



<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	117
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	61
	<b>6a(2)</b>	58
	<b>6b</b>	21
	<b>6c</b>	43
	<b>6d</b>	122
	<b>6e</b>	
	<b>6f</b>	122
	<b>6g(1)</b>	
<b>6g(2)</b>	121	
<b>6h</b>	4	
<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:  
2E 2J 3H

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

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALVIN H. BUTZ, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1613786</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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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)

MODERA WEALTH MANAGEMENT

7540 WINDSOR DRIVE, SUITE 205  
ALLENTOWN, PA 18195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		102104	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO ADVISORS

5050 TILGHMAN STREET, 4TH FLOOR  
ALLENTOWN, PA 18104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		67142	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE DOUGLAS GROUP

7424 WINDSOR DRIVE  
ALLENTOWN, PA 18106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		63035	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CAMPBELL, RAPPOLD & YURASITS LLP

1033 S CEDAR CREST BLVD  
ALLENTOWN, PA 18031

23-1386942

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		20100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

R.P. MILLS ASSOCIATES, INC.

4140 SAND SPRING ROAD  
SCHNECKSVILLE, PA 18078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		5025	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALVIN H. BUTZ, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1613786</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1872	895
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	294237	283776
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2281	2333
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	873919	1379489
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	534698	577111
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	8409380	8991702
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	45966	13170
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	38621460	41772089
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	48783813	53020565
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	48783813	53020565

**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 .....	2a(1)(A)	283776	
(B) Participants .....	2a(1)(B)	360380	
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		644156
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	49167	
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)	1827	
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		50994
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)	236136	
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	1242673	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		1478809
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	10235487	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	8475295	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		1760192
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	1254253	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		5709835
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10898239

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	6405763	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		6405763
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	20100	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	230600	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	5024	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		255724
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		6661487

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4236752
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **CAMPBELL, RAPPOLD & YURASITS LLP**

(2) EIN: **23-1386942**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALVIN H. BUTZ, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1613786</b>	

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-6484072</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> 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
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> 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
<b>8</b> 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

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> 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
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703995A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<p><b>A</b> Name of plan <u>ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN</u></p>	<p><b>B</b> Three-digit Plan number (PN) ..... ▶</p>	<p><u>002</u></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <u>ALVIN H. BUTZ, INC.</u></p>	<p><b>D</b> Administrator's EIN <u>23-1613786</u></p>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d  other multiple-employer pension plan (Describe) RELATED EMPLOYERS ADOPTED SAME PLAN (Complete Part II)

**Part II Participating Employer Information.**

**2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer <u>ROBERSON BUTZ ARCHITECTS, P.C.</u>	<b>2b</b> EIN <u>23-2951421</u>	<b>2c</b> Percentage of Total Contributions for the Plan Year <u>0.00</u>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <u>441185</u>
<b>2a</b> Name of Participating Employer <u>ALVIN H. BUTZ, INC.</u>	<b>2b</b> EIN <u>23-1613786</u>	<b>2c</b> Percentage of Total Contributions for the Plan Year <u>1.00</u>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <u>52579380</u>

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**Schedule MEP (2023)  
v. 230728**

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) .....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_

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**Alvin H. Butz, Inc. 401(k) Profit Sharing Plan**

**Financial Statements,  
Independent Auditor's Report  
and Supplementary Information**

**September 30, 2024 and 2023**

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN  
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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee  
Alvin H. Butz, Inc. 401(k) Profit Sharing Plan  
Allentown, PA

### Opinion

We have audited the accompanying financial statements of Alvin H. Butz, Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Alvin H. Butz, Inc. 401(k) Profit Sharing Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Alvin H. Butz, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Alvin H. Butz, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Alvin H. Butz, Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Alvin H. Butz, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Congbell, Rappold & Yasaita LLP*

March 21, 2025

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	September 30,	
	2024	2023
<b>Assets</b>		
Investments - at Fair Value:		
Government Securities	\$ 577,111	\$ 534,698
Certificates of Deposit	297,891	288,434
Money Market Funds	1,081,598	585,485
Common Stocks	8,991,702	8,409,380
Mutual Funds	41,772,089	38,621,460
Total Investments	52,720,391	48,439,457
Receivables:		
Employer Contributions	283,776	294,237
Accrued Interest	2,333	2,281
Participant Contributions	-	-
Notes Receivable from Participants	13,170	45,966
Total Receivables	299,279	342,484
Cash	895	1,872
Total Assets	53,020,565	48,783,813
<b>Liabilities</b>		
Taxes Payable	-	-
Net Assets Available for Benefits	\$ 53,020,565	\$ 48,783,813

See independent auditor's report and notes to financial statements.

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Year Ended September 30,	
	2024	2023
<b>Additions to Net Assets Attributed to:</b>		
Investment Return:		
Net Appreciation in Fair Value of Investments	\$ 8,724,280	\$ 4,206,921
Interest and Dividends	1,527,976	1,505,908
	10,252,256	5,712,829
Interest Income on Notes Receivable from Participants	1,827	3,074
	283,776	294,237
Contributions:		
Employer	283,776	294,237
Participants	360,380	384,741
	644,156	678,978
Total Contributions	644,156	678,978
	10,898,239	6,394,881
Total Additions	10,898,239	6,394,881
<b>Deductions from Net Assets Attributed to:</b>		
Benefits Paid to Participants	6,405,763	5,448,939
Investment and Administrative Fees	255,724	241,947
	6,661,487	5,690,886
Total Deductions	6,661,487	5,690,886
Net Increase in Net Assets Available for Benefits	4,236,752	703,995
<b>Net Assets Available for Benefits:</b>		
Beginning of Year	48,783,813	48,079,818
	\$ 53,020,565	\$ 48,783,813
End of Year	\$ 53,020,565	\$ 48,783,813

See independent auditor's report and notes to financial statements.

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2024**

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**1. Description of Plan**

The following description of the Alvin H. Butz, Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description or the Plan Document for a more complete description of the Plan’s provisions.

*General*

The Plan is a contributory defined contribution plan covering substantially all full-time employees of Alvin H. Butz, Inc., its parent company, Butz Enterprises, Inc., and its wholly-owned subsidiary, Butz Pocono Realty Co, Inc. (collectively, the “Company”). Roberson Butz Architects, P.C., a related company through common ownership, adopted the Plan, as amended, effective September 1, 2009.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s trustees are responsible for oversight of the Plan. The Plan’s trustees, with the help of investment managers and advisors, determine the appropriateness of the Plan’s investment offerings, monitor investment performance and report to the Company’s Board of Directors.

*Eligibility*

All employees not covered by a union collective bargaining agreement are eligible to participate in the Plan upon completing one year of eligibility service, defined by 1,000 hours of service, and attainment of 21 years of age. An employee becomes a participant in the Plan on the first day of the month coinciding with or next following the date eligibility requirements are met. Effective for Plan years beginning after December 31, 2020, any employee working at least 500 hours of service during each of three consecutive 12-month periods becomes a participant eligible to make elective deferrals on the first day of the month coinciding with or next following the date eligibility requirements are met, provided the employee meets the applicable age requirement. Twelve-month periods prior to January 1, 2021 are not taken into account.

*Contributions*

There are several types of contributions that can be added to a participant’s account: a pre-tax employee salary deferral, a Roth contribution, and an employer profit sharing contribution.

Employer contributions to the Plan are determined by the Board of Directors of the Company. Contributions may not exceed the lesser of 25% of eligible compensation or annual statutory limits for each participant who is employed on the last date of the year or who terminated employment because of death, disability, early retirement or retirement. Employer contributions were 4% and 4% of eligible compensation in 2024 and 2023, respectively. Employer contributions are allocated to each participant’s account in proportion to each participant’s eligible compensation for the year to the total compensation of all participants for the year. The total maximum contribution allocated to an employee’s account of all employers’ plans cannot exceed 25 percent of eligible compensation.

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2024**

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**1. Description of Plan (Continued)**

Contributions (Continued)

Participant contributions to the Plan consist of pre-tax salary deferrals, and after-tax Roth deferrals up to the maximum permitted by law. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

All contributions to the Plan are non-participant directed.

Participant Accounts

Each participant's account is credited with an allocation of contributions, Plan earnings (including unrealized appreciation or depreciation of Plan assets), and forfeitures of the non-vested portion of terminated participants' employer profit sharing contributions, and charged with an allocation of administrative expenses. Allocations of the employer profit sharing contributions and participant forfeitures are based on participants' compensation, while allocations of plan earnings are based on participants' account balances. Loan and disbursement processing fees are charged to the respective participants' accounts, if any. Other administrative expenses are allocated pro rata based on the participants' account balances, if any. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The notes are secured by the balance in the participants' account and bear interest at 5% - 7% at September 30, 2024 and 2023, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through weekly payroll deductions. Terms range from one to five years, or greater for the purpose of a primary residence.

Forfeited Accounts

There were no forfeited non-vested accounts included in investments as of September 30, 2024 and 2023. In general, forfeitures of non-vested accounts are used to reduce employer contributions. During the years ended September 30, 2024 and 2023, forfeitures applied against employer contributions amounted to \$0 and \$0, respectively.

Vesting

For employer contributions and plan earnings thereon, the interest of each participant of the Plan vests 20% on the completion of two years of service, and an additional 20% for each additional year until the employee is 100 percent vested. However, each participant's account becomes fully vested upon death, permanent disability or termination of the Plan.

If a participant's employment is terminated before he or she is fully vested, and the participant does not return to the Company before he or she incurs a five-year break in service, the non-vested portion of the participant's account balance is forfeited.

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2024**

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**1. Description of Plan (Continued)**

*Vesting (Continued)*

After a participant is terminated, he or she ceases to receive credits for contributions and forfeitures under the Plan. However, the account will continue to share in the allocation of net plan income or loss.

Participant salary deferrals and earnings thereon, are 100% fully vested at all times.

*Distributions to Participants*

The trustees are required to distribute to each participant the value of their vested account balance under the following circumstances.

1. Normal retirement – age 65, a non-highly paid employee can defer distribution of the balance in their account until termination of employment.
2. Early retirement – age 60 with the completion of at least 11 years of service.
3. Death of participant
4. Permanent disability of employee – physical or mental condition expected to last for a period in excess of 12 months and qualifying for disability payments under the Social Security Act.
5. Mortality risk retirement – age 50 with mortality risk greater than 500% in excess of normal life expectancy, as determined by an underwriter employed by a life insurance company authorized to conduct business in the Commonwealth of Pennsylvania.
6. In-service distributions – age 60 and active with the completion of at least 11 years of service.
7. For terminated participants, within 60 days of termination, if the vested balance attributable to employer contributions is less than \$15,000.
8. For terminated participant – the portion of their account attributable to salary deferrals.

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2024**

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**1. Description of Plan (Continued)**

*Distributions to Participants (Continued)*

The trustees are required to distribute the participants' retirement benefit in one or more of the following methods chosen by the participant with the consent of spouse.

1. Purchase of annuity contract.
2. Lump sum.
3. Payments in installments over a period not exceeding ten years.

If a married participant dies before benefits commence and no effective qualified preretirement survivor annuity waiver has been filed, the participant's account shall be distributed to the spouse in the form of a qualified preretirement survivor annuity. Otherwise, the participant's account shall be distributed to the designated beneficiary in a lump sum, through periodic payments, or by the purchase of an annuity contract.

*Years of Service and Break in Service*

A participant is credited with a year of service for each Plan year in which he or she completes 1,000 hours of service after age 21. A break in service occurs when a participant fails to complete 500 hours of service in a plan year.

**2. Summary of Accounting Policies**

*Basis of Accounting*

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

*Use of Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Investment Valuation and Income Recognition*

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for a 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.

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2024**

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**2. Summary of Accounting Policies (Continued)**

*Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed as incurred. Interest income is recorded on the accrual basis. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. No allowance for credit losses has been recorded as of September 30, 2024 and 2023.

*Benefit Payments*

Benefits are recorded when paid.

*Administration of Plan Assets*

The investment managers of the Plan manage the Plan's assets in accounts in the name of the trustees, invest interest and dividend income and cash received, and initiate distributions to participants. The Plan pays investment management fees to various investment advisors.

*Plan Expenses*

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

*Investment Fees*

Net investment returns reflect certain fees paid by the investment funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published documents. These fees are deducted prior to allocation of the Plan's investment earnings activity and thus are not separately identifiable as an expense.

*Reclassifications*

Certain prior year amounts have been reclassified to conform to current year presentation. The change did not impact the change in plan net assets.

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2024**

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**3. Fair Value Measurements**

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

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

Level 2            Inputs to the valuation methodology include:

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

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

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. Investments classified within Level 3 whose fair value measurements consider several inputs may include Level 1 and/or Level 2 inputs as components of the overall fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the 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 to be actively traded.

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2024**

**3. Fair Value Measurements (Continued)**

*Common stocks and preferred stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Money market funds:* Valued at quoted NAV of shares held at year end.

*Corporate debt, government securities, certificates of deposit, and convertible securities:* Valued using pricing methodologies utilizing observable inputs for similar investments sold in an active market.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

	Assets at Fair Value as of September 30,			
<u>2024</u>	Level 1	Level 2	Level 3	Total
Government Securities	\$ -	\$ 577,111	\$ -	\$ 577,111
Certificates of Deposit	-	297,891	-	297,891
Money Market Funds	1,081,598	-	-	1,081,598
Common Stocks	8,991,702	-	-	8,991,702
Mutual Funds	41,772,089	-	-	41,772,089
Total Assets at Fair Value	<u>\$ 51,845,389</u>	<u>\$ 875,002</u>	<u>\$ -</u>	<u>\$ 52,720,391</u>
	Assets at Fair Value as of September 30,			
<u>2023</u>	Level 1	Level 2	Level 3	Total
Government Securities	\$ -	\$ 534,698	\$ -	\$ 534,698
Certificates of Deposit	-	288,434	-	288,434
Money Market Funds	585,485	-	-	585,485
Common Stocks	8,409,380	-	-	8,409,380
Mutual Funds	38,621,460	-	-	38,621,460
Total Assets at Fair Value	<u>\$ 47,616,325</u>	<u>\$ 823,132</u>	<u>\$ -</u>	<u>\$ 48,439,457</u>

At September 30, 2024 and 2023, the Plan did not have any assets or liabilities whose fair values were measured using Level 3 inputs.

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2024**

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**4. 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 would become 100 percent vested in their employer contributions.

**5. Tax Status**

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability 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.

**6. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of 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.

**7. Transactions with Parties in Interest**

The Plan issues loans to participants that are secured by participants' account balances. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rule. Additionally, certain administrative functions of the Plan are performed by employees of the Company. No such employee receives compensation from the Plan.

**8. Subsequent Events**

Management has evaluated subsequent events through March 21, 2025, the date the financial statements were available to be issued, and has determined that no material subsequent events exist that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**As of September 30, 2024**

**EIN:** 23-1613786  
**PN:** 002

(a)	(b)	(c)	(d)	(e)
Identify of Issue	Description of Investment	Cost	Current Value	
<b>Government Securities</b>				
	US Tsy Inflation Protected, 1.75%, 01/15/2028	Government Security	\$ 457,195	\$ 454,065
	US Tsy Inflation Protected, 1.375%, 02/15/2044	Government Security	135,350	123,046
	Total Government Securities		<u>592,545</u>	<u>577,111</u>
<b>Certificates of Deposit</b>				
	Bank Hapoalim CD, 2.75%, 02/20/2025	Certificates of Deposit	250,000	248,233
	Discover CD, 2.75%, 02/04/2025	Certificates of Deposit	50,000	49,658
	Total Certificates of Deposit		<u>300,000</u>	<u>297,891</u>
<b>Money Market Funds</b>				
	Cash MM	Money Market Fund	421,127	421,127
	Fidelity Investments MM	Money Market Fund	518,550	518,550
*	Schwab Cash MM	Money Market Fund	141,921	141,921
	Total Money Market Funds		<u>1,081,598</u>	<u>1,081,598</u>

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**As of September 30, 2024**

(a)	(b)	(c)	(d)	(e)
Identify of Issue	Description of Investment	Cost	Current Value	
<b>Common Stocks</b>				
McDonald's Corp.	Common Stock	\$ 129,835	\$ 243,608	
Microsoft Corporation	Common Stock	66,721	193,635	
PPL Corporation	Common Stock	119,148	145,552	
Chevron Corporation	Common Stock	91,499	103,089	
Verizon Communications Inc.	Common Stock	24,321	26,946	
AT&T, Inc.	Common Stock	21,713	17,600	
Warner Bros. Discovery Srs A Ord Wi	Common Stock	6,644	1,592	
Berkshire Hathaway Inc. B	Common Stock	198,451	437,247	
CrowdStrike Holdings Inc. Cl A	Common Stock	25,697	140,235	
Franklin Covey Co.	Common Stock	26,909	185,085	
Freeport McMoran Inc.	Common Stock	58,299	249,600	
Canadian Pac Railway Ltd Com	Common Stock	197,762	213,850	
Chevron Corporation	Common Stock	72,605	147,270	
Berkshire Hathaway Inc B	Common Stock	156,218	345,195	
J.P. Morgan Chase	Common Stock	85,243	164,471	
UnitedHealth Group Inc.	Common Stock	10,893	116,936	
Eaton Corp	Common Stock	134,703	298,296	
Emerson Electric Co	Common Stock	112,214	181,992	
EOG Resources Inc.	Common Stock	36,616	122,930	
Nvidia Corp	Common Stock	9,668	303,600	
Apple Computer	Common Stock	43,208	233,000	
Microsoft Corporation	Common Stock	41,773	286,150	
Salesforce.com, Inc.	Common Stock	50,114	164,226	
Schlumberger	Common Stock	79,260	125,850	
International Business Machines	Common Stock	177,504	331,620	
Chesapeake Energy Corporation	Common Stock	170,595	164,500	
Palantir Technologies Inc Cl A	Common Stock	92,880	131,353	
PTC Inc.	Common Stock	80,050	180,660	
Teck Resources Ltd. Cl B	Common Stock	47,300	52,240	
RadNet Inc	Common Stock	88,464	312,255	
Amazon.com, Inc.	Common Stock	168,300	258,999	
T-Mobile US, Inc.	Common Stock	115,500	206,360	
Surgery Partners Inc	Common Stock	116,526	128,444	
Ralph Lauren Corp	Common Stock	87,354	145,403	
Cameco Corporation	Common Stock	115,728	238,800	
CRH PLC	Common Stock	69,645	133,360	
Mitsubishi UFJ Financial Group Inc	Common Stock	140,463	170,474	
Shift4 Payments Inc. Cl A	Common Stock	177,403	354,400	
New Atlas Energy	Common Stock	268,282	321,921	
Rio Tinto Plc Spon Adr	Common Stock	163,675	199,276	
GE Healthcare	Common Stock	221,660	241,007	
Alphabet Inc (Class A)	Common Stock	150,285	218,093	
Vertiv Holdings Co	Common Stock	167,084	215,595	
Corning Inc.	Common Stock	155,243	181,232	
Autonation Inc.	Common Stock	60,450	178,920	
Summit Materials Inc.	Common Stock	178,769	178,835	
		<u>4,812,674</u>	<u>8,991,702</u>	
Total Common Stocks				

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**As of September 30, 2024**

(a)	(b)	(c)	(d)	(e)
	Identify of Issue	Description of Investment	Cost	Current Value
	<b>Mutual Funds</b>			
	Invesco Aerospace and Defense ETF	Mutual Fund	\$ 126,535	\$ 177,744
	PGIM Jennison Utility Z	Mutual Fund	177,835	207,812
	SPDR S&P Biotech ETF	Mutual Fund	245,503	296,400
	Wisdomtree Japan Hedged Equity Fund	Mutual Fund	211,759	212,000
	Vanguard Short-Term Bond ETF	Mutual Fund	1,546,338	1,516,750
	Vanguard Short-Term Corporate Bond ETF	Mutual Fund	2,420,658	2,415,926
	Vanguard Intermediate Bond ETF	Mutual Fund	2,109,181	1,989,031
	DFA Short Term Extended Qual Instl	Mutual Fund	1,018,779	985,551
	iShares 0 to 3 Mnth Treasury Bnd ETF	Mutual Fund	400,095	401,571
	iShares Core U.S. ETF Aggregate Bond	Mutual Fund	298,323	273,429
	Vanguard Short-Term Invmt Grade Admiral	Mutual Fund	373,498	359,811
	Vanguard Total Bd Market ETF	Mutual Fund	249,756	228,710
	Vanguard Int-Term Bond Index Admiral	Mutual Fund	1,594,888	1,457,364
*	Schwab Strategic TR ETF	Mutual Fund	934,387	905,274
	iShares Barclays 0-5 Year TIPS Bond	Mutual Fund	872,989	866,286
	Vanguard Shrt-Term Infl-Prot Sec Id	Mutual Fund	549,322	554,738
	Invesco Optimum Yield ETF	Mutual Fund	1,027,177	855,625
	Vanguard Emerging Markets Gov Bond ETF	Mutual Fund	1,569,315	1,313,794
	iShares MSCI Intl Small Cap Multifactor ETF	Mutual Fund	966,300	1,222,611
	iShares Core MSCI EAFE ETF	Mutual Fund	1,119,603	1,373,680
	SPDR Gold Shares	Mutual Fund	104,266	162,850
	Vanguard FTSE Developed Markets ETF	Mutual Fund	2,137,737	2,632,579
	Vanguard Emerging Markets ETF	Mutual Fund	436,519	692,390
	DFA Emerging Mkts Core Equity I	Mutual Fund	1,286,919	1,723,604
	iShares Core S&P 500 ETF	Mutual Fund	1,177,696	4,878,744
	Vanguard World Funds Info Technology	Mutual Fund	128,064	733,150
	Vanguard Health Care Index ETF	Mutual Fund	77,399	362,627
	Vanguard Value Index Adm	Mutual Fund	2,294,120	4,499,288
	DFA US Small Cap I	Mutual Fund	230,798	838,110
	The Real Estate Select Sector Spdr	Mutual Fund	669,680	855,654
	SPDR Bloomberg Barclays Conv Securities ETF	Mutual Fund	542,540	605,827
	DFA US Small Cap Value I	Mutual Fund	916,420	1,953,218
	Vanguard Global ex-U.S. REIT Index	Mutual Fund	764,373	636,802
*	Schwab US REIT ETF	Mutual Fund	1,475,932	1,663,143
	Cliffwater Corporate Lending Fund	Mutual Fund	597,918	616,192
	DFA Selectively Hedged Global Fixed Income I	Mutual Fund	1,262,594	1,303,804
	<b>Total Mutual Funds</b>		<u>31,915,217</u>	<u>41,772,089</u>
*	Participant Loans (Rates: 5.00% - 7.00%)		<u>-</u>	<u>13,170</u>
			<u>\$ 38,702,034</u>	<u>\$ 52,733,561</u>
*	A Party-in-Interest to the Plan as defined by ERISA			

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**As of September 30, 2024**

**EIN:** 23-1613786  
**PN:** 002

(a)	(b)	(c)	(d)	(e)
Identify of Issue	Description of Investment	Cost	Current Value	
<b>Government Securities</b>				
	US Tsy Inflation Protected, 1.75%, 01/15/2028	Government Security	\$ 457,195	\$ 454,065
	US Tsy Inflation Protected, 1.375%, 02/15/2044	Government Security	135,350	123,046
	Total Government Securities		<u>592,545</u>	<u>577,111</u>
<b>Certificates of Deposit</b>				
	Bank Hapoalim CD, 2.75%, 02/20/2025	Certificates of Deposit	250,000	248,233
	Discover CD, 2.75%, 02/04/2025	Certificates of Deposit	50,000	49,658
	Total Certificates of Deposit		<u>300,000</u>	<u>297,891</u>
<b>Money Market Funds</b>				
	Cash MM	Money Market Fund	421,127	421,127
	Fidelity Investments MM	Money Market Fund	518,550	518,550
*	Schwab Cash MM	Money Market Fund	141,921	141,921
	Total Money Market Funds		<u>1,081,598</u>	<u>1,081,598</u>

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**As of September 30, 2024**

(a)	(b)	(c)	(d)	(e)
	Identify of Issue	Description of Investment	Cost	Current Value
	<b>Common Stocks</b>			
	McDonald's Corp.	Common Stock	\$ 129,835	\$ 243,608
	Microsoft Corporation	Common Stock	66,721	193,635
	PPL Corporation	Common Stock	119,148	145,552
	Chevron Corporation	Common Stock	91,499	103,089
	Verizon Communications Inc.	Common Stock	24,321	26,946
	AT&T, Inc.	Common Stock	21,713	17,600
	Warner Bros. Discovery Srs A Ord Wi	Common Stock	6,644	1,592
	Berkshire Hathaway Inc. B	Common Stock	198,451	437,247
	CrowdStrike Holdings Inc. Cl A	Common Stock	25,697	140,235
	Franklin Covey Co.	Common Stock	26,909	185,085
	Freeport McMoran Inc.	Common Stock	58,299	249,600
	Canadian Pac Railway Ltd Com	Common Stock	197,762	213,850
	Chevron Corporation	Common Stock	72,605	147,270
	Berkshire Hathaway Inc B	Common Stock	156,218	345,195
	J.P. Morgan Chase	Common Stock	85,243	164,471
	UnitedHealth Group Inc.	Common Stock	10,893	116,936
	Eaton Corp	Common Stock	134,703	298,296
	Emerson Electric Co	Common Stock	112,214	181,992
	EOG Resources Inc.	Common Stock	36,616	122,930
	Nvidia Corp	Common Stock	9,668	303,600
	Apple Computer	Common Stock	43,208	233,000
	Microsoft Corporation	Common Stock	41,773	286,150
	Salesforce.com, Inc.	Common Stock	50,114	164,226
	Schlumberger	Common Stock	79,260	125,850
	International Business Machines	Common Stock	177,504	331,620
	Chesapeake Energy Corporation	Common Stock	170,595	164,500
	Palantir Technologies Inc Cl A	Common Stock	92,880	131,353
	PTC Inc.	Common Stock	80,050	180,660
	Teck Resources Ltd. Cl B	Common Stock	47,300	52,240
	RadNet Inc	Common Stock	88,464	312,255
	Amazon.com, Inc.	Common Stock	168,300	258,999
	T-Mobile US, Inc.	Common Stock	115,500	206,360
	Surgery Partners Inc	Common Stock	116,526	128,444
	Ralph Lauren Corp	Common Stock	87,354	145,403
	Cameco Corporation	Common Stock	115,728	238,800
	CRH PLC	Common Stock	69,645	133,360
	Mitsubishi UFJ Financial Group Inc	Common Stock	140,463	170,474
	Shift4 Payments Inc. Cl A	Common Stock	177,403	354,400
	New Atlas Energy	Common Stock	268,282	321,921
	Rio Tinto Plc Spon Adr	Common Stock	163,675	199,276
	GE Healthcare	Common Stock	221,660	241,007
	Alphabet Inc (Class A)	Common Stock	150,285	218,093
	Vertiv Holdings Co	Common Stock	167,084	215,595
	Corning Inc.	Common Stock	155,243	181,232
	Autonation Inc.	Common Stock	60,450	178,920
	Summit Materials Inc.	Common Stock	178,769	178,835
	Total Common Stocks		<u>4,812,674</u>	<u>8,991,702</u>

**ALVIN H. BUTZ, INC. 401(K) PROFIT SHARING PLAN**  
**SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**As of September 30, 2024**

(a)	(b)	(c)	(d)	(e)
	Identify of Issue	Description of Investment	Cost	Current Value
	<b>Mutual Funds</b>			
	Invesco Aerospace and Defense ETF	Mutual Fund	\$ 126,535	\$ 177,744
	PGIM Jennison Utility Z	Mutual Fund	177,835	207,812
	SPDR S&P Biotech ETF	Mutual Fund	245,503	296,400
	Wisdomtree Japan Hedged Equity Fund	Mutual Fund	211,759	212,000
	Vanguard Short-Term Bond ETF	Mutual Fund	1,546,338	1,516,750
	Vanguard Short-Term Corporate Bond ETF	Mutual Fund	2,420,658	2,415,926
	Vanguard Intermediate Bond ETF	Mutual Fund	2,109,181	1,989,031
	DFA Short Term Extended Qual Instl	Mutual Fund	1,018,779	985,551
	iShares 0 to 3 Mnth Treasury Bnd ETF	Mutual Fund	400,095	401,571
	iShares Core U.S. ETF Aggregate Bond	Mutual Fund	298,323	273,429
	Vanguard Short-Term Invmt Grade Admiral	Mutual Fund	373,498	359,811
	Vanguard Total Bd Market ETF	Mutual Fund	249,756	228,710
	Vanguard Int-Term Bond Index Admiral	Mutual Fund	1,594,888	1,457,364
*	Schwab Strategic TR ETF	Mutual Fund	934,387	905,274
	iShares Barclays 0-5 Year TIPS Bond	Mutual Fund	872,989	866,286
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			<u>\$ 38,702,034</u>	<u>\$ 52,733,561</u>
*	A Party-in-Interest to the Plan as defined by ERISA			

**MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION**  
**ALVIN H. BUTZ, INC. 401 (K) PROFIT SHARING PLAN EIN 23-1613786**

<b>NAME OF PARTICIPATING EMPLOYER</b>	<b>EIN</b>	<b>PERCENT OF TOTAL CONTRIBUTIONS</b>	<b>AGGREGATE ACCOUNT BALANCE</b>
ROBERSON BUTZ ARCHITECTS, P.C.	23-2951421	0.00%	\$ 441,185
ALVIN H. BUTZ, INC.	23-1613786	100.00%	\$ 52,579,380

Per Ed Demchak email on 3/28/24:

Debora Roberson and Mark Long are Roberson employees

Margarita Aponte was a Roberson employee and is now an AHB employee

Eric Butz is a quasi EE getting paid by AHB and is 50% owner of Roberson/Butz Architects

Total ER Contributions	294,237
Total EE Contributions	<u>384,741</u>
	678,978

		Account Balance
Debora Roberson - EE Contr.	0	341,092.58
Debora Roberson - ER Contr.	0	
Mark Long - EE Contr.	0	100,091.97
Mark Long - ER Contr.	<u>0</u>	
	0	
	0%	