trusts	xx	14,315,224
	Vanguard Target Retirement 2025 Trust Plus	Interest in common/collective trusts	xx	40,946,970
	Vanguard Target Retirement 2030 Trust Plus	Interest in common/collective trusts	xx	59,236,236
	Vanguard Target Retirement 2035 Trust Plus	Interest in common/collective trusts	xx	81,302,230
	Vanguard Target Retirement 2040 Trust Plus	Interest in common/collective trusts	xx	106,227,845
	Vanguard Target Retirement 2045 Trust Plus	Interest in common/collective trusts	xx	156,085,623
	Vanguard Target Retirement 2050 Trust Plus	Interest in common/collective trusts	xx	253,561,401
	Vanguard Target Retirement 2055 Trust Plus	Interest in common/collective trusts	xx	237,635,720
	Vanguard Target Retirement 2060 Trust Plus	Interest in common/collective trusts	xx	145,092,146
	Vanguard Target Retirement 2065 Trust Plus	Interest in common/collective trusts	xx	40,705,468
	Vanguard Target Retirement 2070 Trust Plus	Interest in common/collective trusts	xx	1,441,213
	Vanguard Target Retirement Trust Plus	Interest in common/collective trusts	xx	14,697,594
				<u>1,770,391,826</u>
	Acadian Emerging Markets Portfolio Class Investor	Interest in registered investment companies	xx	2,651,601
	American Funds EuroPacific Growth	Interest in registered investment companies	xx	2,111,303
	American Funds EuroPacific Growth R6	Interest in registered investment companies	xx	53,802,492
	American Funds Investment Company of America R6	Interest in registered investment companies	xx	109,002,627
	Fidelity Small Cap Growth K6 Fund	Interest in registered investment companies	xx	8,805,903
	JPMorgan Mid Cap Value Institutional	Interest in registered investment companies	xx	55,250,295
	MassMutual Mid Cap Growth Class I	Interest in registered investment companies	xx	52,829,760
	JPMorgan Core Plus Bond Fund Class R6	Interest in registered investment companies	xx	14,734,168
	MFS International Intrinsic Value Fund R6	Interest in registered investment companies	xx	23,573,283
	Neuberger Berman Genesis Fund R6	Interest in registered investment companies	xx	53,042,551
	Northern Global Real Estate Index	Interest in registered investment companies	xx	2,343,404
	PIMCO High Yield Fund Institutional Class	Interest in registered investment companies	xx	726,882
	PIMCO Real Return Fund Institutional Class	Interest in registered investment companies	xx	2,230,539
	T. Rowe Price International Bond Institutional TR	Interest in registered investment companies	xx	25
	Victory Sycamore Small Company Opportunity	Interest in registered investment companies	xx	18,516,572
				<u>399,621,405</u>
*	Participant Loans	Interest rates ranging from 4.25% to 9.50%; with maturity dates through January 2035	\$ -	24,871,144

\* A party-in-interest, as defined by ERISA  
xx Cost not required as the investment is participant-directed