

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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>1a Name of plan <u>THE ALLIANCE RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE ALLIANCE, INC.</u></p> <p><u>400 CLIFTON AVENUE SOUTH</u> <u>MINNEAPOLIS, MN 55403</u></p>	<p>1c Effective date of plan <u>06/01/1972</u></p> <p>2b Employer Identification Number (EIN) <u>41-0963427</u></p> <p>2c Plan Sponsor's telephone number <u>612-874-4105</u></p> <p>2d Business code (see instructions) <u>541310</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.

SIGN HERE	Filed with authorized/valid electronic signature.	02/13/2026	CYNTHIA ELLSWORTH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	181
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	127
	6a(2)	134
	6b	13
	6c	40
	6d	187
	6e	0
	6f	187
	6g(1)	172
6g(2)	172	
6h	5	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan THE ALLIANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ALLIANCE, INC.	D Employer Identification Number (EIN) 41-0963427	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	82857	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	15435	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)

CLIFTONLARSONALLEN LLP

41-0746749

(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	AUDITOR	15225	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan THE ALLIANCE RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ALLIANCE, INC.	D Employer Identification Number (EIN) 41-0963427

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	138142	120708
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	876002	848068
(2) U.S. Government securities	1c(2)	5225652	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	8969457	9168328
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	45247428	31410859
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	7145	21705
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32998756	35550961
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	93462582	77120629
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	93462582	77120629

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2103754	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	109141	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2212895
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	51418	
(B) U.S. Government securities.....	2b(1)(B)	32763	
(C) Corporate debt instruments.....	2b(1)(C)	397589	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	1542	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		483312
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	311424	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1778823	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2090247
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1622361
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		3164093

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19392529	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		19392529
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	82857	
(4) IQPA audit fees	2i(4)	15225	
(5) Investment advisory and investment management fees	2i(5)	15435	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		113517
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19506046

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-16341953
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan THE ALLIANCE RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ALLIANCE, INC.	D Employer Identification Number (EIN) 41-0963427	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

THE ALLIANCE RETIREMENT PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE
AS OF MAY 31, 2025 AND 2024 AND
FOR THE YEAR ENDED MAY 31, 2025



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**THE ALLIANCE RETIREMENT PLAN
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AS OF MAY 31, 2025 AND 2024 AND
FOR THE YEAR ENDED MAY 31, 2025**

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INDEPENDENT AUDITORS' REPORT

Board of Directors of The Alliance, Inc.
The Alliance Retirement Plan
Minneapolis, Minnesota

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of The Alliance Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended May 31, 2025 and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of May 31, 2025 and 2024, and for the year ended May 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from 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 Alliance Retirement Plan's ability to continue as a going concern for one year after the date that 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Board of Directors of The Alliance, Inc.
The Alliance Retirement Plan

- 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 Alliance Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Alliance Retirement Plan'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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter — Supplemental Schedule Required by ERISA

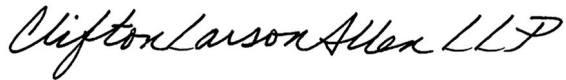
The supplemental schedule of assets (held at end of year) as of May 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure 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 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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.

Board of Directors of The Alliance, Inc.
The Alliance Retirement Plan

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, is 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).



CliftonLarsonAllen LLP

Monticello, Minnesota
February 5, 2026

THE ALLIANCE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MAY 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 35,550,961	\$ 32,998,756
Common Stocks	31,410,859	45,247,428
Corporate Bonds	9,168,328	8,969,457
U.S. Government Securities	-	5,225,652
Money Market Fund	848,068	876,002
Total Investments at Fair Value	76,978,216	93,317,295
RECEIVABLES		
Employer Discretionary Contribution	2,320,022	2,103,754
Accrued Income	120,708	138,142
Notes Receivable from Participants	21,705	7,145
Total Receivables	2,462,435	2,249,041
NET ASSETS AVAILABLE FOR BENEFITS	\$ 79,440,651	\$ 95,566,336

See accompanying Notes to Financial Statements.

**THE ALLIANCE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED MAY 31, 2025**

ADDITIONS:

INVESTMENT INCOME

Net Depreciation in Fair Value of Investments	\$ (829,167)
Interest and Dividends	<u>1,778,823</u>
Total Investment Income	949,656

**INTEREST INCOME ON NOTES RECEIVABLE
FROM PARTICIPANTS**

1,542

CONTRIBUTIONS

Employer Discretionary	2,320,022
Employee Rollover	<u>109,141</u>
Total Contributions	<u>2,429,163</u>

Total Additions 3,380,361

DEDUCTIONS:

BENEFITS PAID TO PARTICIPANTS 19,392,529

ADMINISTRATIVE EXPENSES 113,517

Total Deductions 19,506,046

NET DECREASE (16,125,685)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year 95,566,336

End of Year \$ 79,440,651

See accompanying Notes to Financial Statements.

**THE ALLIANCE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 1 DESCRIPTION OF PLAN

The following description of The Alliance Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan originally effective June 1, 1972. The Plan has been amended throughout the years to comply with tax legislation and last amended effective June 1, 2022. The Plan excludes employees covered by a collective bargaining agreement, leased employees, and employees who became employees as a result of an asset or stock acquisition, merger or similar transaction (these employees are eligible to participate in the Plan after the end of the Plan year following the Plan year in which the transaction occurs). The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Directors is responsible for the oversight of the Plan.

Eligibility

Employees of The Alliance, Inc. (the Employer) are eligible to participate in the Plan on their employment commencement date. Participants will receive an allocation of Employer contributions upon completion of one or more hours of service during the Plan year and they must be employed on the last day of the Plan year unless they are not employed due to death, disability, or attainment of normal retirement age.

Contributions

The Employer may, at its discretion, elect to make a contribution to the Plan. For the year ended May 31, 2025, the Employer discretionary contribution was 15% of eligible compensation plus 5.7% of eligible compensation above the social security taxable wage base.

Eligible participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each eligible participant's account is credited with the Employer's discretionary contribution and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

**THE ALLIANCE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately vested in their rollover contributions plus actual earnings thereon. Vesting in the Employer discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of credited service. A participant is 100% vested after six years of credited service. Notwithstanding the above, a participant is fully vested upon reaching normal retirement age, death, or permanent disability.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at the prime rate plus 1%. Principal and interest are paid ratably through payroll deductions.

Benefit Payments

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump sum distribution or installments. The Plan allows for in-service distributions if a participant reaches age 55 (age 62 for amounts transferred into the Plan from a money purchase pension plan) and completion of six years of vested service. The Plan also allows hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between \$1,000 and \$7,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

Forfeited Accounts

Forfeited nonvested accounts are used to pay administrative expenses or to reduce future Employer contributions. Forfeited nonvested accounts as of May 31, 2025 and 2024 totaled \$44,534 and \$6,389, respectively. Forfeitures totaling \$44,534 were used to reduce Employer contributions for the year ended May 31, 2025 when funded subsequent to year-end. No forfeitures were used to pay administrative expenses for the year ended May 31, 2025.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with 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. Actual results could differ from those estimates.

**THE ALLIANCE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of May 31, 2025 or 2024. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments, as well as certain other administrative expenses, are charged directly to the participant's account and are included in administrative expense. Investment related expenses are included in net depreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through February 5, 2026, the date the financial statements were available to be issued.

**THE ALLIANCE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Empower Trust Company, LLC, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of the information noted below as reflected on the accompanying statements of net assets available for benefits as of May 31, 2025 and 2024, the statement of changes in net assets available for benefits for the year ended May 31, 2025, and the supplemental schedule of assets (held at end of year) as of May 31, 2025.

	2025	2024
Mutual Funds	\$ 35,550,961	\$ 32,998,756
Notes Receivable from Participants	21,705	7,145
	2025	
Net Appreciation in Fair Value of Investments	\$ 1,438,644	
Interest and Dividends	1,778,823	
Interest Income on Notes Receivable from Participants	1,542	

NOTE 4 FAIR VALUE OF INVESTMENTS

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

**THE ALLIANCE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at May 31, 2025 and 2024.

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

Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Bonds: Valued based on a model that uses inputs such as interest-rate yield curves, cross-currency-basis index spreads or country credit-spreads, which are similar to the valued obligations in terms of issuer, maturity, and seniority.

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Money Market Fund: The value of cash held in short-term investment funds is based on quoted prices for similar assets in active markets. Cash held in banks is valued at cost, which approximates fair value.

**THE ALLIANCE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31:

	2025			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 35,550,961	\$ -	\$ -	\$ 35,550,961
Common Stocks	31,410,859	-	-	31,410,859
Corporate Bonds	-	9,168,328	-	9,168,328
Money Market Fund	848,068	-	-	848,068
Total Investments at Fair Value	\$ 67,809,888	\$ 9,168,328	\$ -	\$ 76,978,216
	2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 32,998,756	\$ -	\$ -	\$ 32,998,756
Common Stocks	45,247,428	-	-	45,247,428
Corporate Bonds	-	8,969,457	-	8,969,457
U.S. Government Securities	-	5,225,652	-	5,225,652
Money Market Fund	876,002	-	-	876,002
Total Investments at Fair Value	\$ 79,122,186	\$ 14,195,109	\$ -	\$ 93,317,295

NOTE 5 RISKS AND UNCERTAINTIES

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

NOTE 6 PLAN TERMINATION

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

**THE ALLIANCE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 7 PLAN TAX STATUS

The Plan is placing reliance on an opinion letter received from the IRS on the pre-approved plan indicating that the pre-approved plan is qualified under Section 401 of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under current income tax law. The pre-approved plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Empower. Empower Retirement is the recordkeeper as defined by the Plan and Empower Trust Company, LLC is the trustee as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions.

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2025</u>	<u>2024</u>
Net Assets Available for Benefits per the Financial Statements	\$ 79,440,651	\$ 95,566,336
Employer Discretionary Contribution Receivable	<u>(2,320,022)</u>	<u>(2,103,754)</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 77,120,629</u>	<u>\$ 93,462,582</u>

The following is a reconciliation of the net decrease per the financial statements to the net loss per Form 5500 for the year ended May 31, 2025:

Net Decrease per the Financial Statements	\$ (16,125,685)
Change in Employer Discretionary Contribution Receivable	<u>(216,268)</u>
Net Loss per Form 5500	<u>\$ (16,341,953)</u>

The Form 5500 is prepared on a cash basis while the financial statements are prepared on accrual basis.

THE ALLIANCE RETIREMENT PLAN
E.I.N. 41-0963427 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MAY 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value	
	Mutual Funds:			
American Beacon	Large Cap Value Investor		\$	216,046
American Funds	Growth Fund of America R4			5,433,656
Dodge & Cox	International Stock			2,342,098
Federated	Mid-Cap Index Svc			786,318
ClearBridge	International Growth IS			266,884
WCM	Focused Internation Growth Inst			130,351
Franklin	Small-Mid Cap Growth Fund			773,850
Federated	Government Obligation Advisor			2,136,863
Invesco	Emerging Markets All Cap Fund			836,726
Janus Henderson	Global Research T			1,879,488
Janus Henderson	Research T			2,346,453
JPMorgan	U.S. Small Company R6			534,799
MFS	Value A			1,825,172
Nuveen	Dividend Value I			194,542
Nuveen	Small/Mid Cap Growth Opportunities I			187,390
Nuveen	Mid Cap Value Fund I			232,026
Nuveen	Real Estate Securities I			550,564
Nuveen	Small Cap Select I			821,408
PIMCO	Real Return Admin			537,502
TIAA	TIAA CREF Short Bond Advisor			987,107
T. Rowe Price	QM US Small-Cap Growth Eq			476,636
Undiscovered Managers	Behavioral Val R3			226,104
Vanguard	500 Index Admiral			5,948,751
Vanguard	Long-Term Growth Index Admiral			1,437,422
Vanguard	Small Cap Growth Index Adm			507,168
Vanguard	Small Cap Index Adm			758,434
Vanguard	Small Cap Value Index Admiral			276,281
Victory Sycamore	Established Value A			1,078,052
Wells Fargo	Core Bond Admin			1,566,647
Invesco	International Bond Fund A			256,223
				<u>35,550,961</u>
Various	DGI Portfolio - Various - See Attached			41,427,255
*	Participants	Participant Loans Rates from 5.00% to 9.50%	-	<u>21,705</u>
				<u>\$ 76,999,921</u>

* Indicates party-in-interest

** Cost omitted for participant-directed accounts

THE ALLIANCE RETIREMENT PLAN
E.I.N. 41-0963427 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025

Disciplined Growth Investors
Alliance
Pension and Profit Sharing Plan

Security	Market Value
COMMON STOCK	
AKAMAI TECHNOLOGIES COM	\$ 1,170,385
ALARM COM HLDGS INC COM	1,335,468
ALIGN TECHNOLOGY INC	987,028
ARISTA NETWORKS INC COM SHS	1,447,754
AUTODESK INC COM	878,884
CELSIUS HLDGS INC COM NEW	219,136
COGNEX CORP COM	1,112,576
CORE LABORATORIES INC	400,126
COTERRA ENERGY INC COM	1,265,360
DOLBY LABORATORIES INC COM CL A	992,930
DOUBLEVERIFY HLDGS INC COM	226,779
EXPAND ENERGY CORPORATION COM	1,735,331
FLOOR & DECOR HLDGS INC CL A	722,205
GARMIN LTD SHS	1,829,572
GENERAC HLDGS INC COM	615,902
GENTEX CORP COM	969,140
GRACO INC COM	285,558
INTERDIGITAL INC COM	1,351,792
INTUIT COM	364,679
INTUITIVE SURGICAL INC	311,520
IPG PHOTONICS CORP COM	314,337
LANDSTAR SYS INC COM	370,220
LGI HOMES INC COM	311,221
MICROCHIP TECHNOLOGY INC. COM	1,232,654
PAYCHEX INC COM	216,495
PLEXUS CORP COM	1,375,999
POWER INTEGRATIONS INC COM	719,295
PROGYNY INC COM	120,142
PROTO LABS INC COM	598,965
PURE STORAGE INC CL A	2,060,428
SEMTECH CORP COM	755,970
SIMPSON MFG INC COM	331,797
SNAP ON INC COM	1,068,418
SPS COMM INC COM	326,000
STITCH FIX INC COM CL A	400,907

THE ALLIANCE RETIREMENT PLAN
E.I.N. 41-0963427 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025

Security	Market Value
SUPER MICRO COMPUTER INC COM NEW	\$ 1,462,731
TAKE-TWO INTERACTIVE SOFTWARE COM	653,949
TREX CO INC COM	326,001
UNDER ARMOUR INC CL A	362,434
VIASAT INC COM	180,772
CORPORATE BONDS	
ROYAL BK CDA SUSTAINABL 4.650% Due 01-27-26	114,923
WELLS FARGO & CO 7.574% Due 08-01-26	96,909
PRINCIPAL FINANCIAL GROU CALL 08/ 3.100% Due 11-15-26	112,521
JPMORGAN CHASE & CO SUB 4.125% Due 12-15-26	114,440
AMERICAN EXPRESS CO SER WI C 3.300% Due 05-03-27	98,161
CMS ENERGY CORP CALL 05/ 3.450% Due 08-15-27	131,969
SOUTHWEST AIRLS CO 3.450% Due 11-16-27	121,188
BK OF AMERICA CORP 4.183% Due 11-25-27	158,546
AMEREN CORP 1.750% Due 03-15-28	162,208
ASTRAZENECA FINANCE LLC CALL 03/ 1.750% Due 05-28-28	158,463
WASTE MGMT INC DEL 7.000% Due 07-15-28	150,444
FLUOR CORP 4.250% Due 09-15-28	91,623
VERIZON COMMUNICATIONS UNSC 4.329% Due 09-21-28	124,678
ONEOK INC NEW 6.875% Due 09-30-28	96,009
CENTERPOINT ENERGY INC CALL 08/ 4.250% Due 11-01-28	108,050
AT&T INC 4.350% Due 03-01-29	129,281

THE ALLIANCE RETIREMENT PLAN
E.I.N. 41-0963427 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025

Security	Market Value
WELLTOWER INC	\$ 128,271
4.125% Due 03-15-29	
NEXTERA ENERGY CAPITAL CALL 01/	129,911
3.500% Due 04-01-29	
ENERGY TRANSFER OPERATNG CALL 01/	152,194
5.250% Due 04-15-29	
US BANCORP	159,225
3.000% Due 07-30-29	
ENTERPRISE PRODUCTS OPER CALL 04/	123,301
3.125% Due 07-31-29	
CVS HEALTH CORP CALL 05/	156,770
3.250% Due 08-15-29	
SIMON PPTY GROUP LP	160,830
2.450% Due 09-13-29	
BLACK HILLS CORP	125,297
3.050% Due 10-15-29	
DOW CHEMICAL COMPANY CONS	154,041
7.375% Due 11-01-29	
DOMINION ENERGY GAS HLDG SER B CA	159,715
3.000% Due 11-15-29	
XCEL ENERGY INC CALL 06/	131,690
2.600% Due 12-01-29	
UNION PAC CORP	158,938
2.400% Due 02-05-30	
REPUBLIC SVCS INC	135,660
2.300% Due 03-01-30	
ADVANCE AUTO PARTS SER WI C	129,402
3.900% Due 04-15-30	
PUGET ENERGY INC CALL 03/	156,979
4.100% Due 06-15-30	
SOUTHWEST GAS CORP	163,632
2.200% Due 06-15-30	
MPLX LP	160,955
2.650% Due 08-15-30	
WEC ENERGY GROUP INC	164,483
1.800% Due 10-15-30	
ENTERGY LA LLC	161,698
1.600% Due 12-15-30	
PHILLIPS 66	130,185
2.150% Due 12-15-30	

THE ALLIANCE RETIREMENT PLAN
E.I.N. 41-0963427 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025

Security	Market Value
AGILENT TECHNOLOGIES INC 2.300% Due 03-12-31	\$ 165,962
HUBBELL INC 2.300% Due 03-15-31	156,800
APPALACHIAN PWR CO 2.700% Due 04-01-31	128,070
FEDEX CORP 2.400% Due 05-15-31	158,128
NATIONAL RURAL UTILITIES COOP FIN 1.650% Due 06-15-31	163,615
NORTHERN TR CORP 3.375% Due 05-08-32	135,240
DTE ENERGY CO 6.350% Due 10-15-32	149,959
ENBRIDGE INC MTN CDS- 5.700% Due 03-08-33	152,768
CANADIAN NATURAL RESOURCES LTD MED TERM 6.450% Due 06-30-33	146,932
ARIZONA PUBLIC SERVICE CO 5.550% Due 08-01-33	100,705
BP CAP MKTS AMER INC 4.893% Due 09-11-33	152,206
GATX CORP 5.450% Due 09-15-33	154,934
QUEST DIAGNOSTICS INC 6.400% Due 11-30-33	156,399
VIRGINIA ELEC & POWER CO 5.000% Due 01-15-34	151,630
KEURIG DR PEPPER INC 5.300% Due 03-15-34	156,328
WILLIAMS COS INC 5.150% Due 03-15-34	156,870
NISOURCE INC 5.350% Due 04-01-34	160,262
PUBLIC SERVICE ENTERPRISE GROUP 5.450% Due 04-01-34	156,108
L3HARRIS TECHNOLOGIES INC 5.350% Due 06-01-34	130,624
NEVADA POWER CO 6.650% Due 04-01-36	149,626

THE ALLIANCE RETIREMENT PLAN
E.I.N. 41-0963427 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025

Security	Market Value
SOUTHERN CO 4.250% Due 07-01-36	\$ 148,352
CINTAS CORP NO 2 6.150% Due 08-15-36	123,611
TOLEDO EDISON CO 6.150% Due 05-15-37	106,295
DUKE ENERGY CAROLINAS LLC 6.100% Due 06-01-37	116,709
PPL ELEC UTILS CORP 6.450% Due 08-15-37	103,623
LOWES COS INC 6.650% Due 09-15-37	114,648
UNITED PARCEL SERVICE SR NOTES 6.200% Due 01-15-38	146,798
CITIGROUP INC 6.875% Due 03-05-38	152,423
TRANSCANADA PIPELINE STRIP 7.250% Due 08-15-38	120,644
RTX CORPORATION 4.450% Due 11-16-38	139,471
CASH AND EQUIVALENTS	
DGI BLACKROCK TREASURY TRUST INSTL 10	<u>848,068</u>
TOTAL PORTFOLIO	<u><u>\$ 41,427,255</u></u>



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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

**The Alliance Retirement Plan
01-JUN-24 to 31-MAY-25**

04-JUN-25 09:39:28

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1FARCX			692,625.71	550,564.24
1LMGPX			232,603.05	266,883.86
1DODFX			1,716,390.72	2,342,097.78
1GTDDX			787,780.32	836,725.94
1JAWWX			1,465,611.11	1,879,487.77
1WCMIX			116,816.84	130,350.87
1JUSMX			583,482.36	534,799.15
1ARSTX			662,552.17	821,408.28
1PRDSX			434,778.91	476,636.12
1UBVTX			214,218.71	226,103.99
1VSGAX			401,062.62	507,168.30
1VSMAX			656,497.25	758,433.87
1VSIAX			243,986.68	276,280.94
1DGIBAL			12,601,765.07	41,585,299.08
1FMDCX			986,985.41	786,317.54
1FRSGX			721,902.05	773,849.48
1FISGX			206,831.44	187,390.28
1FSEIX			160,651.30	232,026.39
1VETAX			1,007,089.85	1,078,051.65
1AAGPX			221,025.70	216,045.71
1AFGF4			3,862,627.02	5,433,656.45
1JAMRX			1,513,776.77	2,346,453.46
1MEIAX			1,547,187.69	1,825,172.07
1FAQIX			199,753.81	194,541.50
1VFIAx			4,060,897.73	5,948,751.06
1OIBAX			268,446.73	256,222.71
1PARRX			608,857.38	537,502.01
1TCTHX			980,948.91	987,107.28
1VWESX			1,755,650.90	1,437,422.10
1MNTRX			1,792,256.21	1,566,646.69
1GOVXX			2,092,329.69	2,092,329.69
			42,797,390.11	77,091,726.26
PARTICIPANT LOANS	VARIOUS	5.000-9.500	21,673.45	21,704.61
FORFEITURES			44,533.61	44,533.61

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

INVESTMENT OPTION:

IFARCX	Nuveen Real Estate Securities I	ILMGPX	ClearBridge International Growth IS
1DODFX	Dodge & Cox International Stock - I	1GTDDX	Invesco EQV Emerging Mrkts All Cap Fd A
1JAWWX	Janus Henderson Global Research T	1WCMIX	WCM Focused International Growth Instl
1JUSMX	JPMorgan U.S. Small Company R6	1ARSTX	Nuveen Small Cap Select I
1PRDSX	T Rowe Integr US Small-Cap Grwt Eqty Inv	1UBVTX	Undiscovered Managers Behavioral Val R3
1VSGAX	Vanguard Small Cap Growth Index Admiral	1VSMAX	Vanguard Small Cap Index Adm
1VSIAX	Vanguard Small Cap Value Index Admiral	1DGIBAL	DGI Balanced Growth Portfolio
1FMDCX	Federated Hermes Mid-Cap Index SS	1FRSGX	Franklin Small-Mid Cap Growth Fund
1FISGX	Nuveen Small/Mid Cap Gr Opp I	1FSEIX	Nuveen Mid Cap Value Fund I
1VETAX	Victory Sycamore Established Value A	1AAGPX	American Beacon Lg Cap Value Investor
1AFGF4	American Funds Growth Fund of Amer R4	1JAMRX	Janus Henderson Research T
1MEIAX	MFS Value A	1FAQIX	Nuveen Dividend Value I
1VFIAX	Vanguard 500 Index Admiral	1OIBAX	Invesco International Bond A
1PARRX	PIMCO Real Return Admin	1TCTHX	Nuveen Short Term Bond I
1VWESX	Vanguard Long-Term Investment Grade	1MNTRX	Allspring Core Bond Administrator
1GOVXX	Federated Hermes Govt Obl Advisor		

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

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