

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>GORDON FEINBLATT MONEY PURCHASE PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GORDON FEINBLATT LLC</u></p> <p><u>1001 FLEET STREET</u> <u>SUITE 700</u> <u>BALTIMORE, MD 21202</u></p>	<p>1c Effective date of plan <u>08/01/1984</u></p> <p>2b Employer Identification Number (EIN) <u>52-0627715</u></p> <p>2c Plan Sponsor's telephone number <u>410-576-4000</u></p> <p>2d Business code (see instructions) <u>541110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/13/2025	ROBYN SEABREASE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/13/2025	ROBYN SEABREASE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	147
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	104
	6a(2)	98
	6b	4
	6c	45
	6d	147
	6e	0
	6f	147
	6g(1)	137
6g(2)	147	
6h	1	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2C 3B 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan GORDON FEINBLATT MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GORDON FEINBLATT LLC	D Employer Identification Number (EIN) 52-0627715	

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)

BROWN ADVISORY SECURITIES

901 SOUTH BOND STREET
SUITE 400
BALTIMORE, MD 21231

75-3014089

(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?
19 21 27 28 51	NONE	150857	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)

BOLTON PARTNERS INVESTCONSULT GRP

36 SOUTH CHARLES STREET
SUITE 1000
BALTIMORE, MD 21201

52-1871508

(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?
16	NONE	16800	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024			
A Name of plan GORDON FEINBLATT MONEY PURCHASE PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 GORDON FEINBLATT LLC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 52-0627715</td> </tr> </table>	D Employer Identification Number (EIN) 52-0627715	
D Employer Identification Number (EIN) 52-0627715			

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	22740	501
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1389478	1540763
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	812441	616193
(2) U.S. Government securities	1c(2)	10799244	12112808
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	7682699	8273368
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	13300297	15938848
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	218782	236191
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13177623	15064961
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47403304	53783633
Liabilities			
g Benefit claims payable	1g	0	334
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	334
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	47403304	53783299

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1540763	
(B) Participants	2a(1)(B)		
(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)		1540763
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	41184	
(B) U.S. Government securities	2b(1)(B)	306647	
(C) Corporate debt instruments	2b(1)(C)	257370	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	12333	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		617534
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	123579	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	205110	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		328689
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	13739210	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13444082	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		295128
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3404732	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2439468
c Other income	2c		2251
d Total income. Add all income amounts in column (b) and enter total	2d		8628565

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2080438	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2080438
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	167657	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	475	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		168132
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2248570

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6379995
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GORFINE, SCHILLER & GARDYN, PA**

(2) EIN: **52-1239101**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

A Name of plan <u>GORDON FEINBLATT MONEY PURCHASE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GORDON FEINBLATT LLC</u>	D Employer Identification Number (EIN) <u>52-0627715</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>52-1394421</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	14

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	1540763	
b Enter the amount contributed by the employer to the plan for this plan year	6b	1540763	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	0	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 01 / 25 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q704451A.



Gorfine Schiller Gardyn

Certified Public Accountants and Consultants

GORDON • FEINBLATT_{LLC}
ATTORNEYS AT LAW

**GORDON FEINBLATT MONEY
PURCHASE PENSION PLAN**

FINANCIAL STATEMENTS
JULY 31, 2024 AND 2023

GORDON FEINBLATT MONEY PURCHASE PENSION PLAN
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July 31, 2024 and 2023

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Gorfine Schiller Gardyn

Certified Public Accountants and Consultants

INDEPENDENT AUDITORS' REPORT

**To the Trustees of
Gordon Feinblatt Money Purchase Pension Plan
Baltimore, Maryland**

Opinion

We have audited the financial statements of Gordon Feinblatt Money Purchase Pension Plan (the 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 July 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended July 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Gordon Feinblatt Money Purchase Pension Plan as of July 31, 2024 and 2023, and the changes in net assets available for benefits for the year ended July 31, 2024 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 (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Gordon Feinblatt Money Purchase Pension 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 Gordon Feinblatt Money Purchase Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 Gordon Feinblatt Money Purchase Pension 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 Gordon Feinblatt Money Purchase Pension 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 audits.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, 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 GAAS.

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.

Martino, Schiller & Galdyn, P.A.

May 14, 2025
Owings Mills, Maryland

FINANCIAL STATEMENTS

GORDON FEINBLATT MONEY PURCHASE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
July 31, 2024 and 2023

	2024	2023
<u>ASSETS</u>		
INVESTMENTS AT FAIR VALUE		
Corporate bonds	\$ 8,273,368	\$ 7,682,699
Corporate stock	15,938,848	13,300,297
U.S. Government securities	12,112,808	10,799,244
Registered investment companies	15,064,961	13,177,623
Money market funds	616,193	812,441
Total investments at fair value	52,006,178	45,772,304
RECEIVABLES		
Employer contribution	1,540,763	1,389,478
Note receivables from participants	236,191	218,782
Total receivables	1,776,954	1,608,260
CASH	501	22,740
TOTAL ASSETS	53,783,633	47,403,304
<u>LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS</u>		
ACCOUNTS PAYABLE	334	-
TOTAL LIABILITIES	334	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 53,783,299	\$ 47,403,304

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

GORDON FEINBLATT MONEY PURCHASE PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended July 31, 2024 and 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 6,139,328	\$ 2,586,387
Interest	617,534	542,333
Dividends	328,689	302,036
Other income	2,251	-
Net investment income	7,087,802	3,430,756
Contributions		
Employer contributions	1,540,763	1,389,478
Total additions	8,628,565	4,820,234
DEDUCTIONS		
Benefits paid to participants	2,080,438	2,790,030
Administrative expenses	16,800	16,800
Investment advisory fees	151,332	134,908
Total deductions	2,248,570	2,941,738
NET INCREASE	6,379,995	1,878,496
NET ASSETS AVAILABLE FOR BENEFITS -		
Beginning of year	47,403,304	45,524,808
NET ASSETS AVAILABLE FOR BENEFITS -		
End of year	\$ 53,783,299	\$ 47,403,304

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

GORDON FEINBLATT MONEY PURCHASE PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2024 and 2023

NOTE A – DESCRIPTION OF PLAN

The following brief description of the Gordon Feinblatt Money Purchase Pension Plan (the Plan), formerly known as the GFRH&H Money Purchase Pension Plan, is provided for general information purposes only. Participants should refer to the plan agreement for complete information.

1. General

The Plan is a non-contributory money purchase pension plan covering substantially all employees of Gordon Feinblatt, LLC (the Sponsor) with the exception of any lawyer characterized by the Sponsor as an Associate or Counsel. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA). The plan administrator is responsible for the oversight of the Plan. The Plan Trustees are comprised of three members who are Partners in the Sponsor. The Trustees determine the appropriateness of the Plan’s investment offerings and monitor investment performance. The Plan adopted the provisions of the CARES Act , SECURE Act and the SECURE 2.0 Act and the Plan document will be formally amended by December 31, 2029 in accordance with the legislation.

2. Eligibility Requirements

A full-time employee is eligible to participate on the entry date (August 1) coinciding with or following the date on which the employee has completed six months of service and attained age 20½. A part-time employee is eligible to participate on the entry date (August 1) after the employee has completed a year of service (1,000 hours) and attained age 21.

3. Contributions

Employer Contributions

Eligible employees receive contributions to their account annually. The Sponsor contributes an amount to each eligible employee based on a percentage of the participant’s compensation for such plan year, determined in accordance with the following table:

Category	Percentage of Compensation
Staff Employees	
Hired before August 1, 2016	5.30%
Hired or rehired on or after August 1, 2016	4.67%
Member Employees	
40 and under	10%
41 - 45	12%
Over age 45	14%
Executive Director	10%

NOTE A – DESCRIPTION OF PLAN – Continued

3. Contributions – Continued

Contributed amounts are invested in a diversified portfolio of investments as directed by the Trustees.

Earnings

Investment gains and losses are allocated in the ratio of each participant's account balance as of the beginning of the Plan year less distributions made during the year. The allocation of losses and earnings are made to the total account balances of all participants.

Transferred Plan Contributions

The Plan provides for the acceptance of transfers (rollovers) from qualified retirement plans at the discretion of the Plan Administrator.

4. Forfeited Accounts

Forfeitures occurring from a participant's break in service are used to reduce employer contributions in the year in which they become available. For each of the Plan years ended July 31, 2024 and 2023, Sponsor contributions were reduced by forfeitures of \$-0-. The balance in the forfeiture account was \$-0- as of July 31, 2024 and 2023.

5. Vesting

In the event of retirement, permanent disability or death, a participant is fully vested in the value of his or her accounts. If a participant is totally and permanently disabled (defined as a physical or mental disability, which in the opinion of the Plan Administrator totally and permanently prevents a participant from engaging in any occupation or employment with the Sponsor), the participant becomes fully vested. Upon termination for reasons other than retirement, disability or death, a participant is entitled to a vested interest in the value of his or her account balance. The vesting schedule is as follows:

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

Rollover and transfer contributions are 100% vested at the time they are received by the Plan.

NOTE A – DESCRIPTION OF PLAN – Continued

6. Retirement Benefits

Normal Retirement

A participant is eligible to retire on the last day of the Plan year coincident with or following the participant's 65th birthday.

Disability Retirement

The participant is entitled to receive the full value of his or her account balance, payable within 60 days after the valuation date coincident with or following disability retirement date.

7. Death Benefits

A participant is fully vested in the event of death. Death benefits are paid in a lump sum to the participant's spouse or named beneficiary. In addition, a spousal beneficiary may elect a joint and survivor annuity, a single life annuity, or a series of installment payments. The beneficiary of a married participant is the participant's spouse unless the spouse has filed a written consent to the contrary with the Plan Administrator. Payments begin within one year after date of death or are deferred to the date the participant would have attained age 70½.

8. Payment of Benefits

Benefits due to retirement, termination, or death may be paid in a lump sum, joint and survivor annuity, single life annuity, or installments not exceeding the life expectancy of the participant and his or her designated beneficiary. The normal form of payment for a married participant is a joint and survivor annuity. The normal form of payment for a single participant is a single life annuity. During the fiscal year ended July 31, 2020, as a response to COVID-19, Congress passed legislation that included relief for participants of benefit plans in the CARES Act and the SECURE Act. The Plan adopted the provision of the CARES Act and SECURE Act which allowed qualified individuals to receive payments of benefits up to \$100,000 without the 10% penalty for a specified period of time ending on December 31, 2020. As of December 31, 2023, the payback period allowed by the CARES Act has expired and no participants elected to pay back their qualified distributions.

9. Plan Termination

Although it has not expressed any intent to do so, the Sponsor 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, the trust will continue as before with participants' account balances payable in the same manner as if the Plan had not terminated, or participants' accounts may be distributed to participants.

10. Notes Receivable from Participants

Participants may borrow from their vested account balance. Notes bear a reasonable rate of interest as determined by the plan administrator based on the prevailing rates for similar notes, which range from 4.25% to 9.50%. The minimum amount to borrow is \$1,000, and the maximum amount is limited to the lesser of (1) \$50,000, reduced by any outstanding loan balance, or (2) one-half the vested balance of a participant's account. The loans are secured by the participants vested balance. All notes must be repaid within five years unless the loan is used to buy, construct or substantially renovate the participant's primary home.

NOTE A – DESCRIPTION OF PLAN – Continued

10. Notes Receivable from Participants - Continued

A participant's vested account balance will be reduced by the amount of the unpaid note balance if not paid in full within one calendar quarter after employment separation. Principal and interest are paid ratably through payroll deductions. The Plan adopted provisions of the CARES Act and the SECURE Act which allowed qualified individuals to borrow from their fund accounts equal to the lesser of \$100,000 or 100% of their vested account balance.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, who is responsible for their integrity and objectivity. The accounting policies described below conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

1. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

2. Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date 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.

3. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of July 31, 2024 and 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

4. Payment of Benefits

Benefits are recorded when paid.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

5. 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 estimated.

6. Administrative Expenses

The expenses of administering the Plan may be paid either by the Sponsor or from the Plan, as directed by the Sponsor. Expenses that are paid by the Sponsor are excluded from these financial statements. Transaction fees for loans and in-service distributions from the Plan are paid by the participant requesting the loan or distribution.

7. Subsequent Events

The Plan has evaluated subsequent events through May 14, 2025, the date the financial statements were available to be issued.

NOTE C – INVESTMENTS

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	<u>2024</u>	<u>2023</u>
Net appreciation of investments at fair value as determined by quoted market prices:		
Corporate bonds	\$ 203,235	\$ (207,154)
Corporate stock	3,266,372	1,848,804
U.S. Government securities	218,286	(338,957)
Registered investment companies	<u>2,451,435</u>	<u>1,283,694</u>
Net appreciation in fair value of investments	<u>\$ 6,139,328</u>	<u>\$ 2,586,387</u>

NOTE D – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Sponsor by a letter dated September 21, 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 Trustees 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.

NOTE D – TAX STATUS – Continued

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

NOTE E – RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Brown Advisory Securities, LLC is the record-keeper as defined by the Plan, and, therefore, transactions with the Plan and Brown Advisory Securities, LLC qualify as party-in-interest transactions. The total paid by the Plan to Brown Advisory Securities, LLC was \$150,857 and \$134,333, for the periods ended July 31, 2024 and 2023, respectively. The Plan also provided direct compensation to an investment advisor; transactions between the Plan and the investment advisor also qualify as party-in-interest transactions. The amount paid by the Plan to the advisor totaled \$16,800 for each of the years ended July 31, 2024 and 2023.

NOTE F – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB 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; and
 - 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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE F – FAIR VALUE MEASUREMENTS - Continued

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 July 31, 2024 and 2023.

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Registered investment companies and corporate stock: Valued at the closing price reported on the active market in which the individual securities are traded.

U.S. Government securities: Valued by a third-party pricing source that incorporates market observable data such as reported sales of similar securities, broker quotes and reference data.

Money market funds: Valued at quoted market prices on the active market on which the shares are traded.

The following table is set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2024 and 2023:

Assets at Fair Value as of July 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Corporate bonds	\$ -	\$ 8,273,368	\$ -	\$ 8,273,368
Corporate stock	15,938,848	-	-	15,938,848
U.S. Government securities	-	12,112,808	-	12,112,808
Registered investment companies	15,064,961	-	-	15,064,961
Money market funds	<u>616,193</u>	<u>-</u>	<u>-</u>	<u>616,193</u>
Investments at fair value	<u>\$ 31,620,002</u>	<u>\$ 20,386,176</u>	<u>\$ -</u>	<u>\$ 52,006,178</u>

Assets at Fair Value as of July 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Corporate bonds	\$ -	\$ 7,682,699	\$ -	\$ 7,682,699
Corporate stock	13,300,297	-	-	13,300,297
U.S. Government securities	-	10,799,244	-	10,799,244
Registered investment companies	13,177,623	-	-	13,177,623
Money market funds	<u>812,441</u>	<u>-</u>	<u>-</u>	<u>812,441</u>
Investments at fair value	<u>\$ 27,290,361</u>	<u>\$ 18,481,943</u>	<u>\$ -</u>	<u>\$ 45,772,304</u>

NOTE G – 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.

SUPPLEMENTAL SCHEDULE

GORDON FEINBLATT MONEY PURCHASE PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Schedule H, line 4i
E.I.N. 52-0627715, PLAN 002
July 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
CORPORATE STOCK				
COMMON STOCK				
Adobe Inc	515 shares	\$ 176,125	\$ 284,100	
Agilent Technologies Inc	1,538 shares	147,313	217,473	
Align Technologies Inc	717 shares	144,105	166,258	
Alphabet Inc CL A	2,585 shares	46,470	448,431	
Alphabet Inc CL C	3,437 shares	61,211	595,117	
Amazon Com Inc	3,423 shares	419,056	640,033	
American International Group	3,674 shares	254,695	291,091	
Ameriprise Finl Inc	323 shares	30,672	138,913	
Analog Devices Inc	1,065 shares	107,173	246,420	
Apple Inc Com	2,368 shares	77,765	525,885	
Autodesk Inc	1,018 shares	223,694	251,975	
Baker Hughes Company	4,811 shares	135,175	186,282	
Bank Of America Corp	4,412 shares	105,373	177,848	
Berkshire Hathaway Inc CI B	1,523 shares	134,705	667,836	
Blackstone Group Inc Class A	753 shares	63,611	107,039	
Booking Holdings Inc	87 shares	105,469	323,206	
Bright Horizons Family Solut	1,330 shares	149,601	159,933	
Carmax Inc	2,208 shares	63,975	186,444	
Carrier Global Corporation Com	3,691 shares	128,547	251,394	
Danaher Corp	747 shares	172,764	206,979	
Edwards Lifesciences Corp	4,555 shares	132,835	287,193	
Elevance Health Inc	594 shares	79,192	316,026	
First Ctzn Banshares Inc CI A	188 shares	142,187	392,486	
Fiserv Inc	2,119 shares	244,698	206,605	
Ge Aerospace	1,180 shares	105,417	200,836	
Intuit Inc	551 shares	156,752	356,690	
Kkr Co Inc A	5,834 shares	214,272	720,207	
Lowe's Co Inc	734 shares	23,542	180,204	
Mastercard Inc	1,541 shares	55,940	714,577	
Merck Co Inc	1,154 shares	48,661	130,552	
Meta Platforms Inc	1,452 shares	186,848	689,453	
Microsoft Corp Com	2,703 shares	133,776	1,130,800	
Progressive Corp	1,179 shares	137,918	252,447	
SBA Communications, Corp	655 shares	124,037	143,799	
T. Mobile US Inc	1,184 shares	152,101	215,819	
TJX Companies Inc	2,255 shares	85,227	254,860	
Uber Technologies Inc	3,046 shares	142,915	196,375	
United Rentals Inc Com	525 shares	45,632	397,477	
United Health Group Inc Com	1,042 shares	288,768	600,358	
Visa Inc Com CI A	2,601 shares	102,010	691,007	
Total common stock		<u>5,350,227</u>	<u>14,285,428</u>	
FOREIGN STOCK				
Amer Sports Inc Com	11,775 shares	160,061	136,708	
Canadian Nati Railway Co	1,596 shares	103,975	184,737	
Ferguson Plc New Shs	1,319 shares	211,809	293,675	
Nomad Foods, Limited	9,832 shares	163,899	187,890	
Suncor Energy Co	7,734 shares	188,452	308,741	
Tawain Semiconductor A D R	3,267 shares	233,462	541,669	
Total foreign stock		<u>1,061,658</u>	<u>1,653,420</u>	
Total corporate stock		<u>\$ 6,411,885</u>	<u>\$ 15,938,848</u>	

See independent auditors' report.

GORDON FEINBLATT MONEY PURCHASE PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Schedule H, line 4i - Continued
E.I.N. 52-0627715, PLAN 002
July 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current value
CORPORATE BONDS				
Abbie Inc	2.600%	Due 11-21-24	\$ 396,238	\$ 396,540
Air Lease Corp Fr	5.100%	Due 03-01-29	395,347	402,860
Amphenol Corp	2.050%	Due 03-01-25	399,176	391,844
Aptiv Pic Aptiv Corp	2.396%	Due 02-18-25	398,810	392,724
Apple Inc	4.000%	Due 05-10-28	399,013	397,592
Berkshire Hathaway Energy Co	4.050%	Due 04-15-25	396,884	396,500
Booking Holdings	3.600%	Due 06-01-26	412,928	392,516
Chevron Corp.	1.554%	Due 05-11-25	400,063	389,552
Citigroup Inc	3.300%	Due 04-27-25	404,667	394,152
Commonspirit Health	2.760%	Due 10-01-24	399,978	397,724
Disney Walt Co	3.700%	Due 10-15-25	396,567	394,920
Ebay Inc	1.900%	Due 03-11-25	391,778	391,812
Hasbro, Inc.	3.550%	Due 11-19-26	410,035	386,500
JB Hunt Transport Services	3.875%	Due 03-01-26	393,187	393,588
Pnc Finl Svcs Group Inc	6.615%	Due 10-20-27	410,792	414,260
Starbucks Corp	3.800%	Due 08-15-25	395,281	395,108
Unitedhealth Group Inc	1.250%	Due 01-15-26	397,443	380,556
US Bancorp.	4.548%	Due 07-22-28	394,318	396,024
V F Corporation	2.400%	Due 04-23-25	398,835	390,780
Visa Inc.	3.150%	Due 12-14-25	404,758	391,980
Wells Fargo Company	3.584%	Due 05-22-28	384,298	385,836
Total corporate bonds			\$ 8,380,396	\$ 8,273,368
U.S. GOVERNMENT SECURITIES				
United States Treasury NTS	1.750%	Due 12-31-24	\$ 493,584	\$ 492,970
United States Treasury NTS	2.750%	Due 07-31-27	1,502,381	1,444,515
United States Treasury NTS	4.125%	Due 10-31-27	1,253,088	1,253,325
United States Treasury NTS	3.875%	Due 11-30-27	1,055,938	1,044,876
United States Treasury NTS	3.625%	Due 03-31-28	1,491,426	1,480,965
United States Treasury NTS	4.625%	Due 09-30-28	2,016,663	2,053,434
United States Treasury NTS	4.375%	Due 11-30-28	2,280,752	2,287,260
United States Treasury NTS	4.125%	Due 03-31-29	2,041,351	2,055,463
Total U.S. Government securities			\$ 12,135,183	\$ 12,112,808
REGISTERED INVESTMENT COMPANIES				
Vanguard Total Stock Market Index	113,569	shares	\$ 7,608,117	\$ 15,064,961
MONEY MARKET ACCOUNT				
First American Government	554,724	shares	\$ 616,193	\$ 616,193
Total investments			\$ 35,151,774	\$ 52,006,178
NOTES RECEIVABLE FROM PARTICIPANTS				
* Notes Receivable from Participants		Interest Rates 4.25% - 9.50%	\$ -	\$ 236,191

* A party-in-interest as defined by ERISA.

See independent auditors' report.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [x] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: GORDON FEINBLATT MONEY PURCHASE PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 08/01/1984
2a Plan sponsor's name: Gordon Feinblatt LLC
2b Employer Identification Number (EIN): 52-0627715
2c Plan Sponsor's telephone number: 410-576-4000
2d Business code: 541110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2023) v. & \$\$\$&

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">147</td> </tr> </table>	5	147																															
5	147																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">104</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">98</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">4</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">45</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">147</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td style="text-align: right;">147</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td style="text-align: right;">137</td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td style="text-align: right;">147</td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td style="text-align: right;">1</td> </tr> </table>				6a(1)		104	6a(2)		98	6b		4	6c		45	6d		147	6e		0	6f		147	6g(1)		137	6g(2)		147	6h		1
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																																
7																																		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2C 3B 3D

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

GORDON FEINBLATT MONEY PURCHASE PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Schedule H, line 4i
E.I.N. 52-0627715, PLAN 002
July 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
CORPORATE STOCK				
COMMON STOCK				
Adobe Inc	515 shares	\$ 176,125	\$ 284,100	
Agilent Technologies Inc	1,538 shares	147,313	217,473	
Align Technologies Inc	717 shares	144,105	166,258	
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Total corporate stock		<u>\$ 6,411,885</u>	<u>\$ 15,938,848</u>	

See independent auditors' report.

GORDON FEINBLATT MONEY PURCHASE PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Schedule H, line 4i - Continued
E.I.N. 52-0627715, PLAN 002
July 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current value
CORPORATE BONDS				
Abbvie Inc	2.600%	Due 11-21-24	\$ 396,238	\$ 396,540
Air Lease Corp Fr	5.100%	Due 03-01-29	395,347	402,860
Amphenol Corp	2.050%	Due 03-01-25	399,176	391,844
Aptiv Pic Aptiv Corp	2.396%	Due 02-18-25	398,810	392,724
Apple Inc	4.000%	Due 05-10-28	399,013	397,592
Berkshire Hathaway Energy Co	4.050%	Due 04-15-25	396,884	396,500
Booking Holdings	3.600%	Due 06-01-26	412,928	392,516
Chevron Corp.	1.554%	Due 05-11-25	400,063	389,552
Citigroup Inc	3.300%	Due 04-27-25	404,667	394,152
Commonspirit Health	2.760%	Due 10-01-24	399,978	397,724
Disney Walt Co	3.700%	Due 10-15-25	396,567	394,920
Ebay Inc	1.900%	Due 03-11-25	391,778	391,812
Hasbro, Inc.	3.550%	Due 11-19-26	410,035	386,500
JB Hunt Transport Services	3.875%	Due 03-01-26	393,187	393,588
Pnc Finl Svcs Group Inc	6.615%	Due 10-20-27	410,792	414,260
Starbucks Corp	3.800%	Due 08-15-25	395,281	395,108
Unitedhealth Group Inc	1.250%	Due 01-15-26	397,443	380,556
US Bancorp.	4.548%	Due 07-22-28	394,318	396,024
V F Corporation	2.400%	Due 04-23-25	398,835	390,780
Visa Inc.	3.150%	Due 12-14-25	404,758	391,980
Wells Fargo Company	3.584%	Due 05-22-28	384,298	385,836
Total corporate bonds			\$ 8,380,396	\$ 8,273,368
U.S. GOVERNMENT SECURITIES				
United States Treasury NTS	1.750%	Due 12-31-24	\$ 493,584	\$ 492,970
United States Treasury NTS	2.750%	Due 07-31-27	1,502,381	1,444,515
United States Treasury NTS	4.125%	Due 10-31-27	1,253,088	1,253,325
United States Treasury NTS	3.875%	Due 11-30-27	1,055,938	1,044,876
United States Treasury NTS	3.625%	Due 03-31-28	1,491,426	1,480,965
United States Treasury NTS	4.625%	Due 09-30-28	2,016,663	2,053,434
United States Treasury NTS	4.375%	Due 11-30-28	2,280,752	2,287,260
United States Treasury NTS	4.125%	Due 03-31-29	2,041,351	2,055,463
Total U.S. Government securities			\$ 12,135,183	\$ 12,112,808
REGISTERED INVESTMENT COMPANIES				
Vanguard Total Stock Market Index	113,569	shares	\$ 7,608,117	\$ 15,064,961
MONEY MARKET ACCOUNT				
First American Government	554,724	shares	\$ 616,193	\$ 616,193
Total investments			\$ 35,151,774	\$ 52,006,178
NOTES RECEIVABLE FROM PARTICIPANTS				
* Notes Receivable from Participants		Interest Rates 4.25% - 9.50%	\$ -	\$ 236,191

* A party-in-interest as defined by ERISA.

See independent auditors' report.