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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                                |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                         |
| 1a      | Name of plan<br>WYNDEN STARK LLC 401(K) PROFIT SHARING PLAN AND TRUST (INTERNAL)                                                                                                                                                                                                                                               |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                             |
| 1c      | Effective date of plan<br>01/01/2019                                                                                                                                                                                                                                                                                           |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>WYNDEN STARK LLC<br><br>316 W 12TH STREET SUITE 210<br>AUSTIN, TX 78701 |
| 2b      | Employer Identification Number (EIN)<br>46-4805589                                                                                                                                                                                                                                                                             |
| 2c      | Plan Sponsor's telephone number<br>512-387-9634                                                                                                                                                                                                                                                                                |
| 2d      | Business code (see instructions)<br>812990                                                                                                                                                                                                                                                                                     |

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. | 11/07/2024 | CONSTANCE ALVAREZ                                            |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                           |
| <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:<br><b>a</b> Sponsor's name <b>WYNDEN STARK LLC</b><br><b>c</b> Plan Name <b>WYNDEN STARK LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>4b</b> EIN <b>46-4805589</b><br><b>4d</b> PN <b>001</b>                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> <b>173</b>                                                                                                                                                                                                                                                                                                        |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>166</b><br><b>6a(2)</b> <b>222</b><br><b>6b</b> <b>0</b><br><b>6c</b> <b>21</b><br><b>6d</b> <b>243</b><br><b>6e</b> <b>0</b><br><b>6f</b> <b>243</b><br><b>6g(1)</b> <b>69</b><br><b>6g(2)</b> <b>106</b><br><b>6h</b> <b>0</b> |
| <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:  
**3H 2E 2F 2G 2J 2K 2T 3D 3B**

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                  |                                                                                    |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>WYNDEN STARK LLC 401(K) PROFIT SHARING PLAN AND TRUST (INTERNAL)</div> | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>WYNDEN STARK LLC</div>         | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>46-4805589</div> |

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).....

X

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b)

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

(b)

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

(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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**(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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**(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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**(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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**(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)

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04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 60 64 65               | RECORDKEEPER                                                                                      | 100                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| LA INFLTN FOCUSED R4 - BNY MELLON<br>500 ROSS STREET<br>15253-4426<br>PITTSBURGH, PA 53442  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| LD ABT SH DTN INC R4 - BNY MELLON<br>500 ROSS STREET<br>15253-4426<br>PITTSBURGH, PA 53442  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| M&N HIGH YLD BOND I - BNY MELLON I<br>500 ROSS STREET<br>15253-4426<br>PITTSBURGH, PA 53442 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| WA INTERM BOND I - FRANKLIN TEMPLE<br><br>94-3167260                | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <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:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
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| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2023</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                  |                                                                    |  |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>WYNDEN STARK LLC 401(K) PROFIT SHARING PLAN AND TRUST (INTERNAL)</u> | <b>B</b> Three-digit plan number (PN) <u>001</u>                   |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>WYNDEN STARK LLC</u>  | <b>D</b> Employer Identification Number (EIN)<br><u>46-4805589</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><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                         |                               |                                                                                                                  |
|-----------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIT BALANCED C</u>                    |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK &amp; TRUST</u>      |                               |                                                                                                                  |
| <b>c</b> EIN-PN <u>47-6652256-001</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>5967</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>C&amp;S US REALTY F</u>               |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>              |                               |                                                                                                                  |
| <b>c</b> EIN-PN <u>46-3411346-064</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>19678</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM STABLE VALUE</u>               |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <u>04-3159710-202</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>5081</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIT AGGRESSIVE C</u>                  |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK &amp; TRUST</u>      |                               |                                                                                                                  |
| <b>c</b> EIN-PN <u>47-6646422-001</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>17150</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTN LARGE CP VAL R1</u>              |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>       |                               |                                                                                                                  |
| <b>c</b> EIN-PN <u>38-4065329-426</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>183</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIT MOD CONSRV C</u>                  |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK &amp; TRUST</u>      |                               |                                                                                                                  |
| <b>c</b> EIN-PN <u>47-6655437-001</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>28305</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                               |                                                                                                                  |
| <b>b</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)              |

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                         |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u> |                                         |            |
| <b>A</b> Name of plan<br><u>WYNDEN STARK LLC 401(K) PROFIT SHARING PLAN AND TRUST (INTERNAL)</u>         | <b>B</b> Three-digit plan number (PN) ▶ | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>WYNDEN STARK LLC</u>                 |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><u>46-4805589</u>                                       |                                         |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 3194                  | 0               |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 12405                 | 17472           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 0                     | 76364           |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1357833               | 2780585         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                          | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 1373432               | 2874421         |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 0                     | 0               |
| <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>    | 1373432               | 2874421         |

**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: (A) Employers .....                                  | <b>2a(1)(A)</b> | 1980       |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> | 917051     |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> | 329511     |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 1248542   |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 0          |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 0          |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 0          |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> | 0          |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> | 0          |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> | 0          |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> | 0          |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> | 0          |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 0          |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 0          |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 0          |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> | 0          |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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) |            | 0         |
| <b>c</b> Other income .....                                                                     | 2c     |            | 409661    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 1658203   |

**Expenses**

|                                                                                             |        |        |        |
|---------------------------------------------------------------------------------------------|--------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 0      |        |
| (2) To insurance carriers for the provision of benefits.....                                | 2e(2)  | 0      |        |
| (3) Other .....                                                                             | 2e(3)  | 143331 |        |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  |        | 143331 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |        | 4554   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        | 0      |
| <b>h</b> Interest expense .....                                                             | 2h     |        | 0      |
| <b>i</b> Administrative expenses:                                                           |        |        |        |
| (1) Salaries and allowances .....                                                           | 2i(1)  | 0      |        |
| (2) Contract administrator fees.....                                                        | 2i(2)  | 0      |        |
| (3) Recordkeeping fees.....                                                                 | 2i(3)  | 0      |        |
| (4) IQPA audit fees.....                                                                    | 2i(4)  | 0      |        |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 0      |        |
| (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) | 9329   |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) |        | 9329   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 157214 |

**Net Income and Reconciliation**

|                                                                 |       |  |         |
|-----------------------------------------------------------------|-------|--|---------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1500989 |
| <b>l</b> Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                          | 2l(1) |  | 0       |
| (2) From this plan .....                                        | 2l(2) |  | 0       |

**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: **ROJAS AND ASSOCIATES CPAS**

(2) EIN: **61-1442118**

**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.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <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.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 233331 |
| <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? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <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.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <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? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     | <input checked="" type="checkbox"/> |                                     |        |
| <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. ....                                                                                                                         | <input checked="" type="checkbox"/> |                                     |        |

**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) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>WYNDEN STARK LLC 401(K) PROFIT SHARING PLAN AND TRUST (INTERNAL)                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WYNDEN STARK LLC                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>46-4805589                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 16-1470238 04-6568107                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2023 v. 230707                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> 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> |  |
|                                                                                                                                                                                                                                                                                                                                  |            |  |
| <b>15</b> 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> |  |
|                                                                                                                                                                                                                                                                                                                                  |            |  |
| <b>16</b> 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> |  |
|                                                                                                                                                                                                                                                                                                                                  |            |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                    |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                    |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                             |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                 |  |
| <b>b</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:                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> 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.                                                                                                                                                                                                |  |
| <input type="checkbox"/> 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.                                                                                                                                                         |  |
| <input type="checkbox"/> No. Other. Provide explanation. _____                                                                                                                                                                                                                                                                                                                                                 |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |  |
|                                                                                                                                                                                                                                                                                         |  |
| <b>21b</b> 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). |  |
| <input type="checkbox"/> Design-based safe harbor method                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> "Prior year" ADP test                                                                                                                                                                                                                                          |  |
| <input checked="" type="checkbox"/> "Current year" ADP test                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> N/A                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                         |  |
| <b>22</b> 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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .                                         |  |

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE  
DECEMBER 31, 2023  
WITH INDEPENDENT AUDITORS' REPORT**

# Rojas & Associates, CPAs

1048 Irvine Avenue #245, Newport Beach, CA 92660

www.rojascpa.com

Phone – 714-282-8029

To the Trustees of  
Wynden Stark LLC 401(k)  
Profit Sharing Plan & Trust  
Austin, Texas

## INDEPENDENT AUDITORS' REPORT

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

We were engaged to perform audits of the financial statements of WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Fidelity Management Trust Company as of December 31, 2023, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audit and on the procedures performed as described in the 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 audit 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 WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **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 any conditions or events, considered in the aggregate, that raise substantial doubt about WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditors' Responsibilities for the Audit of the 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 WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST'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 WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST's ability to continue as a going concern for a reasonable period of time.

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

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

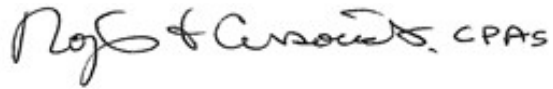
The supplemental Schedule H, Line 4(I) - Schedule of Assets (Held at End of Year) as of the year ended December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures 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 schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion-

- the form and content of the supplemental 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).

ROJAS & ASSOCIATES, CPAs



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Newport Beach, California  
October 14, 2024

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2023 AND 2022**

|                                    | <u>2023</u>                | <u>2022</u>                |
|------------------------------------|----------------------------|----------------------------|
| ASSETS                             |                            |                            |
| Investments:                       |                            |                            |
| Interest bearing cash              | \$ 0                       | \$ 3,194                   |
| Investments, at fair value         | <u>2,856,949</u>           | <u>1,357,833</u>           |
| Total investments                  | 2,856,949                  | 1,361,027                  |
| Receivables:                       |                            |                            |
| Employee contributions receivables | 40,460                     | 0                          |
| Notes receivable from participants | <u>17,472</u>              | <u>12,404</u>              |
| Total receivables                  | 57,932                     | 12,404                     |
| TOTAL ASSETS                       | <u>2,914,881</u>           | <u>1,373,431</u>           |
| LIABILITIES                        |                            |                            |
| Excess contributions payable       | <u>25,258</u>              | <u>0</u>                   |
| TOTAL LIABILITIES                  | <u>25,258</u>              | <u>0</u>                   |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u><u>\$ 2,889,623</u></u> | <u><u>\$ 1,373,431</u></u> |

See accompanying independent auditors' report.  
The accompanying notes are an integral part of this statement.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2023**

**ADDITIONS TO NET ASSETS ATTRIBUTED TO**

Investment income

|                                               |                |
|-----------------------------------------------|----------------|
| Interest and dividends                        | \$ 77,668      |
| Net appreciation in fair value of investments | <u>331,993</u> |

|                       |                |
|-----------------------|----------------|
| Total investment gain | <u>409,661</u> |
|-----------------------|----------------|

Contributions

|                        |              |
|------------------------|--------------|
| Participant            | 932,253      |
| Rollover contributions | 329,511      |
| Employer contributions | <u>1,981</u> |

|                     |                  |
|---------------------|------------------|
| Total contributions | <u>1,263,745</u> |
|---------------------|------------------|

|                 |                  |
|-----------------|------------------|
| Total additions | <u>1,673,406</u> |
|-----------------|------------------|

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO**

|                               |              |
|-------------------------------|--------------|
| Benefits paid to participants | 147,885      |
| Administrator Fees            | <u>9,329</u> |

|                  |                |
|------------------|----------------|
| Total deductions | <u>157,214</u> |
|------------------|----------------|

|              |           |
|--------------|-----------|
| NET INCREASE | 1,516,192 |
|--------------|-----------|

**NET ASSETS AVAILABLE FOR BENEFITS**

|                   |                  |
|-------------------|------------------|
| Beginning of year | <u>1,373,431</u> |
|-------------------|------------------|

|             |                            |
|-------------|----------------------------|
| End of year | <u><u>\$ 2,889,623</u></u> |
|-------------|----------------------------|

See accompanying independent auditors' report.  
The accompanying notes are an integral part of this statement.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 1. DESCRIPTION OF THE PLAN**

The following description of the Wynden Stark LLC 401(k) Profit Sharing Plan & Trust provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General.** The Plan is a defined contribution plan sponsored by Wynden Stark LLC covering all eligible employees who have reached 21 years of age, and have completed six months of service. Entry date is the first day of the quarter that falls on or after the date of eligibility. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Participant Contributions.** Each year, participants may make pretax salary deferral contributions up to the lesser of 92% of their eligible compensation or the maximum allowed under the Internal Revenue Code. Participants who have attained age 50 are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

**Employer Contributions.** The Employer may make discretionary profit sharing contributions. These contributions are allocated pro rate based on each participant's compensation as a percentage of total compensation for all qualifying participants.

**Participant Accounts.** The trustee maintains a separate account for each participant and each type of contribution. Each participant may select from a series of investment options designated by the trustee and Plan administrator for their individual contributions.

**Vesting.** Participants are fully vested in their own contributions. Participants are not vested in the Employer's Profit Sharing Contribution until the Participant has two years of vesting service. At that point they vest 20% per year until fully vested after six years.

**Participant Loans.** Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50 percent of their account balance, whichever is less. The loans must be repaid within 5 years or 15 years if the loan proceeds will be used to purchase a primary residence. The loans are secured by the balance in the participant's account and bear an interest rate to be determined by the trustees. Principal and interest is paid ratably through payroll deductions. The loan will be deemed a distribution if the participant terminates employment with the Company prior to repaying the loan.

**Payment of Benefits.** Upon termination due to death, retirement, disability, or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, a joint and survivor annuity, a life annuity if participant is not married, or installments over a period not longer than the participant's assumed life expectancy, or the purchase of a different form of annuity. For balances over \$5,000 the distribution can be made no sooner than thirty days following the receipt of the participant's election, and no later than one hundred and eighty days following receipt of the election. A lump sum distribution will be made if the participant's vested benefit is under \$1,000.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)**

**Forfeited Accounts.** At December 31, 2023, there were no forfeited non-vested accounts. Forfeited accounts will be reallocated to participants in the same manner as Employer non-elective contributions.

**NOTE 2. SIGNIFICANT ACCOUNTING POLICIES**

The financial statements of the plan are reported on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

The preparation of financial statements in conformity 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.

**Investment Valuation and Income Recognition:**

The Plan's investments are stated 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and Trustees. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Investment Contract:**

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Participants may direct the investment of their 401(k) contributions into the Plan.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Notes receivable from participants are collected through payroll withholding, or through final distribution from participant's balance after termination based upon the terms of the Plan. Notes receivable at December 31, 2023, were \$17,472.

Benefits are recorded when paid. There were no benefits requested before year-end that were not paid.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

All administrative expenses may be paid out of the Plan unless paid by the Company. During the year ended December 31, 2023, expenses paid by the Plan amounted to \$9,329 in administration fees.

There are no reconciling differences, in the statement of net assets available for benefits and the statement of changes in net assets available for benefits, between the financial statements and the Form 5500, other than those detailed in Note 11.

New Accounting Pronouncements Adopted in Current Year:

*ASU No. 2016-13*

In June 2016, the Financial Accounting Standards Board ("FASB") established Topic 326 *Measurement of Credit Losses on Financial Instruments*, by issuing Accounting Standards Update ("ASU") 2016-13 which provides financial statement users with improved information about expected credit losses on financial assets and commitments to extend credit. The amendments affect trade receivables, loans, debt securities, net investments in leases, off-balance sheet credit exposures, reinsurance receivables and certain other financial assets that have the contractual right to receive cash. Topic 326 was subsequently amended by ASU 2022-02, *Troubled Debt Restructurings and Vintage Disclosures*, which eliminated the accounting guidance on troubled debt restructurings for creditors, and amends the guidance on "vintage disclosures" to require disclosure of current-period gross write-offs by year of origination.

A modified-retrospective transition approach is required, via a cumulative-effect adjustment to retained earnings as of the beginning of the first reporting period in which the guidance is effective.

The Plan adopted the new standards effective January 1, 2023. The adoption of these standards did not have a material effect on any reported results.

**NOTE 3. COMPLIANCE WITH ERISA**

The Employee Retirement Income Security Act of 1974 (ERISA) required certain standards be incorporated into certain employee retirement plans. The Plan is based upon a Prototype Non-Standardized Profit Sharing Plan with CODA through FMR LLC. The Prototype Plan has obtained an Internal Revenue Service determination letter dated September 30, 2020.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown on the statements of net assets available for benefits as of December 31, 2023 and 2022;
- Net investment activity as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2023;
- Investment information included in the footnotes and supplemental schedule of assets (held for investment purposes at end of year) as of December 31, 2023 and 2022.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

**NOTE 5. FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurement and Disclosures*, provides the 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 highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

**Level 1** - Inputs to the valuation methodology are unadjusted quoted prices accessible in active markets for identical assets or liabilities at the measurement date.

**Level 2** - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets or inputs (other than quoted prices) that are observable or that are derived principally from or corroborated by observable market data through correlation or other means.

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

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

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)**

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used for the year ended December 31, 2023. During the year ended December 31, 2023, there were no transfers of financial instruments into or out of Level 3.

Common stocks, preferred stocks and exchange traded funds: Value at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds: Valued at closing price reported on the active market on which the individual funds are traded. Mutual funds held by the Plan are open ended mutual funds that are registered with the Securities & Exchange Commission (SEC). 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 activity traded. The Plan can redeem these investments daily, and there are currently no redemption restrictions on these investments.

The following table summarizes assets measured at fair value on a recurring basis as of December 31, 2023:

| <u>Assets</u>                   | <u>Level 1</u>     | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>       |
|---------------------------------|--------------------|----------------|----------------|--------------------|
| Investments at fair value:      |                    |                |                |                    |
| Mutual funds                    | <u>\$2,780,585</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$2,780,585</u> |
| Total investments at fair value | <u>\$2,780,585</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>2,780,585</u>   |
| Investments at net asset value* |                    |                |                | <u>76,364</u>      |
| Total investments               |                    |                |                | <u>\$2,856,949</u> |

\*In accordance with Subtopic 820-10, certain investments that were measured at net asset value (or its equivalent) 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 on the statements of the net assets available for benefits.

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 6. INCOME TAX**

The IRS has informed FMR LLC, the prototype plan sponsor of the Plan, in an opinion letter dated June 30, 2020, that the form of the Plan is acceptable under the requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code and the Plan continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 examinations by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 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 Plan termination, participants account balances become 100% vested and non-forfeitable.

**NOTE 8. SUBSEQUENT EVENTS**

The Plan Administrator has evaluated subsequent events through October 14, 2024, the date of this report, and has determined that there were no significant subsequent events to recognize or disclose in these financial statements.

**NOTE 9. RISKS AND UNCERTAINTIES**

The Plan invests in various types of 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 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 and the statement of changes in net assets available for benefits.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 10. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain administrative functions are performed by officers and employees of the Company. No officer or employee receives compensation from the Plan for these services.

Certain Plan investments are managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the custodian of the Plan and, therefore, these transactions qualify as party in interest transactions.

**NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2023 and 2022:

|                                                                | <u>2023</u>        | <u>2022</u>        |
|----------------------------------------------------------------|--------------------|--------------------|
| Net assets available for benefits per the financial statements | \$2,889,623        | \$1,373,431        |
| Refund of excess contributions                                 | 25,258             | 0                  |
| Employee contributions receivable                              | ( 40,460 )         | <u>0</u>           |
| Net assets available for benefits per Form 5500                | <u>\$2,874,421</u> | <u>\$1,373,431</u> |

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401 (K) PROFIT SHARING PLAN & TRUST**  
**EIN:46-4805589**  
**PLAN NUMBER 001**  
**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**DECEMBER 31, 2023**

| (a) Party in Interest | (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) Current Value |
|-----------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|
| Cohen & Steers        | Fiduciary Investment Trust                               | C&S US REALTY F                                                                                              | 19,678            |
|                       |                                                          | FIT AGGRESSIVE C                                                                                             | 17,150            |
|                       |                                                          | FIT BALANCED C                                                                                               | 5,967             |
|                       |                                                          | FIT MOD CONSRV C                                                                                             | 28,305            |
| Putnam                |                                                          | PUTN LARGE CP VAL R1                                                                                         | 183               |
| Lord Abbett           |                                                          | LA INFLTN FOCUSED R4                                                                                         | 4,115             |
| Dimensional           |                                                          | DFA INTL CORE EQ I                                                                                           | 32,984            |
| Dimensional           |                                                          | DFA US SMALL CAP I                                                                                           | 17                |
| Lord Abbett           |                                                          | LD ABT BOND DBNTR R6                                                                                         | 14,542            |
| Manning & Napier      |                                                          | M&N HIGH YLD BOND I                                                                                          | 7,090             |
| Neuberger Berman      |                                                          | NB GENESIS R6                                                                                                | 1,014             |
| Western Asset         |                                                          | WA INTERM BOND I                                                                                             | 12,684            |
| Vanguard              |                                                          | VANG INTL GROWTH ADM                                                                                         | 19,094            |
| Vanguard              |                                                          | VANG LT INV GR ADM                                                                                           | 7,358             |
| Dimensional           |                                                          | DFA GLBL EQUITY INST                                                                                         | 37,330            |
| American Funds        |                                                          | AF NEW WORLD R6                                                                                              | 17,275            |
| Lord Abbett           |                                                          | LD ABT SH DTN INC R4                                                                                         | 468               |
| Dimensional           |                                                          | DFA WLD EX US VAL I                                                                                          | 13,814            |
| JP Morgan             |                                                          | JPM LG CAP GROWTH R6                                                                                         | 251,649           |

See accompanying independent auditors' report.

WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST  
EIN:46-4805589  
PLAN NUMBER 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)  
DECEMBER 31, 2023

| (a) Party in Interest | (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) Current Value |
|-----------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------|
|                       | Putnam                                                   | PUTNAM STABLE VALUE                                                                                         | 5,081             |
| *                     | Fidelity                                                 | FID 500 INDEX                                                                                               | 410,197           |
| *                     | Fidelity                                                 | FID SM CAP IDX                                                                                              | 55,902            |
| *                     | Fidelity                                                 | FID FDM IDX 2010 IPR                                                                                        | 527               |
| *                     | Fidelity                                                 | FID FDM IDX 2015 IPR                                                                                        | 643               |
| *                     | Fidelity                                                 | FID FDM IDX 2020 IPR                                                                                        | 519               |
| *                     | Fidelity                                                 | FID FDM IDX 2025 IPR                                                                                        | 516               |
| *                     | Fidelity                                                 | FID FDM IDX 2030 IPR                                                                                        | 35,784            |
| *                     | Fidelity                                                 | FID FDM IDX 2035 IPR                                                                                        | 312,903           |
| *                     | Fidelity                                                 | FID FDM IDX 2040 IPR                                                                                        | 211,061           |
| *                     | Fidelity                                                 | FID FDM IDX 2045 IPR                                                                                        | 302,150           |
| *                     | Fidelity                                                 | FID FDM IDX 2050 IPR                                                                                        | 231,656           |
| *                     | Fidelity                                                 | FID FDM IDX 2055 IPR                                                                                        | 535,411           |
| *                     | Fidelity                                                 | FID FDM IDX 2060 IPR                                                                                        | 255,624           |
| *                     | Fidelity                                                 | FID FDM IDX 2065 IPR                                                                                        | 8,258             |
| *                     | Participant Loans                                        | Interest Rate 4.5% - 10.5%                                                                                  | 17,472            |
|                       | TOTAL                                                    |                                                                                                             | \$ 2,874,421      |

Historical cost information is not required in Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for participant directed investment funds.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE  
DECEMBER 31, 2023  
WITH INDEPENDENT AUDITORS' REPORT**

# Rojas & Associates, CPAs

1048 Irvine Avenue #245, Newport Beach, CA 92660

www.rojascpa.com

Phone – 714-282-8029

To the Trustees of  
Wynden Stark LLC 401(k)  
Profit Sharing Plan & Trust  
Austin, Texas

## INDEPENDENT AUDITORS' REPORT

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

We were engaged to perform audits of the financial statements of WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Fidelity Management Trust Company as of December 31, 2023, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audit and on the procedures performed as described in the 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 audit 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 WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **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 any conditions or events, considered in the aggregate, that raise substantial doubt about WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditors' Responsibilities for the Audit of the 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 WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST'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 WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST's ability to continue as a going concern for a reasonable period of time.

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

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

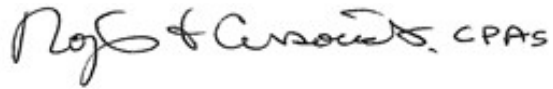
The supplemental Schedule H, Line 4(I) - Schedule of Assets (Held at End of Year) as of the year ended December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures 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 schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion-

- the form and content of the supplemental 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).

ROJAS & ASSOCIATES, CPAs

A handwritten signature in dark ink, appearing to read "Rojas & Associates, CPAs", is written above a horizontal line.

Newport Beach, California  
October 14, 2024

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2023 AND 2022**

|                                    | <u>2023</u>                | <u>2022</u>                |
|------------------------------------|----------------------------|----------------------------|
| ASSETS                             |                            |                            |
| Investments:                       |                            |                            |
| Interest bearing cash              | \$ 0                       | \$ 3,194                   |
| Investments, at fair value         | <u>2,856,949</u>           | <u>1,357,833</u>           |
| Total investments                  | 2,856,949                  | 1,361,027                  |
| Receivables:                       |                            |                            |
| Employee contributions receivables | 40,460                     | 0                          |
| Notes receivable from participants | <u>17,472</u>              | <u>12,404</u>              |
| Total receivables                  | 57,932                     | 12,404                     |
| TOTAL ASSETS                       | <u>2,914,881</u>           | <u>1,373,431</u>           |
| LIABILITIES                        |                            |                            |
| Excess contributions payable       | <u>25,258</u>              | <u>0</u>                   |
| TOTAL LIABILITIES                  | <u>25,258</u>              | <u>0</u>                   |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u><u>\$ 2,889,623</u></u> | <u><u>\$ 1,373,431</u></u> |

See accompanying independent auditors' report.  
The accompanying notes are an integral part of this statement.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2023**

**ADDITIONS TO NET ASSETS ATTRIBUTED TO**

Investment income

|                                               |                |
|-----------------------------------------------|----------------|
| Interest and dividends                        | \$ 77,668      |
| Net appreciation in fair value of investments | <u>331,993</u> |

|                       |                |
|-----------------------|----------------|
| Total investment gain | <u>409,661</u> |
|-----------------------|----------------|

Contributions

|                        |              |
|------------------------|--------------|
| Participant            | 932,253      |
| Rollover contributions | 329,511      |
| Employer contributions | <u>1,981</u> |

|                     |                  |
|---------------------|------------------|
| Total contributions | <u>1,263,745</u> |
|---------------------|------------------|

|                 |                  |
|-----------------|------------------|
| Total additions | <u>1,673,406</u> |
|-----------------|------------------|

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO**

|                               |              |
|-------------------------------|--------------|
| Benefits paid to participants | 147,885      |
| Administrator Fees            | <u>9,329</u> |

|                  |                |
|------------------|----------------|
| Total deductions | <u>157,214</u> |
|------------------|----------------|

|              |           |
|--------------|-----------|
| NET INCREASE | 1,516,192 |
|--------------|-----------|

**NET ASSETS AVAILABLE FOR BENEFITS**

|                   |                  |
|-------------------|------------------|
| Beginning of year | <u>1,373,431</u> |
|-------------------|------------------|

|             |                            |
|-------------|----------------------------|
| End of year | <u><u>\$ 2,889,623</u></u> |
|-------------|----------------------------|

See accompanying independent auditors' report.  
The accompanying notes are an integral part of this statement.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 1. DESCRIPTION OF THE PLAN**

The following description of the Wynden Stark LLC 401(k) Profit Sharing Plan & Trust provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General.** The Plan is a defined contribution plan sponsored by Wynden Stark LLC covering all eligible employees who have reached 21 years of age, and have completed six months of service. Entry date is the first day of the quarter that falls on or after the date of eligibility. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Participant Contributions.** Each year, participants may make pretax salary deferral contributions up to the lesser of 92% of their eligible compensation or the maximum allowed under the Internal Revenue Code. Participants who have attained age 50 are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

**Employer Contributions.** The Employer may make discretionary profit sharing contributions. These contributions are allocated pro rate based on each participant's compensation as a percentage of total compensation for all qualifying participants.

**Participant Accounts.** The trustee maintains a separate account for each participant and each type of contribution. Each participant may select from a series of investment options designated by the trustee and Plan administrator for their individual contributions.

**Vesting.** Participants are fully vested in their own contributions. Participants are not vested in the Employer's Profit Sharing Contribution until the Participant has two years of vesting service. At that point they vest 20% per year until fully vested after six years.

**Participant Loans.** Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50 percent of their account balance, whichever is less. The loans must be repaid within 5 years or 15 years if the loan proceeds will be used to purchase a primary residence. The loans are secured by the balance in the participant's account and bear an interest rate to be determined by the trustees. Principal and interest is paid ratably through payroll deductions. The loan will be deemed a distribution if the participant terminates employment with the Company prior to repaying the loan.

**Payment of Benefits.** Upon termination due to death, retirement, disability, or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, a joint and survivor annuity, a life annuity if participant is not married, or installments over a period not longer than the participant's assumed life expectancy, or the purchase of a different form of annuity. For balances over \$5,000 the distribution can be made no sooner than thirty days following the receipt of the participant's election, and no later than one hundred and eighty days following receipt of the election. A lump sum distribution will be made if the participant's vested benefit is under \$1,000.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)**

**Forfeited Accounts.** At December 31, 2023, there were no forfeited non-vested accounts. Forfeited accounts will be reallocated to participants in the same manner as Employer non-elective contributions.

**NOTE 2. SIGNIFICANT ACCOUNTING POLICIES**

The financial statements of the plan are reported on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

The preparation of financial statements in conformity 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.

**Investment Valuation and Income Recognition:**

The Plan's investments are stated 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and Trustees. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Investment Contract:**

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Participants may direct the investment of their 401(k) contributions into the Plan.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Notes receivable from participants are collected through payroll withholding, or through final distribution from participant's balance after termination based upon the terms of the Plan. Notes receivable at December 31, 2023, were \$17,472.

Benefits are recorded when paid. There were no benefits requested before year-end that were not paid.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

All administrative expenses may be paid out of the Plan unless paid by the Company. During the year ended December 31, 2023, expenses paid by the Plan amounted to \$9,329 in administration fees.

There are no reconciling differences, in the statement of net assets available for benefits and the statement of changes in net assets available for benefits, between the financial statements and the Form 5500, other than those detailed in Note 11.

New Accounting Pronouncements Adopted in Current Year:

*ASU No. 2016-13*

In June 2016, the Financial Accounting Standards Board ("FASB") established Topic 326 *Measurement of Credit Losses on Financial Instruments*, by issuing Accounting Standards Update ("ASU") 2016-13 which provides financial statement users with improved information about expected credit losses on financial assets and commitments to extend credit. The amendments affect trade receivables, loans, debt securities, net investments in leases, off-balance sheet credit exposures, reinsurance receivables and certain other financial assets that have the contractual right to receive cash. Topic 326 was subsequently amended by ASU 2022-02, *Troubled Debt Restructurings and Vintage Disclosures*, which eliminated the accounting guidance on troubled debt restructurings for creditors, and amends the guidance on "vintage disclosures" to require disclosure of current-period gross write-offs by year of origination.

A modified-retrospective transition approach is required, via a cumulative-effect adjustment to retained earnings as of the beginning of the first reporting period in which the guidance is effective.

The Plan adopted the new standards effective January 1, 2023. The adoption of these standards did not have a material effect on any reported results.

**NOTE 3. COMPLIANCE WITH ERISA**

The Employee Retirement Income Security Act of 1974 (ERISA) required certain standards be incorporated into certain employee retirement plans. The Plan is based upon a Prototype Non-Standardized Profit Sharing Plan with CODA through FMR LLC. The Prototype Plan has obtained an Internal Revenue Service determination letter dated September 30, 2020.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown on the statements of net assets available for benefits as of December 31, 2023 and 2022;
- Net investment activity as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2023;
- Investment information included in the footnotes and supplemental schedule of assets (held for investment purposes at end of year) as of December 31, 2023 and 2022.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

**NOTE 5. FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurement and Disclosures*, provides the 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 highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

**Level 1** - Inputs to the valuation methodology are unadjusted quoted prices accessible in active markets for identical assets or liabilities at the measurement date.

**Level 2** - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets or inputs (other than quoted prices) that are observable or that are derived principally from or corroborated by observable market data through correlation or other means.

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

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

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)**

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used for the year ended December 31, 2023. During the year ended December 31, 2023, there were no transfers of financial instruments into or out of Level 3.

Common stocks, preferred stocks and exchange traded funds: Value at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds: Valued at closing price reported on the active market on which the individual funds are traded. Mutual funds held by the Plan are open ended mutual funds that are registered with the Securities & Exchange Commission (SEC). 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 activity traded. The Plan can redeem these investments daily, and there are currently no redemption restrictions on these investments.

The following table summarizes assets measured at fair value on a recurring basis as of December 31, 2023:

| <u>Assets</u>                   | <u>Level 1</u>     | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>       |
|---------------------------------|--------------------|----------------|----------------|--------------------|
| Investments at fair value:      |                    |                |                |                    |
| Mutual funds                    | <u>\$2,780,585</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$2,780,585</u> |
| Total investments at fair value | <u>\$2,780,585</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>2,780,585</u>   |
| Investments at net asset value* |                    |                |                | <u>76,364</u>      |
| Total investments               |                    |                |                | <u>\$2,856,949</u> |

\*In accordance with Subtopic 820-10, certain investments that were measured at net asset value (or its equivalent) 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 on the statements of the net assets available for benefits.

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 6. INCOME TAX**

The IRS has informed FMR LLC, the prototype plan sponsor of the Plan, in an opinion letter dated June 30, 2020, that the form of the Plan is acceptable under the requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code and the Plan continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 examinations by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 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 Plan termination, participants account balances become 100% vested and non-forfeitable.

**NOTE 8. SUBSEQUENT EVENTS**

The Plan Administrator has evaluated subsequent events through October 14, 2024, the date of this report, and has determined that there were no significant subsequent events to recognize or disclose in these financial statements.

**NOTE 9. RISKS AND UNCERTAINTIES**

The Plan invests in various types of 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 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 and the statement of changes in net assets available for benefits.

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401(k)  
PROFIT SHARING PLAN & TRUST  
Austin, Texas**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 10. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain administrative functions are performed by officers and employees of the Company. No officer or employee receives compensation from the Plan for these services.

Certain Plan investments are managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the custodian of the Plan and, therefore, these transactions qualify as party in interest transactions.

**NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2023 and 2022:

|                                                                | <u>2023</u>        | <u>2022</u>        |
|----------------------------------------------------------------|--------------------|--------------------|
| Net assets available for benefits per the financial statements | \$2,889,623        | \$1,373,431        |
| Refund of excess contributions                                 | 25,258             | 0                  |
| Employee contributions receivable                              | ( 40,460 )         | 0                  |
| Net assets available for benefits per Form 5500                | <u>\$2,874,421</u> | <u>\$1,373,431</u> |

See accompanying independent auditors' report.

**WYNDEN STARK LLC 401 (K) PROFIT SHARING PLAN & TRUST**  
**EIN:46-4805589**  
**PLAN NUMBER 001**  
**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**DECEMBER 31, 2023**

| (a) Party in Interest | (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) Current Value |
|-----------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|
| Cohen & Steers        | Fiduciary Investment Trust                               | C&S US REALTY F                                                                                              | 19,678            |
|                       |                                                          | FIT AGGRESSIVE C                                                                                             | 17,150            |
|                       |                                                          | FIT BALANCED C                                                                                               | 5,967             |
|                       |                                                          | FIT MOD CONSRV C                                                                                             | 28,305            |
| Putnam                |                                                          | PUTN LARGE CP VAL R1                                                                                         | 183               |
| Lord Abbett           |                                                          | LA INFLTN FOCUSED R4                                                                                         | 4,115             |
| Dimensional           |                                                          | DFA INTL CORE EQ I                                                                                           | 32,984            |
| Dimensional           |                                                          | DFA US SMALL CAP I                                                                                           | 17                |
| Lord Abbett           |                                                          | LD ABT BOND DBNTR R6                                                                                         | 14,542            |
| Manning & Napier      |                                                          | M&N HIGH YLD BOND I                                                                                          | 7,090             |
| Neuberger Berman      |                                                          | NB GENESIS R6                                                                                                | 1,014             |
| Western Asset         |                                                          | WA INTERM BOND I                                                                                             | 12,684            |
| Vanguard              |                                                          | VANG INTL GROWTH ADM                                                                                         | 19,094            |
| Vanguard              |                                                          | VANG LT INV GR ADM                                                                                           | 7,358             |
| Dimensional           |                                                          | DFA GLBL EQUITY INST                                                                                         | 37,330            |
| American Funds        |                                                          | AF NEW WORLD R6                                                                                              | 17,275            |
| Lord Abbett           |                                                          | LD ABT SH DTN INC R4                                                                                         | 468               |
| Dimensional           |                                                          | DFA WLD EX US VAL I                                                                                          | 13,814            |
| JP Morgan             |                                                          | JPM LG CAP GROWTH R6                                                                                         | 251,649           |

See accompanying independent auditors' report.

WYNDEN STARK LLC 401(k) PROFIT SHARING PLAN & TRUST  
EIN:46-4805589  
PLAN NUMBER 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)  
DECEMBER 31, 2023

| (a) Party in Interest | (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) Current Value |
|-----------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------|
|                       | Putnam                                                   | PUTNAM STABLE VALUE                                                                                         | 5,081             |
| *                     | Fidelity                                                 | FID 500 INDEX                                                                                               | 410,197           |
| *                     | Fidelity                                                 | FID SM CAP IDX                                                                                              | 55,902            |
| *                     | Fidelity                                                 | FID FDM IDX 2010 IPR                                                                                        | 527               |
| *                     | Fidelity                                                 | FID FDM IDX 2015 IPR                                                                                        | 643               |
| *                     | Fidelity                                                 | FID FDM IDX 2020 IPR                                                                                        | 519               |
| *                     | Fidelity                                                 | FID FDM IDX 2025 IPR                                                                                        | 516               |
| *                     | Fidelity                                                 | FID FDM IDX 2030 IPR                                                                                        | 35,784            |
| *                     | Fidelity                                                 | FID FDM IDX 2035 IPR                                                                                        | 312,903           |
| *                     | Fidelity                                                 | FID FDM IDX 2040 IPR                                                                                        | 211,061           |
| *                     | Fidelity                                                 | FID FDM IDX 2045 IPR                                                                                        | 302,150           |
| *                     | Fidelity                                                 | FID FDM IDX 2050 IPR                                                                                        | 231,656           |
| *                     | Fidelity                                                 | FID FDM IDX 2055 IPR                                                                                        | 535,411           |
| *                     | Fidelity                                                 | FID FDM IDX 2060 IPR                                                                                        | 255,624           |
| *                     | Fidelity                                                 | FID FDM IDX 2065 IPR                                                                                        | 8,258             |
| *                     | Participant Loans                                        | Interest Rate 4.5% - 10.5%                                                                                  | 17,472            |
|                       | TOTAL                                                    |                                                                                                             | \$ 2,874,421      |

Historical cost information is not required in Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for participant directed investment funds.